

STATE OF MISSISSIPPI  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF FAMILY AND CHILDREN'S SERVICES

# Section G: Adoption Policy

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## ADOPTION SERVICES

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### I. OVERVIEW

The Mississippi Department of Human Services will hereinafter be known as “MDHS” and its Division of Family and Children’s Services hereinafter will be known as “DFCS”.

### II. INTRODUCTION

The Mississippi Department of Human Services (MDHS) is the agency designated, by MISS CODE ANN § 93-17-31 through 93-17-31 for establishing procedures for handling adoptions within Mississippi. MDHS has designated the Adoption Unit of the Division of Family and Children’s Services (DFCS) to have responsibility for adoptive placements made by and through the DFCS.

#### A. Purpose

The primary purpose of the DFCS’s Adoption Program is to foster permanent connections for children whose permanent plan is adoption.

#### B. Legal Base

Responsibility for providing adoption services to children is authorized under Title IV-B and Title XX of the Social Security Act and MISS. CODE ANN. § 43-15-13. The State Statute places responsibility with the State Department of Human Services to establish policy and procedures designed to appropriately place children in permanent homes. This includes placing children in suitable adoptive homes approved by a licensed adoption agency or licensed social worker, in cases where restoration to the biological family is not safe, possible or appropriate.

#### C. Civil Rights

Adoption services and resources for children will be provided without discrimination and such services cannot be based on race, color, national origin or religious affiliation.

#### **Multi-Ethnic Placement Act (MEPA):**

The *Improving America’s Schools Act* (P.L. 103-382) contains the *Multi-Ethnic Placement Act of 1994* (MEPA). An amendment to this Act is part of the *Small Business Job Protection Act of 1996* (P.L. 104-188) and is known as the *Interethnic Adoption Provisions Act of 1996* (IEP). MEPA-IEP prohibits agencies receiving Title IV-E foster care funds from

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*deny[ing] any person the opportunity to be an adoptive or foster parent ... or delay[ing] or deny[ing] the placement of a child ... solely on the basis of race, color or national origin of the adoptive or foster parent or the child ...*

(PL 103-382, § 553 a.1.A-B)

These factors must be applied on an individualized basis, not by general rule “in the best interest of the child.”

Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child unless an individualized assessment reveals that such consideration is in the child’s best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider.

A Licensure Specialist and/or County of Responsibility (COR) Worker must document all factors considered in the selection of a placement for a child. *MEPA* is viewed in conjunction with Title VI of the *Civil Rights Act of 1964* which prohibits recipients of federal financial assistance from discriminating based on race, color, or national origin in their programs and activities and from operating their programs in ways that have the effect of discriminating on the basis of race, color, or national origin.

*MEPA* as amended by *IEP* calls for the diligent recruitment of foster and adoptive families that reflect the racial and ethnic diversity of children in foster care. To comply with *MEPA/IEP*, DFCS shall focus its recruitment process on developing a pool of potential resource families who are willing and able to foster or adopt the children needing placement.

### **D. Prohibitions**

Each employee of DFCS is prohibited from both the participation in making an independent adoption placement and/or the independent adoption of any child known to the employee through his/her position with DFCS. Violation of this policy is a Group 3 offense and may result in termination of employment.

### **E. Definitions**

**Adopt:** To take by choice into a relationship; to take voluntarily (a child of other parents) as one’s own child.

**Involuntary Placement:** Youth Court awards legal custody of a child to the MS Department of Human Services based on allegations of child abuse/neglect/exploitation.

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**Voluntary Placement:** A legal parent requests placement of a child into foster care due to the parent's illness or hospitalization or the legal parent wants to make an adoptive plan for their child.

**Adoption Disruption:** An adoption placement which ends prior to finalization.

**Adoption Disillusion:** A reversal or voiding of an adoption after its legal finalization.

**Adoptive Placement:** A social process carried out through the framework of law, whereby a legal parent/child relationship is created between the child and adoptive parent(s). Actual placement for adoption will not be made until the child is legally free for adoption as certified by the Attorney General's Office (AG).

