ADOPTION SUBSIDY AGREEMENT - ANNUAL REVIEW

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES - ADOPTIONS
SFN 856 (2-2018)

Clear Fields

☐ IV - E Eligibility
☐ Non IV - E Eligibility
☐ State Exception

Case Number:

The following is the review of the agreement initially entered into on this date (initial date on SFN 1803):			
This agreement is by and between the State of North Dakota and the following county:			
The adoptive parent(s) are:			
Address of adoptive parent(s):	City:	State:	Zip Code:
Telephone Number:	Email Address:		
Name of Child: (Hereinafter referred to as the CHILD)		Child's Date of Birth:	

I. PROVISIONS OF AGREEMENT (check all that apply):

☐ Monthly cash payment in the amount of $ _____ per month.
☐ Social Services as provided under Title XX of the Social Security Act will be available to the adoptive child in accordance with the procedures of the State of residence.

Medical Care/Medicaid

☐ In accordance with the procedures of the state in which the adoptive child resides (IV-E) or non IV-E in resident state that offers reciprocity)
☐ In accordance with the procedures of the State of North Dakota (Non-IV-E)

INSURANCE INFORMATION			
Does the child have private health insurance? ☐ Yes ☐ No If yes, company:			
Group:	Address:		
Address:	Effective Date:	Policy Number:	
Group Number:	Type of coverage (Hospital, Doctor, Dental, Vision, Court Ordered, etc):		
Policyholder:	Address:		
Does the child need screening services under the North Dakota Health Tracks Program? ☐ Yes ☐ No	Will the child need help scheduling North Dakota Health Tracks appointments? ☐ Yes ☐ No		
Will the child need transportation to North Dakota Health Tracks appointments? ☐ Yes ☐ No			

II. NOTIFICATION OF CHANGE (see Agreement Procedures).

III. TERMINATION (see Agreement Procedures).

IV. APPEAL Adoptive parent(s) may appeal the agency's decision to reduce, change or terminate adoption in accordance with 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.

This Agreement shall remain in effect regardless of the State of which the adoptive parents are residents at any given time. This Agreement is binding on the parties of the agreement unless termination occurs as a result of one or more of the conditions set forth in Section III, Termination.

Effective Date for Titles XIX and XX:	Adoptive Parent Signature:	Date:
	Adoptive Parent Signature:	Date:
Effective Date of Adoption Assistance Payments:	Authorized County Representative Signature:	Date:
	Authorized State Agency Signature:	Date:

When the review is completed and approved, the original white copy will be forwarded to the adoptive parents.

DISTRIBUTION: Original - NDDHS **Copies -** Adoptive Parents, CSS Eligibility Specialist

AGREEMENT PROCEDURES

II. Notification of Change

A. The adoptive parent(s) shall immediately notify the agency of any payment irregularities/discrepancies from the amount established in this signed agreement.

B. The adoptive parent(s) will immediately notify the county social service agency, in writing, if they are no longer legally responsible for the support of the child or are no longer supporting the child.

C. Adjustments in monthly subsidy may be made, if requested by the adoptive parent(s), at the time of annual renewal of the Agreement or at any time the needs of the child change. Requests for change must be in writing and include information regarding the child's need.

D. Parents will notify agency (county social services) of changes of address.

E. The adoptive parent(s) will notify the agency (county social services) of circumstances which would make them ineligible for payments, or eligible for payments in a different amount (i.e. approval or discontinuance of SSI).

III. Termination

Termination will occur in any of the following circumstances:

A. This Agreement will terminate upon the conclusion of the terms of this Agreement.

B. This Agreement will terminate upon the adoptive parent(s)' request.

C. Subsidy payments will terminate when the child reaches the age of 18. Subsidized adoption may be provided **at State Option** (see below) until the child is 21 years of age. Adoptive parent must request continuance of subsidy prior to the recipient's 18th birthday and must provide documentation to support the request.

D. This Agreement will terminate upon the child's death.

E. This Agreement will terminate upon the death of the parent(s) of the child (one in a single parent family and both in a two-parent family).

F. This Agreement will terminate at the cessation of legal responsibility of the adoptive parent(s) for the child.

G. This Agreement will terminate if the agency determines that the child is no longer receiving support from the adoptive parent(s).

H. This Agreement will terminate if the family fails to participate in the renewal process for subsidized adoption.

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.