

Warren County Children Services (WCCS)

Adoption Subsidy Negotiation

Note: Adoption Assistance subsidy negotiations cannot begin until after the adoptive homestudy is approved and a child has been matched with adoptive parent(s).

Warren County Children Services

January 2019

Building a family through adoption involves distinctive challenges and often requires post adoption support and/or services. Different from adding a child to your family through birth, the adoption of a “special needs” child forms a unique partnership between the adoptive parent and Warren County Children Services. As the parent of an adopted child, you have the same rights and responsibilities as any parent. Determining how to care for your child, nurturing and educating, providing love, food, clothing and shelter are just a few examples of your role as parent in this partnership.

Children who become available for adoption through a public children services agency often come into care with histories of severe abuse and/or neglect. These children may require varying degrees of special services to help integrate them into an adoptive family. Parenting your adopted child may be easy initially. However, as a child ages, issues surrounding birth parent abandonment, identity concerns, or physical/behavioral concerns may begin to surface. Our role in partnership with you is to provide post adoption support for your family as these challenges occur.

The State of Ohio and federal government make available programs of adoption subsidies which are designed to assist in offsetting the costs associated with adopting a special needs child. You will be provided with a copy of the JFS 01985 Adoption Subsidies Guide from the Ohio Department of Job and Family Services which provides an overview of the programs that are currently available. Your adoption worker and the adoption supervisor are also available to further discuss these programs. You may also wish to consult an attorney.

Each county in Ohio is independently responsible for the administration of these programs. Therefore, the application and approval process can vary from county to county. Warren County Children Services has developed a procedure for negotiating subsidy benefits that we feel will help you and our agency identify any needs your child may have which might require financial assistance through adoption subsidy. Our agency makes every effort to accommodate the need of the child and the family circumstances.

The Title IV-E Adoption Assistance and State Adoption Maintenance Subsidy Program (SAMS) both offer a possible monthly payment. Eligibility for either of these subsidy programs is initially based on a determination by the public children services agency (PCSA) that the child meets the special needs criteria for Adoption Assistance as defined in OAC 5101:2-49-03 or State Adoption Maintenance Subsidy as defined in OAC 5101:2-44-06. This determination entitles the child to be considered for possible benefits such as financial assistance and Medicaid eligibility. Any monthly subsidy payments are negotiated between the adoptive parents and the agency and are based on both the needs of the child and the circumstances of the family.

A monthly special needs subsidy payment is different than monthly foster care reimbursement. If you currently provide foster care for the child you will be adopting, you are reimbursed monthly by our agency for the costs of caring for the child (food, clothing, shelter, etc.) because Warren County is the legal “parent” of the child.

When adoption occurs, the responsibility for the costs of parenting is expected to be assumed by the adoptive parent. However, because the federal government passed the Adoption Assistance and Child Welfare Act to encourage adoption of children with special needs factors that can make them hard to place for adoption, it has made money available to assist adoptive parents with providing for those children's needs.

Warren County Children Services uses an Adoption Subsidy Questionnaire that we ask adoptive parents to complete. It assists both the parents and Warren County Children Services in identifying the child's needs and the expenses related to those needs. The ODJFS Adoption Subsidy Guide explains both Title IV-E Adoption Assistance and SAMS in greater detail. After you have reviewed the information provided, we encourage you to discuss any questions or concerns you have regarding adoption subsidy programs, eligibility, forms, etc. with your adoption worker or the adoption supervisor. You may also consult an attorney.

FREQUENTLY ASKED QUESTIONS REGARDING ADOPTION SUBSIDY

What if my child has additional needs in the future?

You can request amendment of the agreement at any time and will also be asked at your annual review/redetermination if there is a need to modify your adoption subsidy. You may contact the agency and speak to the Subsidy Coordinator with instructions on how to submit your request. An amendment to the agreement must be based on a newly documented change in the family's circumstances or a change in the child's needs.

What if Warren County Children Services and I do not agree on the amount of subsidy necessary to care for my child?

If a monthly subsidy amount cannot be agreed upon during negotiations, there is a state mediation and state hearing process available to adoptive parents. The agency will provide you with information on your rights to both mediation and state hearing.