**Legal Risk Adoptive Placement:** The placement of a child into a home for the purpose of adoption prior to the child being legally freed for adoption. These placements are shown as foster home placements, but a legal risk adoptive placement agreement is signed by the adoptive parents and Adoption Specialist. Legal risk adoptive placements may be made for Safe Babies, abandoned infants, infants whose biological mother has signed surrender and the father is unknown, or for any child whose permanent plan of adoption has been approved through youth court.

**Interlocutory Decree:** A court order granting legal custody or guardianship to the adoptive petitioners prior to the Final Decree of Adoption. DFCS may or may not recommend an Interlocutory Decree on a case by case basis. The Interlocutory Decree is often used when the adoptive parents must move out-of-state before DFCS can recommend final adoption or before the Chancellor deems it is appropriate to render a decision on final adoptions.

**Final Decree of Adoption:** The decree of the court granting and finalizing the adoption and vesting legal custody of the child with the adoptive parents.

**Post Adoptive Services:** Supportive Services provided to an adoptive family after the finalization of an adoption to assist in a wide range of issues such as explaining adoption issues for children, providing financial assistance through an adoption subsidy, linking the family to therapeutic services needed to meet the child's special needs, providing search assistance, etc. in order to strengthen and maintain the continuity of placement in the adoptive family.

### F. General Functions/Responsibilities

MDHS has the following functions in carrying out its responsibilities for the care and protection of children in need of adoption:

1. *Developing policies and standards* for the administration of DFCS's Adoption Service Program.
2. *Assessing and preparing* children for transitioning to adoption.

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3. *Assessing and preparing* families for adoptive placements.
4. *Placing children* in adoptive homes, as appropriate, and providing post-placement and post-adoption services to the adoptive family.
5. *Providing social services to all parent(s)* (married or unmarried) who seek help in making adoptive plans for their children.
6. *Providing* as requested by the court, social information on independent adoption petitioners.
7. *Serving as a consultant to agencies* providing adoption services, as well as agencies interested in developing an adoption program.
8. *Recommending legislation* which will further protect the child, the biological parents, and the adoptive parent(s).
9. *Informing* the community/public of adoption practices from both a legal and a child behavior perspective.

### **III. DEVELOPMENT OF ADOPTION PLAN**

#### **A. Role of COR Worker**

The COR Worker shall have the following responsibilities in achieving Adoption:

- Recognize, through concurrent planning, when adoption appears to be the most appropriate and feasible goal for the child.
- Engage parents in a discussion on optional voluntary surrender of their parental rights. If the parents wish to surrender, the COR Worker must obtain permission from the Director of the Permanency Unit prior to the parents signing any documents.
- Prepare and submit to the Worker's Area Social Work Supervisor (ASWS) a complete Termination of Parental Rights (TPR) referral within the time frame allowed by policy. (*See* Section D, TPR)
- Discuss the goal of adoption with the child, parents and Resource Parents. Ascertain if the Resource Parents are interested in adopting the child.
- Assist in preparation of child and family for adoption.
- Notify the Adoption ASWS within 3 calendar days of adoption becoming the child's permanent or concurrent plan.
- Update the Individual Service Plan (ISP) and request Adoption County of Service (COS).

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- There may be two Adoption COS Direct Services if the child is placed outside their COR.
- One Adoption COS Direct Service should be established for the Adoption Specialist in the child's COR and one within the child's COS.
- The COR worker will continue to be responsible for the case, and will work toward the permanent plan as appropriate, and will visit with the child face to face at least twice a month or quarterly if placed outside the COR.

### **B. Role of Adoption Specialist**

The child's Adoption Specialist will immediately begin the assessment and preparation for adoption process with the assigned child, the birth family and the placement resource. The preparation for adoption process should include working with the child on his/her life book (including the preparation of child's written life story) and following a strategic plan for transitioning the child to adoption. The Adoption Specialist will also begin compiling the Child's File in preparation for adoption assistance certification.

