

CHECKLIST FOR DEFERRED ADOPTION SUBSIDY PACKET

Child’s Full Adoptive Name: Click here to enter text.

Child’s Birth Name: Click here to enter text.

Court Date: Click here to enter text.

Case Number: Click here to enter text.

THE FOLLOWING DOCUMENTS AND INFORMATION (CHECKED) ARE ATTACHED:

- Signed Petition for Emergency Custody
- Signed Emergency Custody Order
- Signed Order Terminating Parental Rights and Granting to the Arkansas Department of Human Services and the Power to Consent to Adoption **MOTHER** **FATHER**
- Adoption Subsidy Profile
- Documentation to Support Child’s Special Needs
- UAMS PACE
- DHS/DCFS Adoption Selection Form and documentation of the agency’s efforts To place without subsidy (FOR NON FOSTER-PARENT SELECTIONS ONLY)
- CFS-488 Eligibility Summary (COMPLETED AT THE TIME THE CHILD ENTERED FOSTER CARE DOCUMENTING ELIGIBILITY CATEGORY)
- Non IV-E Medicaid / Attach documentation that specifically meets the Medical Service Policy 6590.2, (IF APPLICABLE)
- CFS-425 Application for Adoption Subsidy
- CFS-427 Determination of Eligibility for Adoption Subsidy

SUBMITTED BY: _____

ADOPTION SPECIALIST SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

MY SIGNATURE INDICATES THAT I HAVE CHECKED AND PROVIDED ALL DOCUMENTATION REQUIRED TO PROCESS A SUBSIDY.

Central Office Use Only

APPROVED

DENIED

TABLED

Approved by: _____

Subsidy Coordinator

Date