



**CHANGE REPORT FOR ADOPTION ASSISTANCE**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 CHILDREN AND FAMILY SERVICES  
 SFN 816 (2-2021)

**OFFICE USE ONLY**

CCWIPS Number	
MA Case Number	
<input type="checkbox"/> IV-E Eligibility	<input type="checkbox"/> Non IV-E Eligibility
<input type="checkbox"/> State Exception	<input type="checkbox"/> Tribal Payment

Child's Name			
Parent's Name			
Address	City	State	ZIP Code

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, a new agreement may be negotiated if a request is made in writing as to the changes in the needs of the child or the circumstances of the family that would necessitate the negotiation of a new agreement. **Contact your CFS FC SA Eligibility Unit 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.) Check the applicable box(es).

<input type="checkbox"/> 1. My address has changed since the last report.		
<table border="1"> <tr> <td>New Address</td> <td>Telephone Number</td> </tr> </table>	New Address	Telephone Number
New Address	Telephone Number	

<input type="checkbox"/> 2. My marital status has changed.			
<table border="1"> <tr> <td>Specify Change <input type="checkbox"/> Legal Separation   <input type="checkbox"/> Divorce   <input type="checkbox"/> Death</td> <td>Effective Date</td> <td>Name of Payee for Subsidized Adoption Payments</td> </tr> </table>	Specify Change <input type="checkbox"/> Legal Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Death	Effective Date	Name of Payee for Subsidized Adoption Payments
Specify Change <input type="checkbox"/> Legal Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Death	Effective Date	Name of Payee for Subsidized Adoption Payments	

<input type="checkbox"/> 3. My child's school attendance has changed. Indicate the change below:			
<table border="1"> <tr> <td>Name of School</td> <td>Current Grade</td> <td>School Performance</td> </tr> </table>	Name of School	Current Grade	School Performance
Name of School	Current Grade	School Performance	

<input type="checkbox"/> 4. My child has reached his/her 18th birthday:
<input type="checkbox"/> A. My child is still in school (please provide documentation). <input type="checkbox"/> B. There are mental, physical, or emotional disabilities that warrant the continuation of the assistance. Describe and provide updated medical reports:

<input type="checkbox"/> 5. There are changes in the need of my child that could affect the amount of the adoption assistance agreement. This may include changes in health, mental health or behavioral needs. Describe and provide documentation as requested:
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<input type="checkbox"/> 6. My health insurance coverage has changed. Include a copy of your new insurance card.	
Name of Prior Insurance Company	Date Coverage Ended
Name of New Insurance Company	Date Coverage Became Effective
Benefits Provided by New Insurance (check all that apply) <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Prescription <input type="checkbox"/> Court Ordered <input type="checkbox"/> Other:	
<input type="checkbox"/> 7. My child does not reside in my home. He/She currently resides (explain situation):	
<input type="checkbox"/> 8. I am no longer legally responsible for my child. Indicate the legal status of your child:	
<input type="checkbox"/> 9. I am not providing for the financial support of my child. Explain the current situation:	
<input type="checkbox"/> 10. There are changes in the household/circumstances that could affect the current amount of the Adoption Assistance Agreement. This may include changes in family composition or the health status of parents or other family members. Describe:	
<input type="checkbox"/> 11. My child is now receiving other financial support such as SSA or SSI.	
Type of Support	Amount
<input type="checkbox"/> 12. Does your child need screening services under Health Tracks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will your child need help scheduling Health Tracks appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your child need transportation to the Health Tracks services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Signature	Date

**IF THERE ARE ANY CHANGES IN THE ABOVE INFORMATION DURING THE YEAR, PLEASE REPORT THEM TO YOUR CFS SA ELIGIBILITY UNIT WITHIN 10 DAYS OF LEARNING OF THE CHANGE.**

## 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.