- An Adoption Specialist will be assigned to work with an assigned COR Worker within ten (10) working days of adoption becoming the child's permanent or concurrent plan.
- The Adoption Specialist and the Worker will begin the process of securing an adoptive placement for the child.
- Within fifteen (15) calendar days of adoption becoming the child's permanent or concurrent plan. The COR Worker along with the Adoption Specialist shall prepare an adoption plan that identifies the child specific activities that DFCS will undertake to achieve the permanent/concurrent goal of adoption and the timeframes in which the activities will be undertaken.
- The Adoption Specialist shall be responsible for the following:
  - Consulting with private and public professionals.
  - Identifying and ensuring the provision of targeted services necessary for the child to be adopted.
  - Adoption Status Meeting with the DFCS Worker, Adoption Specialist, and the Worker's direct ASWS to review the progress being made in achieving the goal of adoption and shall occur weekly for infants and monthly for all other children awaiting adoption and must be documented in the child's case record.



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### **C. Adoption Plan**

The DFCS Adoption Unit is responsible for adoptive placement planning for all children in DFCS custody whose permanent plan is adoption. The assigned Adoption Specialist will work with the child, the COR Worker, the birth family (as appropriate), and all other persons vested in this child's life to develop a strategic plan to transition the child to permanency through adoption and help the child maintain those life-long connections already in place. This plan will be developed through Adoption Status Meetings.

This team will prepare a written plan for adoption. This adoption plan will identify the following:

- Child-specific recruitment activities,
- Time frames to complete the assigned activities and
- Assigned workers to complete the specific activities.

### **D. Adoption Status Meeting**

Within 15 calendar days of adding adoption as a permanent/concurrent plan, the Adoption Specialist will convene an Adoption Status Meeting with the COR Worker, COR ASWS, and other staff familiar with this child.

Adoption Status Meetings serve three (3) primary purposes:

- To review the progress of the adoption plan
- To identify barriers to adoption and
- To develop strategies that overcome barriers in order to achieve the goal of adoption.

Adoption Status Meetings will be held monthly for children over 12 months of age and weekly for children 12 months of age and younger.

Each subsequent Adoption Status meeting will update the progress that has been made to move the child toward adoption. Steady progression toward permanency must be documented from the date adoption has been added to the permanent/concurrent plan until permanency is achieved indicating who completed each task and in what time frame.

### **E. Documentation of Efforts toward Adoption**

The Adoption Status Meetings shall be documented in the child's case file by the Adoption Specialist within 5 working days after the meeting is held.

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Documentation of the Initial Adoption Status Meeting Includes the following:

- Date when Adoption was added to the permanent/concurrent plan
- Date of TPR hearing, if set, or discussion of parental surrender of rights
- Summary of previous discussion of adoption with the child.
- Tentative date when the Adoption Specialist will meet the child and begin the assessment and preparation process for adoption.
- All maternal and paternal relatives are contacted
- The need to re-evaluate any possible relatives for adoptive placement or to foster permanent connections is established.
- Description of any fictive kin relationships or other life-long connections that have been established.
- COR Worker's discussion with the current placement resource about adopting the child
- COR Worker's recommendation of the current placement resource to adopt
- Name the Resource Family who plans to adopt, if it is the plan.
- Adoption Specialist will plan to meet the Resource Parent to assess and prepare the family for adoption.
- Discussion of continued contact with birth family following adoption, if in the best interest of the child.
- Schedule a Family Team Meeting to be held with birth family/kin, Resource Parents, COR staff, and Adoption Specialist to address birth family visitation/contact, if found to be in the child's best interest
- Discussion of sibling placements
- Adoption Specialist will begin the assessment of sibling placement to determine if they can be adopted together.
- If the child is placed out of state, assessment of the home including whether the home is licensed, family willingness to adopt, etc.

