



MAINTENANCE ADOPTION SUBSIDY APPROVAL

Child's/Young Adult's Name: _____ D.O.B.: _____

Child/Young Adult is: IV-E Eligible TANF Eligible General Revenue

Name(s) of Adoptive Parent: _____

Address: _____

PROPOSED SUBSIDY:

Maintenance Adoption Subsidy: \$ _____

Extension of Maintenance Adoption Subsidy: \$ _____

Medical Assistance: \$ _____ Type of Service: _____ Duration: _____

Child/Young Adult Referring Worker: _____ Date: _____

Program Supervisor: _____ Date: _____

ACTION TAKEN BY LEAD COMMUNITY BASED-CARE AGENCY (CBC)

CBC: _____

Subsidy recommended: \$ _____ per month

Subsidy not recommended

By: _____ Date: _____

Title: _____

ACTION BY REGIONAL MANAGING DIRECTOR OR DESIGNEE – Maintenance Adoption Subsidy amounts exceeding the Statewide Foster Care Board Rate must be approved by the Regional Managing Director or designee.

Region: _____

Subsidy approved \$ _____ per month

Subsidy not approved

By: _____ Date: _____

Title: _____