

**AGREEMENT FOR NON-RECURRING ADOPTION EXPENSES**

Documentation of all non-recurring expenses being claimed must be submitted by the adoptive parent(s) prior to payment and within two years of the final adoption decree. Payment will be made as a one-time payment after all receipts are received, and the amount of the payment may not exceed the maximum level set by the Office of Children and Family Services.

This agreement will remain in effect if the adoptive parent(s) moves to another state. While this agreement is in effect, the local social services district must be available to assist the adoptive parent(s) to protect the interests of the child.

**This agreement must be signed by the adoptive parent(s), the social services official, and/or other authorized agency prior to the final decree of adoption.**

Child's Name: \_\_\_\_\_ CIN# \_\_\_\_\_  
(Child's First Name)

Date of Adoptive Placement: \_\_\_\_\_  
(MONTH/DAY/YEAR)

Date of Final Decree of Adoption: \_\_\_\_\_  
(MONTH/DAY/YEAR)

**Note: This date is to be entered after the completion of the agreement by the Adoptive parent(s) and the LDSS/agency official.**

Name of District/Agency Making Placement: \_\_\_\_\_

Address of District/Agency Making Placement (including County):  
STREET (P.O. BOX/APT #) COUNTY  
CITY STATE ZIP CODE

**Determination of Child with Special Needs**

**IV-E CHILD:**

Child has been determined eligible for federal adoption assistance under Title IV-E by documentation on form LDSS-4623 (Adoption Subsidy Agreement) and form LDSS-3912 (Eligibility for Title IV-E Adoption Assistance);

**OR**

**NON-IV-E CHILD:**

The state has determined that the child cannot or shall not be returned to the home of his or her parent(s);

**AND**

The child is handicapped as defined in 18NYCRR 421.24(a)(2)(i-iv) or is a hard-to-place child as defined in 18 NYCRR 421.24(a)(3)(iii)(a-f);

**AND**

A reasonable but unsuccessful effort has been made to place the child with appropriate adoptive parent(s) without adoption assistance, except where such efforts would not be in the best interests of the child because of such factors as the existence of significant emotional ties with prospective parents while in the care of such parents as a foster child.

**Non-Recurring Expenses** (receipts must accompany all reimbursement requests). Attach additional page if necessary.

**A. Services provided and paid for by Adoptive Parent(s):**

SERVICE	AMOUNT
<b>Payment to adoptive parent(s):</b>	

**B. Legal and other services provided by attorney:**

SERVICE	AMOUNT
<b>Payment to attorney:</b>	
<b>Total Amount (A + B):</b>	

**NOTE: Preadoptive parent(s) and local district must sign prior to finalization to qualify for federal reimbursement (Title IV-E)**

**NOTE: Parents Please Read Before Signing.** Your signature on this agreement certifies that you have not received payment for these expenses from any other source.

\_\_\_\_\_ ADOPTIVE MOTHER'S SIGNATURE \_\_\_\_\_ DATE

\_\_\_\_\_ ADOPTIVE FATHER'S SIGNATURE \_\_\_\_\_ DATE

\_\_\_\_\_ LDSS/AGENCY OFFICIAL'S SIGNATURE \_\_\_\_\_ DATE

**APPROVED**  **DENIED**

\_\_\_\_\_ NYSAS OFFICIAL'S SIGNATURE \_\_\_\_\_ DATE

**APPROVED**  **DENIED**