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### **F. Ongoing Adoption Status Meetings**

- The Adoption Specialist will review the file to select all necessary documentation needed in order to certify the child for Adoption Assistance.
- The Adoption Specialist will make referrals for necessary services that must be provided before an adoption can be finalized.
- Update the Comprehensive Child Assessment and preparation document.
- Update assessment of siblings being placed together. If plan becomes separate placements, give update on visitation plan/ responsibilities.
- Description of how permanent connections are being fostered
- Identify barriers to the transition to adoption.
- COR Worker will update on TPR process/ permanent/concurrent plan progress or barriers to achieving permanency.
- All progress toward a permanent placement will be discussed at monthly status meeting.
- Outline: “Who will do what & when”
  - Scheduling an appointment, requesting records, researching needed services, making appropriate referrals, contacting relatives, etc.

### **G. INFANTS up to 12 months of age**

Once adoption is added to an infant’s permanent/concurrent plan an initial Adoption Status Planning meeting is held. Weekly Adoption Status Meetings will be held until the permanency plan is achieved.

- When a mother wishes to place her infant for adoption, the child shall be referred to the Adoption ASWS for placement into an adoptive home upon entering DFCS custody or discharge from the hospital, where applicable.
- The Adoption Unit will make an appropriate adoptive placement through the Placement Committee Process (which can be held by phone) and Adoption Status Meeting. These placement efforts will be documented in the child’s case.
- The Adoption Specialist will provide COS services, preparation and assessment for the child(ren) and adoptive family, assist the family in mediating future contact between the birth family and adoptive family, and supervise the adoptive placement throughout the adoption process.

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If the COR is working with the biological parents to make plans for an adoption prior to the child's birth, the COR ASWS shall inform the Adoption ASWS of these plans and provide background information on the child, when possible. This will enable the Adoption Unit to plan for a potential placement into an Adoptive Home.

After the birth of the child, the Adoption ASWS shall be notified of the birth by the COR ASWS. The following information on the child will be provided at that time:

1. Birth date
2. Birth weight and length
3. Race
4. Physical condition of the child, as reported by the attending physician

The Adoption Specialist will accompany the COR Worker to the hospital for the child's discharge and will proceed with placement into the identified adoptive home. The following information/documentation shall be submitted to the Adoption Specialist upon the child's discharge from the hospital or at the time the parent(s) signs the surrender of parental rights, form 459. (See Appendix A)

1. Social Summary and Form MSDH-913, Medical and Social History. (Must be obtained from the MS Department of Health)
2. Form MDHS-SS-430 Obstetrical and Newborn Record. (See Appendix B)
3. \*Form MDHS-SS-459 and 459A (See Appendix C) or 459B (See Appendix D) signed by the Mother.
4. \*Form(s) MDHS-SS-459 signed by the Father(s).
5. State Department of Health forms 914 or 915 (Must be obtained from the MS Department of Health), Authorization to Disclose.

*\*Forms for the Surrender of Parental Rights and Consent to Adoption cannot be executed by the biological parents until 72 hours (three days) after the birth of the child.*

### **H. Abandoned Infants and Safe Baby**

According to MISS. CODE ANN. § 43-15-201, an emergency medical services provider, without a court order, shall take possession of a child who is seventy-two (72) hours old or younger if the child is voluntarily delivered to the provider by the child's parent and the parent

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did not express intent to return for the child. MISS. CODE ANN. § 43-15-203 states, no later than the close of the first business day after the date on which possession of a child is taken by said provider, the provider shall notify the Department of Human Services. The Department of Human Services shall assume the care, control and custody of the child immediately upon receipt of notice.

