



ADOPTION SUBSIDY AGREEMENT - REVIEW
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES - ADOPTIONS
 SFN 856 (5-2022)

<input type="checkbox"/> IV - E Eligibility
<input type="checkbox"/> Non IV - E Eligibility
<input type="checkbox"/> State Exception
Case ID Number

Initial Agreement Date (date on SFN 1803)	County
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The following Agreement has been entered into, by and between:

State Agency	Email Address	Telephone Number	
Address	City	State	ZIP Code

herein called the "agency(ies)" and

Adoptive Parent #1 Full Name	Telephone Number	Email Address	
Adoptive Parent #2 Full Name	Telephone Number	Email Address	
Mailing Address	City	State	ZIP Code

hereafter called the "adoptive parent(s)", for the purpose of facilitating the legal adoption of

Child's Name (prior to adoption)	Child's Adoptive Name	Date of Birth
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I. PROVISIONS OF AGREEMENT

MONTHLY CASH PAYMENT			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Standard Amount	Excess Maintenance	Childcare	Total Monthly Payment
Effective Date of Payment	Renegotiation Timeframe <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually		Next Review Due Date
Specifications			

Medical Care/Medicaid

- In accordance with the procedures of the state in which the adoptive child resides (IV-E).
- 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 family have a private insurance policy to which the child was or will be added? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide a copy of the front and back of all current medical cards (health, dental, vision, and prescription) If card is missing contact information, provide below.			
Company Name	ID	Telephone Number	
Group Name	Group Number		
Type of Coverage <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> RX <input type="checkbox"/> Court Ordered	Date Child Effective on Policy		
Address	City	State	ZIP Code
Name of Policyholder	Policyholder Number	Effective Date	
Policyholder Address	City	State	ZIP Code

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.

Adoptive Parent Signature	Date
Adoptive Parent Signature	Date
Authorized State Agency Signature	Date

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

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 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 of changes of address.
- E. The adoptive parent(s) will notify the agency of circumstances which would make them ineligible for payments, or eligible for payments in a different amount (i.e. approval or discontinuance of SSI).
- F. The adoptive parent(s) will immediately notify the agency if their minor child is no longer residing with them and/or has been placed in foster care. The adoptive parent(s) will provide documentation of their continued financial support of the child and will cooperate with renegotiation of the subsidy amount.

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 in writing prior to the recipient's 18th birthday and must provide documentation to support the request. Requests for extension and/or reinstatement must be in writing and verification of school attendance must be submitted. If the subsidy has been suspended for lack of school verification, reinstatement will be as of the date of request and/or when school attendance commences.
- 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.

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 the state agency.

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. If payment is suspended for lack of school verification, reinstatement will only occur as of the month of the request and/or when school attendance commences.