



## Adoption Support Program Application Checklist

DATE RECEIVED BY  
ADOPTION SUPPORT

|   |                           |  |
|---|---------------------------|--|
| CHILD'S NAME  | ADOPTIVE FAMILY'S NAME    | SSPS ID  |
| ADOPTIVE FAMILY'S EMAIL   |                           | ADOPTIVE FAMILY'S TELEPHONE NUMBER(S)  |
| DSHS STAFF'S NAME   |                           | DSHS STAFF'S EMAIL ADDRESS   |
| DSHS STAFF'S TELEPHONE NUMBER   | FAMILY'S PRIMARY LANGUAGE | INTERPRETIVE SERVICES NEEDED<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has this family previously adopted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In state <input type="checkbox"/> Out of state <input type="checkbox"/> Internationally<br>Name of Title IVE Specialist: _____<br>Name of SSI Worker: _____ |                           |  |

| Email Documentation   | CA FamLink Documentation ** (see note below)  |
|---|---|
| <input type="checkbox"/> <b>Application for the Adoption Support Program and / or Reimbursement of Adoption Finalization Costs, DSHS 09-998.</b> Signed and dated by the adoptive parents.  | <input type="checkbox"/> <b>Adoptive Home Study</b> entered in FamLink or private agency home study uploaded into the FamLink Provider File.**  |
| <input type="checkbox"/> <b>Adoption Support Worksheet, DSHS 09-997.</b> Signed and dated by the adoptive parents.  | <input type="checkbox"/> <b>Child's special needs verification/or At Risk Statement**</b><br>Documented in Health / Mental Health / Education pages uploaded as adoption support in FamLink.    |
| <input type="checkbox"/> <b>IRS 1040 Federal Income Tax Return</b> (most current copy). If the family is exempt from filing an IRS 1040, enclose a financial statement listing current income and source, signed and dated by the adoptive parent(s). | <input type="checkbox"/> <b>Child's Birth Certificate**</b> uploaded in FamLink or DSHS / DOH verification.   |
|   | <input type="checkbox"/> <b>Child's Social Security Card**</b> uploaded in FamLink or written verification from Social Security Administration or ACES.   |
|   | <input type="checkbox"/> <b>Termination of Parental Rights**</b> for mother, father and/or John Doe as documented in FamLink / Legal.   |
|   | <input type="checkbox"/> <b>Shared Planning Meeting,**</b> DSHS 14-474 (FamLink verification).  |
|   | <input type="checkbox"/> <b>Child's Medical and Family Background,**</b> DSHS 13-041 minus the attachments. Signed copy that is uploaded in FamLink.  |
|   | <input type="checkbox"/> <b>Adoption Support Child Registration, DSHS 10-061.**</b> Any special needs checked on the application should be supported by documentation for eligibility purposes. |
|   | <p>** For Private Agency / Tribal Adoptions / and Second IVE Adoptions, email or paper documentation is acceptable.</p>   |

Attach to Adoption Support Packet.