### MDHS Protocol for Safe Babies:

1. A Safe Baby should be reported through Centralized Intake.
2. Report is received in the county where the child is surrendered and assigned to a worker by ASWS.
3. Worker responsibility:
  - a. Make contact with the child.
  - b. Contact Adoption ASWS to identify a legal risk adoptive placement. \*See Note below.
  - c. Name the child before leaving hospital (allow the potential adoptive family to name the child, if possible.)
  - d. Coordinate with hospital staff to apply for birth certificate and Social Security card.
  - e. Contact Youth Court judge to request court order for custody.
  - f. Assist Unit with placement, as needed.
  - g. The COR shall *not* make diligent searches to locate the parents.
4. Submit required information to the Eligibility Unit and obtain Medicaid number.
5. Adjudicate the baby through the youth court.
6. Provide Medicaid number to the hospital for the Safe Baby.
7. Obtain medical records from the hospital.
8. Complete TPR Packet and submit to the Regional Director (RD) within 30 days.
9. Follow all relevant DFCS policy related to the custody and placement of a child.
10. The COR Worker shall visit the child quarterly in their pre-adoptive placement.
11. The Adoption Specialist for the county of residence of the adoptive family shall be the only COS assigned worker and shall visit the child twice monthly with one visit taking place in the placement setting.

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\*Note: The Adoption ASWS shall convene a telephone conference Placement Committee Meeting with all Adoption Specialists in the region in order for all potential legal risk adoptive families to be presented for placement. The child shall then be matched with the most appropriate family. If all other factors are equal, then the family who has been approved and waiting for placement for the longest period of time shall be given priority. If there are no appropriate placements available within the region (outside the county where the child was surrendered), the Adoption ASWS shall contact the surrounding regions and convene a telephone placement committee with other Adoption staff until the most appropriate placement is secured.

### Protocol for other abandoned babies:

Babies who are over 72 hours old or who are abandoned in places other than with emergency medical service providers, do not meet the Mississippi State Law as a Safe Baby. There are similarities in the protocols for handling these reports, but also several differences.

1. Report of an abandoned baby shall be made through Centralized Intake with the maltreatment type of physical neglect.
2. Report is received in the county where the child was found and assigned as an investigation to a county worker.
3. The COR Investigating Worker responsibilities:
  - Follow protocol a – g above, as appropriate.
  - Make a diligent search for birth parents and all relatives of child.
  - Complete a full investigation and report findings to the youth court and the District Attorney's Office.
  - Follow all relevant DFCS policy related to the custody and placement of a child.
  - Abandoned babies will be adjudicated through youth court as neglected children.

## **IV. ADOPTIVE PLACEMENTS**

### **A. Child Assessment and Preparation for Adoption**

*Comprehensive Child Assessment:* The development of a document that contains information used to identify and/or understand the child/youth's past and current experiences and how they relate to current behavior, development and functioning. The Comprehensive Child Assessment is used to ascertain the child/youth's future needs and to facilitate timely decision making,

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planning, and placement with a permanent family. It is the foundation for developing the child's ISP. (Comprehensive Child Assessment Format, See Appendix E)

***Child/Youth Preparation:*** The sharing of information with the child/youth to assist him/her in understanding past experiences. Child/Youth Preparation is used to engage the child/youth in planning for the future, including placement with a permanent family.

***Collaboration:*** The structured cooperation of the Worker, family, other service providers, caregivers, and other relevant persons. They work on shared goals to ensure that the child/youth's best interests are the primary consideration during the assessment, decision making, planning, preparation, and placement process.

The Adoption Specialist will work with every child in care who has a permanent plan of adoption on the Comprehensive Child Assessment and Preparation process. Each time contact is made with the child or new information is gathered, the Comprehensive Child Assessment will be updated. The Comprehensive Child Assessment must also include information from the Strength and Risk Assessment (SARA) which is initiated by the COR Worker.

### **B. Current Resource Family Adoption**

A Resource Parent, who has been providing foster care for a child for 6 months or more, shall be given preference as an adoptive parent for that child once he/she becomes legally available for adoption unless there is documentation as to why the placement is unsuitable for adoption.

#### **1. Resource Parent Application To Adopt A Particular Child**

Form 471 (Foster Parent Application to Adopt a Particular Foster Child) should be completed when the child's permanent plan is approved as adoption in youth court or a TPR packet is submitted and the child has resided in the current Resource Home six (6) months or more. (*See Appendix F*).