What if I have a one-time major expense? Can the agency help with those costs?

There is an assistance program call Post Adoption Special Services Subsidy (PASSS). This subsidy was developed to assist adoptive parents with special needs that arise after finalization that are not necessarily ongoing services. The program eligibility criteria and benefits change frequently. The Subsidy Coordinator can answer questions and provide additional information.

ADOPTION SUBSIDY QUESTIONNAIRE

The Adoption Subsidy Questionnaire is designed to help you identify the needs and/or services for the child whom you wish to adopt. Your answers should help you formulate an adoption subsidy request. Likewise, it will help Warren County Children Services to negotiate with you, a subsidy plan that meets the current and anticipated needs of your child. Warren County Children's Services may request documentation in this process.

In most cases, children are eligible for Medicaid, which should cover most adoptive medical and/or therapeutic needs. However, your child may require treatment or a service that is not covered by your insurance or Medicaid. Be sure to include any such information in this questionnaire.

Please answer all questions and sign and date this form.

Child's Name (Adoptive) _____ DOB _____

1. Does your child have any medical conditions that require ongoing treatment or services by a medical professional? ___ yes ___ no

If yes, describe and list **your monthly cost** for each service:

2. Does your child take regular medications? ___ yes ___ no

If yes, list the medications, their purpose and the monthly cost **to you**:

3. Does your child have medical and/or therapeutic appointments that require you to travel? ___ yes ___ no

If yes, what is the nature of the appointments? Please list start and end addresses.

Frequency of appointments:

Distance you travel to and from appointments:

Does this require you to miss work? ___ yes ___ no

If yes, estimate your monthly lost wages: \$ ___

4. Has your child had a **recent** professional evaluation (psychological, developmental, etc.)? ___ yes ___ no

Date of most recent evaluation: _____

What were the diagnoses?

Were there any professional services/recommendations made? ___ yes ___ no

List recommendations, including frequency and provider:

5. Does your child attend counseling and/or therapy services? ___ yes ___ no

If yes, describe the frequency of sessions and the purpose of the service:

What is the monthly cost to you? _____

6. Does your child have any behavior problems or concerning behavioral issues? ___ yes ___ no

If yes, please describe:

7. Does your child have an IEP (Individualized Education Plan)? ___ yes ___ no
If yes, is the school meeting the identified educational needs? ___ yes ___ no

If no, please explain:

8. Has a qualified professional recommended any academic services to be provided in addition to what is offered in the school setting? ___ yes ___ no

If yes, is your child currently receiving the recommended services? ___ yes ___ no

If yes, please describe the service and the monthly cost to you:

9. Do you currently utilize respite services? ___ yes ___ no

Do you anticipate a need for respite services after adoption finalization? ___ yes ___ no

If yes, how often would you utilize respite services? _____

What is your anticipated monthly cost? _____

10. Are all your child's current medical, dental and therapeutic services covered by Medicaid? ___ yes ___ no

If no, explain the service; why is it not covered and what are the associated costs?

11. List any extracurricular/enrichment activities that you child attends along with expenses for these activities. Are these activities recommended by a provider?

12. List any barriers/challenges that would prevent you from incorporating the child into your family:

13. What is the estimated monthly cost of daycare or other child care? \$_____

14. Does the adoption of the child prevent you from continuing employment? ___ yes ___ no

If so, what is your estimated loss of income? \$_____

15. Are there any other issues of concern regarding the needs of the child or the circumstances of the family not previously addressed in this questionnaire?

___ yes ___ no

If yes, please explain:

16. Do you plan to add your child to your family health insurance plan? ___ yes ___ no
If no, why not?

17. Are you requesting a monthly adoption subsidy payment to financially assist with any of your child's needs identified in this questionnaire? ___ yes ___ no
What is the amount of subsidy that you are requesting? _____

18. Your adoption worker has presented you with all the available background information on your child, including medical and social history. If your child is eligible for adoption subsidy, are you willing to proceed with the adoption **without** the provision of adoption assistance and/or medical assistance? ___ yes ___ no

Both parents (if applicable) sign and date below:

Adoptive Parent #1

Date

Adoptive Parent #2

Date