Ohio Department of Children and Youth

**TITLE IV-E ADOPTION ASSISTANCE (AA) APPLICATION**

Ohio Administrative Code (OAC) Chapter 5101:2-49 requires that an application be completed and signed for each child that has been matched with an adoptive parent(s) in accordance with OAC rule 5101:2-48-16 "Adoption Preplacement and Placement Procedures" by an agency with such authority. Note: If adoption assistance is provided on behalf of a child who is receiving Supplemental Security Income (SSI) it will be the responsibility of the adoptive parent(s) to advise the Social Security Administration (SSA) regarding the child’s receipt of Title IV-E adoption assistance. This application must be completed and signed by the adoptive parent(s).

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| **SECTION I: ADOPTIVE PARENT(S) INFORMATION** | | | | | | | | | | |
| Name of Adoptive Parent *(first and last)* | | Name of Adoptive Parent *(first and last)* | | | | | | | Phone Number | |
| Address | | | | | | | | | | |
| City, State, Zip | | | | | | | | | | |
| **SECTION II: AGENCY INFORMATION** | | | | | | | | | | |
| Name of Custodial Agency | | | | | Name of Caseworker | | | | | |
| Address | | | | | | | | | | |
| City, State, Zip | | | | | | | | | Phone Number | |
| **SECTION III: CHILD’S INFORMATION** | | | | | | | | | | |
| Name of Adoptive Child *(First, Middle, Last)* | | | Date of Birth *(mm/dd/yyyy)* | | | | | Male  Female | | |
| What are the child’s special needs and dates of diagnosis? | | | | | | | | | | |
| **COMPLETE IF CHILD WILL BE ATTENDING SCHOOL** | | | | | | | | | | |
| Name of School | School District | | | | | | Grade | | | |
| **SECTION IV: STATEMENT TO WAIVE ADOPTION ASSISTANCE** | | | | | | | | | | |
| I affirm that I understand that my child may be eligible for Title IV-E Adoption Assistance, but I do not wish to receive any payment or benefits as it relates to the adoption of the above-named child. By signing my name in the signature box in this section, I waive my right to Adoption Assistance for my adoptive child as indicated in the DCY 01667 "Adoption Information Disclosure." By waiving Adoption Assistance, I understand no further Adoption Assistance subsidy is allowable in the future for this child. | | | | | | | | | | |
| (Adoptive Parent Signature) | | Date | | | | (Adoptive Parent Signature) | | | | Date |
| **SECTION V: HEALTH INSURANCE** | | | | | | | | | | |
| If the child is or will be covered by health, accident, or hospital insurance, complete the following:  Policy Holder       Policy Number  Name of Insurance Company       Effective Date  Benefits to be paid  Hospital  Doctor  Person Insured | | | | | | | | | | |
| Identify any limitations/riders affecting the coverage for the child: | | | | | | | | | | |
| **SECTION VI: SIGNATURE(S) TO APPLY FOR ADOPTION ASSISTANCE** | | | | | | | | | | |
| Adoptive Parent’s Signature | | Date | | Adoptive Parent’s Signature | | | | | | Date |