

APPLICATION AND AGREEMENT FOR  
PAYMENT OF NONRECURRING ADOPTION EXPENSES

PURPOSE:

To provide a method for:

- A prospective adoptive parent(s) of a special needs child(ren), not eligible for the Missouri Adoption Subsidy Program, to apply for payment of reasonable and customary nonrecurring adoption expenses;
- Documenting the eligibility of the child(ren);
- Obtaining agreement by DFS, via a process of review and approval, to pay the adoptive parent(s) or pay the provider directly for eligible nonrecurring adoption expenses after the adoption is final; and
- The adoptive parent(s) to request payment of the agreed upon nonrecurring adoption expenses not to exceed \$2,000 per child.
- Collecting information as required by the federal Adoption and Foster Care Analysis and Reporting System (AFCARS.)

NUMBER OF COPIES AND DISTRIBUTION:

The CS-SA-4 is comprised of five pages. Use the following steps in distributing/processing this form:

- The original CS-SA-4 is completed by the family; the private adoption agency, the Division of Youth Services (DYS), the Department of Mental Health (DMH), if applicable; and the County Office staff and submitted to the Area Office for review and approval. The County Office retains a copy for case reference and control which may be destroyed when the approved original CS-SA-4 is received.
- The Area Office reviews the application. If approved, the Area Office submits the original to the Contract Management Unit (CMU), Central Office. If not approved, the Area Office returns the CS-SA-4 to the County Office with an explanation and sends a copy of the rejected CS-SA-4 to the Children's Services Program Development and Support Unit.

- CMU, after obtaining the Division Director's signature and approval and entering the contract number, makes one copy which CMU retains for reference and control.
- CMU returns the original CS-SA-4 to the County Office.
- The County Office retains one copy for the case file. The original CS-SA-4 is forwarded to the adoptive parent(s), or the other agency (i.e., private adoption agency, DYS, or DMH), if applicable, with instructions to complete and submit expense information, provide a certified copy of the adoption decree and appropriate "paid" receipts and/or invoices after the adoption is finalized.
- The County Office receives the original CS-SA-4 with appropriate documentation of incurred expenses and the adoption. The Children's Services Worker (CSW) then reviews all information, approves by entering his/her name, title and signature, and forwards all material to the next supervisory level.
- The CS-SA-4 is reviewed and approved by the immediate supervisor and then returned to the CSW who authorizes payment to the adoptive parent(s) or the provider by completing a CS-65. The CSW attaches a copy of the final CS-SA-4 to the CS-65.

INSTRUCTIONS FOR COMPLETION:

Instructions for completion are included on the form to aid the adoptive parent(s) and others in completing the form.

The following instructions should be used by the CSW when processing this form for approval.

**APPLICATION**

Applicant Name: The names (first, middle, and last) are entered by the adoptive parent(s).

Address: The adoptive parent(s) enters the mailing address.

**FOR DFS USE ONLY**

Upon receipt of the application, the worker completes the following information.

Vendor DVN: Enter the DVN (Departmental Vendor Number) assigned to the adoptive parent(s).

Contract No.: Leave blank. This number is entered by CMU after approval by Division Director and before the agreement is returned to the County Office for action related to payment of expenses.

County: Enter the name of the county of the adoptive parent(s) residence.

County Code: Enter the FIPS (Federal Information Processing Standard) Code for the county. If another agency (DYS, DMH, any of the private adoption agencies) is processing the application, enter that agency's SS-60 code number. (See the SS-60 Code Sheet, Field 15.)

**CHILD(REN)'S DEMOGRAPHICS, ELIGIBILITY AND DOCUMENTATION OF SPECIAL NEEDS:**

In the appropriate column, the adoptive parent(s) enters the required information with the assistance of the CSW, if necessary.

Name: Enter the first and middle name(s) for each child for whom application is made.

Sex: Check the appropriate box to denote the sex of the child(ren).

Date of Birth: Enter the date of birth of the child(ren). This date must contain eight numbers, e.g., 08/05/1997.

Race: Check the appropriate box to indicate the child(ren)'s race

Note: Do not use "unable to determine" unless the child is very young or is severely disabled and no person is available to determine the child's race.

Hispanic Origin: Check the appropriate box to indicate if the child is of Hispanic origin (regardless of race.) A child is considered to be of Hispanic origin if he is a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin.

