



**CHANGE REPORT FORM FOR
ADOPTION ASSISTANCE**
ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 816 (3-2006)

OFFICE USE ONLY

CCWIPS Number:	
MA Case Number:	
IV-E Eligibility State Exception	Non IV-E Eligibility Tribal Payment

Child's Name				
Parent's Name:				
Address: (Street)	City:	State:	Zip Code:	Telephone Number:

There is currently a Subsidized Adoption Agreement in place on behalf of your child. Once a Subsidized Adoption Agreement is in place and signed by the parties involved, it is not necessary to complete a new Agreement, unless there are changes in the needs of the child or the circumstances of the family that would necessitate the negotiation of a new agreement. **Contact your County Social Service office for negotiation of subsidy changes. Your request must be submitted in writing.**

Complete and return the following information if there has been an unreported change in your household: (Complete one form for each child.) Please check the applicable box(es).

1. My address has changed since the last report. Provide your new address and telephone number:		
2. My marital status has changed (by legal separation, divorce or death). Please indicate change and effective date. The payee for the subsidized adoption payment should be:		
3. My child has reached his/her 18th birthday. A. My child is still in school (please provide documentation). B. There are mental, physical, or emotional disabilities that warrant the continuation of the assistance. Describe and provide updated medical reports:		
4. There are changes in the need of my child that could affect the amount of the adoption assistance agreement. Describe and provide documentation as requested.		
5. My health insurance coverage has changed. Name of old insurance and date ended: Name of new insurance and effective date: Benefits provided by new insurance (Check which apply):		
6. My child does not reside in my home. He/she currently resides (explain situation):		
7. I am no longer legally responsible for my child. Indicate the legal status of your child:		
8. I am not providing for the financial support of my child. Explain the current situation:		
9. There are changes in the household/circumstances that could affect the current amount of the Adoption Assistance Agreement. Describe:		
10. My child is now receiving other financial support such as SSA or SSI. Name type of support and amount.		
11. Does your child need screening services under Health Tracks?	Yes	No
Will your child need help scheduling Health Tracks appointments?	Yes	No
Will your child need transportation to the Health Tracks services?	Yes	No
Adoptive Parent:	Date:	Adoptive Parent:
		Date:

IF THERE ARE ANY CHANGES IN THE ABOVE INFORMATION DURING THE YEAR, PLEASE REPORT THEM TO YOUR COUNTY SOCIAL SERVICES WITHIN 10 DAYS OF LEARNING OF THE CHANGE.

DISTRIBUTION: County Eligibility File
State Office Adoption Subsidy File

SUBSIDIZED ADOPTION PROCEDURES

I. NOTIFICATION OF CHANGES

It is the adoptive parent(s) responsibility to notify the agency, in writing, of changes in family circumstances that would affect the Subsidized Adoption Agreement, including: change of address, change in legal responsibility for the child, change in residence of the child, change in health insurance coverage or change in the needs of the child or circumstances of the family which may warrant a change in the amount of subsidized adoption payments or Medicaid benefits.

II. TERMINATION OF AGREEMENT

Termination will occur in any of the following circumstances:

- A. The Agreement will terminate upon the conclusion of the terms of the agreement.
- B. The Agreement will terminate upon the adoptive parent(s)' request.
- C. **Subsidy payments will terminate when the child reaches the age of 18.** Adoption assistance may be provided at State Option (see below) until the child is 21 years of age.
- D. The Agreement will terminate upon the child's death.
- E. The Agreement will terminate upon the death of the parent(s) of the child (one in single parent family and both in a two-parent family).
- F. The Agreement will terminate at the cessation of legal responsibility of the adoptive parent(s) for the child.
- G. The Agreement will terminate if the agency determines that the child is no longer receiving support from the adoptive parent(s).

III. STATE OPTION

IV-E Subsidy may continue until the child's twenty-first (21) birthday if services are required for a mental and/or physical disability. State subsidy may continue until age 21, if the agency determines the child is a student regularly attending a secondary, post secondary, or vocational school in pursuance of a course of study leading to a diploma, degree, or gainful employment. Verifications of disability or school attendance are required.

IV. APPEAL

Adoptive parent(s) may appeal the agency's decision to reduce, change or terminate adoption assistance in accordance with the rules and procedures of the State's fair hearing and appeal process (IV-E and Non IV-E recipients only). Information may be requested from your local county social service agency.

V. OUT OF STATE RESIDENCE

The adoption assistance agreement will remain in effect regardless of the state in which the adoptive parents are residents at any given time.

Medical Assistance will be administered by the state of residence if:

- 1. The child is a recipient of a federally-funded (IV-E) subsidy, or
- 2. The child is a recipient of a state-funded subsidy and resides in a state that offers reciprocity to other state's state-funded subsidies.

VI. SOCIAL SECURITY NUMBER

Social Security Number - 42 U.S.C. 1320b-7, requires persons requesting Medicaid to provide their social security number or show that they have applied for one. Persons who are not requesting Medicaid are not required to provide their number. The social security number will be used in data matches with other government agencies and organizations to verify income, eligibility, and the correct amount of benefits. Failure to provide a social security number, or show that a number has been applied for, will cause the person to be ineligible for assistance.