



**Adoptive Child Information** (to be filled out for each child receiving Adoption Assistance)

Name \_\_\_\_\_  
                    First                      Middle                      Last                      Birth Date

**Briefly describe your child's achievements this past year**

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**Briefly describe the goals you anticipate for your child this coming year**

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**School attending** \_\_\_\_\_

**Current grade** \_\_\_\_\_ **for school year** \_\_\_\_\_

**Briefly describe current status of child**

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**Briefly describe prognosis for next year**

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**Other than Adoption Assistance payment, are you receiving a monthly payment for this child?** Check One     **No**     **Yes**

**Source:**

**Circle Below**

**TANF (Welfare)**            Yes            No            Amount \$ \_\_\_\_\_

**SSI/SSA (Circle one)**    Yes            No            Amount \$ \_\_\_\_\_

**Medicaid**                Yes            No            Amount \$ \_\_\_\_\_

**Financial Information**

I/We understand that the amount of the monthly payment in the Adoption Assistance Program is based upon the needs of the adopted child and the circumstance of the family.

**Circumstances of Family:**

Gross family earnings: \$\_\_\_\_\_/per month

Yearly gross as reported on last tax return: \$\_\_\_\_\_

Number of dependents: \_\_\_\_\_

**Special financial situations/burdens:**

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***This is to certify that the information provided above is true to the best of my knowledge. The child(ren) is/are in my care full time. I will notify the Division within seven days should this status change.***

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Parent's signature

Date \_\_\_\_\_

***Please sign, date and return to:***

Division of Family Services  
Attn: Adoption Unit  
1825 Faulkland Road  
Wilmington, DE 19805