OFFICE OF CHILDREN AND FAMILY SERVICES

ADOPTION SUBSIDY AGREEMENT COVER SHEET

NOTE: This cover sheet is to be submitted with the Agreement and supporting documentation for approval. This cover sheet is not part of the official agreement and is not to be given to the adoptive parent(s).

CHILD INFORMATION

Child's Full Name: _____
LAST FIRST

Child's CIN #: _____

Child's Date of Birth: _____
(MONTH/DAY/YEAR)

THIS APPLICATION IS FOR A CHILD WHO IS:

☐ Hard to Place ☐ Handicapped

PRE-ADOPTIVE PARENT(S) INFORMATION:

Adoptive Mother: _____

Adoptive Father: _____

LOCAL DISTRICT INFORMATION:

District Name: _____

Worker's Name: _____

Worker's Phone: _____ Ext.: _____

AGENCY INFORMATION:

Agency Name: _____

Worker's Name: _____

Worker's Phone: _____ Ext.: _____

FOR INITIAL APPLICATIONS ONLY, CHECK THE CURRENT FOSTER CARE BOARD RATE:

☐ Basic ☐ Special ☐ Exceptional ☐ N/A

FOR UPGRADE AMENDMENTS ONLY, CHECK LAST SUBSIDY APPROVAL BY NYSAS:

(1) Hard to Place ☐ **Or** **(2)** Handicapped ☐ Basic ☐ Special

date approved _____ **date approved** _____