

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:		
<input type="checkbox"/> Hard to Place* <input type="checkbox"/> Handicapped *If based on Sibling group, for each Sibling list, Last Name, First name, CIN		
LAST NAME	FIRST NAME	CIN
LAST NAME	FIRST NAME	CIN
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:		
<input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Exceptional <input type="checkbox"/> Extraordinary <input type="checkbox"/> N/A		
FOR POST FINALIZATION APPLICATION, CHECK THE REQUESTED BOARD RATE:		
<input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Exceptional <input type="checkbox"/> Extraordinary <input type="checkbox"/> N/A		
FOR AMENDMENTS ONLY, CHECK LAST SUBSIDY APPROVAL BY NYSAS:		
<input type="checkbox"/> Hard to Place OR <input type="checkbox"/> Handicapped Date approved: / /		
<input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Exceptional <input type="checkbox"/> Extraordinary Date approved: / /		