**STATE OF DELAWARE**

## DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH & THEIR FAMILIES

**DIVISION OF FAMILY SERVICES**

## 2021 ADOPTION ASSISTANCE RENEWAL AGREEMENT

**SPECIAL NEEDS ADOPTION**

This is the continuation of the Adoption Assistance Agreement entered into between the State of Delaware, Department of Services for Children, Youth and Their Families, Division of Family Services, hereinafter referred to as the “Agency” and

**Name of Payee**

**Address**

hereinafter referred to as the “Adoptive Parent(s)” for the purpose of aiding the family to provide proper care for

**Name of Child DOB: IV-E Eligible**

hereinafter referred to as the child, who may have special medical or rehabilitative needs. The Adoption Assistance Agreement has been reviewed according to Section III, Renewal Agreement and the following provisions are made in accordance with the terms of the Agreement:

1. Monthly Cash Payment: **$**
2. Medicaid from the State of Delaware**. Delaware families experiencing difficulties regarding coverage and/or difficulties with or at the pharmacy or doctor’s offices are encouraged to contact the DSS Customer Relations Unit with any and all questions regarding Medicaid & Managed Care Organizations. The phone number is 1-866-843-7212 or 1-302-571-4900. If after-hours, leave a voice mail**. Failure to return the Medicaid form and agreement may result in the cancellation of your child’s Medicaid coverage.

***Families who do not reside in the State of Delaware***, your application for Medicaid will be referred to the state in which you reside. **Many states require us to obtain your child(ren)’s social security number. Please add it to one copy of an agreement by writing it under their name. Only Wyoming is not reciprocal to Delaware. If you reside in Wyoming and the child is not IV-E Eligible, the child cannot receive Medicaid through this program. *You will need to apply for that state’s medical program for child(ren).***

**2021 ADOPTION ASSISTANCE RENEWAL AGREEMENT**

(Continued)

C. **The adoptive parent(s) will notify the agency within thirty (30) days of a change of address; telephone number; child’s location if not residing in the home; or if SSI, SSA, VA or other benefits including child support are awarded on behalf of the child, in writing.**

1. Failure to return this Agreement by due date could result in the suspension of services, if applicable.

E. This agreement will terminate upon the conclusion of the terms of this agreement or if the **child turns 18.** In individual cases it will end before the child’s 18th birthday if the child receives their high school diploma or equivalency before they turn 18. Absent emergency circumstances, the adoptive parent can and must request approval no less than 3 months prior to youth’s 18th birthday through a Board Extension request to the Adoption Assistance/Subsidy Specialist. **To be considered, Agreement must be current.**

For youth who will not be able to graduate high school within one year after the school year in which the youth turned eighteen, the adoption assistance case will be closed. When the youth reaches their 18th birthday and/or withdraws, disrupts or is failing to make educational progress, the Division will discontinue its extended board services.

F. If child is disabled and cannot graduate or receive a Certificate of Completion, Adoption assistance may be continued at State option until the child’s 21st birthday, if the child has a mental or physical disability that meets with SSI guidelines (**documentation must be provided**), which warrants continuation.

G.This Agreement will terminate upon the adoptive parent(s) request.

H. The Agreement will terminate upon the child’s death.

I. This Agreement will terminate upon the death of the adoptive parent(s) of the child. **Funding is non-transferable**.

J. This Agreement will terminate at the cessation of legal responsibility of the adoptive parent(s) of the child.

K. This Agreement will terminate if the agency determines that the child(ren) is no longer receiving support from the adoptive parent(s).

L. The Division of Family Services reserves the right to recoup misappropriated Adoption Assistance payments.

**We would love to have an updated picture of your adopted child(ren) for our files.**

**2021 ADOPTION ASSISTANCE RENEWAL AGREEMENT**

(Continued)

Parent’s signature Date Parent’s Signature Date

Agency Representative’s Signature Date

Date signed copy sent to the parents\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of next renewal:

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

Division of Family Services

c/o Adoption Assistance/Subsidy Specialist, Adoption Unit

1825 Faulkland Road

Wilmington, DE 19805