Note: Do not use "unable to determine" unless the child is very young or is severely disabled and no

person is available to determine whether or not the child is Hispanic.

Special Needs: Enter as many codes, as necessary, to describe the child(ren)'s special needs. If more than one applies, circle the one which created the primary concern for placement.

Note: When code 4 is entered, the child's medical conditions must be indicated in the next field and the appropriate documentation must be provided by the adoptive parents.

Note: When code 5 is entered, specify the other special needs which hindered the child(ren)'s adoptive placement.

Medical Conditions: If Special Needs code 4 has been entered, indicate the type(s) of medical conditions which apply. Attach a statement from a physician, psychologist, social worker or psychiatrist which describes the child(ren)'s condition or other needs that hindered the child(ren)'s adoptive placement.

Note: If an item is not approved because the necessary documentation is not provided, discuss the problem with the adoptive parent(s) and provide an opportunity to obtain the documentation within a reasonable time. The child must meet all eligibility requirements to be eligible for payment of nonrecurring adoption expenses.

Birth Mother Year of Birth: Enter the four digit year of birth for the child's birth mother, e.g. 1977. If the child is being adopted for the second (or more) time, enter the year of birth for the previous adoptive mother.

Birth Father Year of Birth: Enter the four digit year of birth for the child's birth father, e.g. 1978. If the child is being adopted for the second (or more) time, enter the year of birth for the previous adoptive father.

Was Birth Mother Married at the Time of Child's Birth?: Indicate whether the birth mother was married at the time of the child's birth. Do not use "unable to determine" unless the child was abandoned and no information is available on the mother.

Date of Termination of Parental Rights: For the mother and father, enter the dates of termination of parental rights.

These dates must consist of eight digits, e.g. 08/01/1997.  
If the parent is deceased, enter the date of death.

ADOPTIVE PARENT(S) DEMOGRAPHICS AND ADOPTION DETAILS:

Adoptive Parent Prior Relationship with the Child: Indicate the adoptive parent's prior relationship with each child.

Relative of Child by Birth or Marriage - The adoptive parent was a relative other than stepparent, through blood or marriage.

Non-Relative Foster Parent - The child was placed in a non-relative foster family home with a family which later adopted him or her.

None - The adoptive parent(s) were not related to the child(ren)'s and were not the child(ren)'s stepparent or foster parent.

Adoptive Parent Information:

Date of Birth: Enter the date of birth for the adoptive parent(s). This date(s) must consist of eight digits, e.g. 01/02/1967.

Race: Check the appropriate box to indicate the race of the adoptive parent(s).

Hispanic Origin: Check the appropriate box to indicate if the adoptive parent is of Hispanic origin (regardless of race.) A person is considered to be of Hispanic origin if he is a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin.

Adoptive Family Structure: Indicate whether the adoptive family is a married couple, unmarried couple, single female, or single male.

At the Time of Initiation of the Adoption Proceedings, the Individual or Agency That Had Custody or Responsibility for the Child(ren) was Located In:

Missouri - Responsibility for the child resided with an individual or agency within Missouri.

Another State - Responsibility for the child resided with an individual or agency in another state or territory of the United States.

Another Country - Immediately prior to the adoptive placement, the child was residing in another country and was not a citizen of the United States.

Individual or Agency which Placed the Child for Adoption:  
Indicate the individual or agency which placed the child for adoption.

Public Agency - Unit of state or local government.

Private Agency - A for-profit or non-profit agency/institution.

Tribal Agency - A unit within one of the federally recognized Indian tribes or Indian tribal organizations.

Independent Person - Doctor, lawyer, or some other individual.

Payment of Nonrecurring Adoption Expenses: Check (✓) the box which best describes the reason payment of nonrecurring adoption expenses is needed/required. Adequate documentation must include a statement describing either choice. If the adoptive parent(s) had a foster/relative relationship to the child(ren) immediately before the date of application, compare the information provided with the date of application. If recruitment had to be conducted for the child, review the efforts reported to determine if these were adequate to document that financial assistance is needed.

Adoptive Parent(s) Signature and Date: The adoptive parent(s) enters the signature and the dates. The signatures should be the same as the name(s) entered at the top of the application.

Representative of Child Placing Agency, Division of Youth Services, or Department of Mental Health (if applicable):  
The representative of the private adoption agency, DYS, or DMH (if applicable) prints his/her name and title, and signs and dates in the spaces provided.

