

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

ADOPTION SUBSIDY AND NON-RECURRING ADOPTION EXPENSES AGREEMENT

COVER SHEET

NOTE: This cover sheet is to be submitted with the Agreement and supporting documentation for approval.
This cover sheet is not part of the official Agreement and is not to be given to the adoptive parent(s).

CHILD INFORMATION

Child's Full Name: _____
LAST: FIRST:

Child's CIN #: _____

Child's Date of Birth: _____
(MONTH/DAY/YEAR)

THIS APPLICATION IS FOR A CHILD WHO IS:

Hard to Place* Handicapped * If based on Sibling Group, for each Sibling List, Last Name, First Name, CIN.

LAST NAME	FIRST NAME	CIN
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRE/POST-ADOPTIVE PARENT(S) INFORMATION:

Adoptive Parent: _____

Adoptive Parent: _____

LOCAL DISTRICT INFORMATION (If applicable):

District Name: _____

Worker's Name: _____

Worker's Phone: () Ext.: _____

AGENCY INFORMATION (If applicable):

Agency Name: _____

Worker's Name: _____

Worker's Phone: _____ Ext.: _____

FOR INITIAL APPLICATION ONLY, CHECK THE CURRENT FOSTER CARE BOARD RATE:

Basic Special Exceptional N/A

FOR POST FINALIZATION APPLICATION, CHECK THE REQUESTED BOARD RATE:

Basic Special Exceptional

FOR AMENDMENTS ONLY, CHECK LAST SUBSIDY APPROVAL BY NYSAS:

Hard to Place **OR** Handicapped Date approved _____

Basic Special Exceptional Date approved _____