Every adoption of a foster child initially placed in a licensed Resource Home must have a child-specific adoptive home study, known as the Adoption Addendum, completed and entered in Mississippi Automated Child Welfare Information System (MACWIS). There are at least three (3) ways that families who may be interested in adopting are licensed for placement of a child: (Adoption Addendum, *See Appendix G*)

- The current Resource Family who plans to adopt was licensed as an MDHS Resource Home approved for foster services, adoptive services, or both foster and adoptive services.

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- The current Resource Family was licensed as an MDHS Foster Home only.
- The current Resource Family was licensed by a private agency as a therapeutic foster care provider.

### **2. Approval of Resource Parents to Adopt**

Upon completion of the Adoption Addendum, the Adoption Specialist will submit the Family File, including the following to the Adoption ASWS:

- Form 471- Application to Adopt
- Copy of the original home study
- Adoption Addendum (also copied into family file in MACWIS)
- Signed Background Information for each child
- Statement 11-5-91 (if there was publication on TPR for either parent)
- Newly signed Discipline Statement
- Adoption Assistance Agreements (2 originals)
- Supplemental Security Income (SSI) Letter (if applicable)
- Contingency Plan
- Option for Legal Representation (Private or Referral for Law School)

The Adoption Specialist shall submit the Adoption Addendum and all necessary documentation within 60 days of a child being freed for adoption unless there are documented reasons for delay which is in the best interest of the child. The Adoption ASWS will review and provide a written approval or denial within 10 days of receipt of the documentation.

### **3. Finalization of Resource Parent Adoption**

Written instructions to the Resource Parent(s) on how to proceed with the adoption will be provided when the Adoption ASWS approves the family to adopt through the Adoption Approval Letter. This approval letter will also instruct the Resource Parent(s) to submit a copy of the Final Decree of Adoption to the Adoption Specialist. The Adoption ASWS will forward the family file and approval letter to the state office Adoption Unit where all legal documents will be prepared and mailed to the representing attorney.



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The Adoption Specialist shall provide a copy of the Final Adoption Decree to the State Office Adoption Unit. When the Final Decree of Adoption is received in the Adoption Unit, a letter will be sent to the COR requesting the closed county case be sent to the Adoption Unit where it will be secured in a sealed adoption file. All Direct Services are closed in MACWIS.

Note: If the Resource Family does not follow through with the finalization within 6 months of receiving the adoption approval letter the Adoption Unit will notify the resource family that recruitment efforts for an Adoptive home for the child must be initiated.

### **C. Recruitment of Adoptive Placements**

#### **1. Child Specific Recruitment for an Adoptive Family**

When a child's permanent/concurrent plan includes adoption and the child and siblings are not placed together in a permanent home, the Adoption Specialist will begin child specific recruitment for an adoptive family. Within 30 days of receiving the case the Adoption Specialist will compile the initial file for the child, which includes the following:

- Gather and organize all pertinent documents which include:
  - background information,
  - questionnaires,
  - Birth Certificate,
  - Social Security card,
  - Medicaid card,
  - immunization records,
  - IEP documentation, and
  - report cards
- Meet the child, take pictures, and begin assessing and preparing the child for adoption (See Child Assessment for Adoption and Preparing the Child for Adoption above.)
- Each participant at monthly status meetings will continue to be assigned a child specific recruitment activity until child is placed in a potential adoptive home.
- Pre-placement visitation plan with a potential adoptive family will be outlined at an Adoption Status Meeting.

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### **a) Mississippi Adoption Resource Exchange (MARE)**

#### **Legal Base**

The Mississippi Adoption Resource Exchange (MARE) was authorized under the MISS. CODE ANN. § 43-15-19, effective July, 1978. This law specifies that “the Department of Human Services shall maintain a MARE Registry, which shall contain a total listing of all children freed for adoption, as well as a listing of all persons who wish to adopt children and who are approved by a licensed agency in the State of Mississippi.”