Name of Agency: Enter the official name of the agency.

Address: In the space provided, enter the address of the agency.

ELIGIBILITY DECISION AND AGREEMENT (For DFS Use Only):

Check "YES" or "NO" for each child to show that each child does/does not meet all eligibility requirements. (See Procedure D-16, Attachment A.) Explain any boxes checked "NO", if a child does not meet all eligibility requirements.

**REVIEW AND APPROVAL (For DFS Use Only):**

Children's Services Worker Name: The CSW prints and signs his/her name, and enters the date. The CSW then routes the form to the next supervisory level.

Children's Services Supervisor: The immediate supervisor completes this section only if agreeing with the decision that the child(ren) does/does not meet the eligibility requirements. When this decision is made, the supervisor prints his/her name, signs and dates the form to indicate approval/disapproval of the application and agreement. If the application is disapproved, the supervisor returns the form for written notification to the adoptive parent(s) that the application has been disapproved including the reasons for disapproval. See procedure D-16, Attachment B, Alternative Care Handbook and Procedure E-8, Resource Development Handbook.

Area Director/Designee: If approving the application, the Area Director/Designee prints his/her name, signs and dates the form. The form is then forwarded to CMU. If the Area Office disapproves the application, the form is returned to the County Office for written notification to the applicant(s) that the application has been disapproved including the reason for disapproval.

Division Director: The Division Director enters his/her signature and date and returns the CS-SA-4 to the County Office for appropriate action.

**REQUEST FOR PAYMENT OF NONRECURRING ADOPTION EXPENSES:**

This section is completed by the adoptive parent(s) after the adoption is final.

Services: The adoptive parent(s) enters the required information with the assistance of the CSW, if necessary.

In each child's column, the adoptive parent(s) enters the amounts of the nonrecurring adoption services for which payment is requested.

For any expenses which are not child specific and more than one child is included in the adoption petition, pro-rate the costs among the children. For example:

- When entering costs for legal services and more than one child is included in the petition, divide the costs equally among the children.
- For transportation, food and lodging, total any cost related to the placement and finalization before entering the information. If more than one child was included in the application, divide the costs equally among the children.

Total: In each child's column, the adoptive parent(s) enters a total amount for which payment is expected; not to exceed \$2,000 per child.

Adoptive Parent(s) Signature and Date: The adoptive parent(s) signs and enters the date in the spaces provided.

**FOR DIVISION OF FAMILY SERVICES USE ONLY:**

Name: For each child covered by the CS-SA-4, enter the child's first and middle names.

DCN: Enter the DCN (Departmental Client Number) assigned to each child.

NOTE: When assigning a DCN from the Common Client Database, use the child(ren)'s full name as if the child(ren)'s adoption was final. When assigning a DCN, use the System Code, "A/C," in this required field. (Also see, Chapter 3, Social Service Information Systems Handbook.)

Approved Payment Amount: In each child's column, enter the amount approved for payment for legal and all other nonrecurring adoption expenses for each child. The approved payment amounts must not exceed \$2,000 per child in total.

NOTE: Review carefully all the "paid" receipts and invoices for charges provided. If an item is not approved; e.g., proof is not provided or the amounts given exceed \$2,000 per child, discuss the problem with the adoptive parent(s) and provide an opportunity to obtain adequate information or make any necessary changes. Attach the "paid" receipts or invoices when routing for supervisory approval. These receipts or invoices should be retained by



the county for use with CSIPS. Attach a copy of the adoption decree.

DFS Children's Services Worker: Indicate approval by printing and signing name and entering the date. The original CS-SA-4 with the receipts and the adoption decree attached are forwarded to the next supervisory level for review and approval.

DFS SUPERVISORY REVIEW AND APPROVAL:

Before routing to the immediate supervisor, the CSW enters the following information:

Adoption Granted: Enter the date reported for the final adoption.

Adoption Decree Received: Enter the date the copy of the Adoption Decree is received.

Expenses Receipts Received: Enter the last date all "paid" receipts or charges are received.

Name Title, Signature and Date: The supervisor reviews and approves by printing his/her name, title, signing his/her name and dating in the spaces provided.

INSTRUCTIONS FOR RETENTION:

This form and any related documentation or correspondence must be retained for five years after payment is completed for the approved nonrecurring adoption expenses.

MEMORANDA HISTORY: CS91-1, CS97-45,

