



**NOTICE TO THE NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES \*DETERMINATION OF SPECIAL NEEDS FOR ADOPTION ASSISTANCE PURPOSES**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CHILDREN AND FAMILY SERVICES-ADOPTIONS  
SFN 1084 (9-2024)

Child's Name	Date of Birth
Birth Mother's Name	Worker Completing the Form
LCPA or ND Tribal Agency	

The above named child placing agency requests the Department determine whether this child meets the definition of a child with special needs for the purposes of future adoption assistance eligibility.

**Determination of Special Needs of Child**

- The State has determined that the child cannot or should not be returned to the home of his or her parents; and
- There exists a specific factor or condition because of which it is reasonable to conclude that the child cannot be placed with adoptive parents without providing adoption assistance or Title XIX medical assistance. These specific factors or conditions are:

- 7 years of age or older;
- minority race, which makes adoptive placement difficult;
- member of a sibling group being placed for adoption with sibling; first name of sibling(s): \_\_\_\_\_
- at "high risk" for a physical, emotional or mental disability as diagnosed by a licensed physician, physician assistant, or advanced practice registered nurse;
- diagnosed medical condition or mental, physical or emotional disability such as:
  - intellectual or developmental disability (explain): \_\_\_\_\_
  - visual or hearing impairment (explain): \_\_\_\_\_
  - physical disability (explain): \_\_\_\_\_
  - emotional disturbance (DSM IV DX) (explain): \_\_\_\_\_
  - other medically diagnosed condition requiring special care (explain): \_\_\_\_\_
- 3. a) A reasonable, but unsuccessful effort, has been made (and will continue until a family is identified) to place the child for adoption without adoption assistance or  
b) the child is being placed with an individual with whom the child has significant emotional ties: ie foster parent or relative.

Worker's Signature	Date
Supervisor's Signature	Date

**Final Action**

The child meets the criteria as a child with special needs for the purpose of adoption assistance.

The child does not meet the criteria as a child with special needs for the purpose of adoption assistance.

Signature	Date
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Comments

**Required accompanying documentation:** Copy of termination of parental rights order, and documentation which supports each of the applicable points checked above.

**\*A determination of special needs must be made prior to the application for adoption assistance.**

Distribution: LCPA/Tribal agency keeps one copy, forwards two copies to HHS. Department keeps one copy and returns one copy to LCPA or Tribe.