

Disability Verification for Youth Over Age 18

If you are requesting an extension of adoption support beyond your child's 18th birthday, **please return this form with your child's high school enrollment verification.** You will need to provide medical documentation from your child's medical care provider that he/she has a disability.

CHILD'S NAME	DATE OF BIRTH	Does your child to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>A disability means that your child has a chronic disability which results in limitations in three or more of the following areas of major life activities: self care, receptive and expressive language, learning, mobility, self direction, capacity for independent living, economic sufficiency.</p>		
		YES NO
1. Does your child have physical limitations due to injury or disease?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach current doctor's report.		
2. Does your child have emotional or behavioral problems?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach current therapeutic report.		
3. Does your child have an IEP or 504 plan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach current school documentation.		
4. Does your child live in your home?	<input type="checkbox"/>	<input type="checkbox"/>
If not, where is your child residing:		
5. Is your child receiving Supplemental Security Income (SSI)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you still providing financial support?	<input type="checkbox"/>	<input type="checkbox"/>