The MARE was established as a resource to aid in meeting the priority goal of Adoption Service to provide a permanent, loving, home for every child who needs one. The Exchange will facilitate bringing together available “waiting” children and families prepared to adopt them.

#### **Implementation Procedures**

All children in the custody of DFCS who are legally free for adoption and who have no identified adoptive family must be posted on a photo listing web site in order to comply with the MARE.

The initial biographical sketch and picture of all children freed for adoption with no identified family will be posted by the Adoption Specialist within 10 days of the child being freed for adoption. These pictures and biographical sketches can be viewed directly on the computer in any DFCS office.

#### **Explanation to Child**

Prior to posting, the Adoption Specialist should explain to the child, in an age appropriate manner, that he/she is being posted on a photo listing web site in an effort to identify an appropriate adoptive family by allowing other Adoption staff throughout the state to view information to help match a family to the child’s needs and desires. Further, it should be explained that the listing is comprised of the child’s first name, age, a short biographical sketch, and a color picture.

#### **Posting and Updating**

The Adoption Specialist has the responsibility for posting and updating the child’s listing with current information. The “waiting” child will be served best when information concerning the child is correct and current. Therefore, the Adoption Specialist shall update the listing of any change in the child’s circumstances. Examples of changes that might occur are: (a) removal of a child from foster care, (b) request to adopt child by foster parents, (c) correction of a minor

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disability, (d) change from special education to regular classroom setting, or (e) acquisition of new medical or psychological information. All changes shall be made to the Child Assessment document with a summary from any medical, educational or psychological evaluation that has been completed.

### **Distribution**

MISS. CODE ANN. § 43-15-19,

*(1) The State Department of Public Welfare shall maintain a Mississippi Adoption Resource Exchange registry, which shall contain a total listing of all children freed for adoption as well as a listing of all persons who wish to adopt children and who are approved by a licensed adoption agency in the State of Mississippi. Said registry shall be distributed to all county welfare directors and licensed adoption agencies within the state and shall be updated at least quarterly. The State Department of Public Welfare shall establish regulations for listing descriptive characteristics while protecting the privacy of the children's names. Listed names shall be removed when adoption placement plans are made for a child or when a person withdraws an application for adoption.*

*(2) Adoptive parents shall be given the option of having their names placed in the registry. They shall be required to give written authority to the county welfare department to place their names in the registry and said authorization shall be forwarded to the state department of public welfare, division of social services, for approval.*

### **b) Posting on Adoptuskids.org Website**

DFCS adheres to the belief that a child benefits from living in an adoptive home in a location with familiar surroundings, both cultural and geographic. In seeking adoptive homes for children in custody of DFCS, the Adoption Specialist will first explore resources within Mississippi. If there is no appropriate home in Mississippi for a particular child, a referral will be made to Adoptuskids.org. This website involves children and families from across the United States. Placement of a child for adoption will not be denied or delayed when an approved family is available outside of the county or state of jurisdiction.

- Referral forms, including the child's first name, age, a short biographical sketch, and a color picture should be submitted directly to Adoptuskids.org for posting on the website. The referral to Adoptuskids.org shall be made when the Adoption ASWS, RD, or State Office Adoption Unit personnel have reviewed information on the child's case and recommend that referral to Adoptuskids.org is appropriate.

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### **c) Adoption Hotline**

The Adoption Hotline is located in the DFCS State Office and answered by the Adoption Unit Staff. Individuals who call the Hotline are provided with basic information on the foster/adopt process and mailed or emailed an application. Callers who express interest in becoming a Home will be mailed an application. The applicant is instructed to return the application directly to the Adoption ASWS in the area where the family resides.

The Adoption Hotline number available in Mississippi is 1-800-821-9157.

### **d) Wednesday's Child**

Wednesday's Child is a service that helps find permanent, adoptive homes for foster children who cannot return home. The Carlisle Corporation began sponsoring the program in Mississippi in 1987.

All children who are freed for adoption and have no identified adoptive family shall be given the opportunity to be filmed and appear on Wednesday's Child. The Adoption Specialist shall discuss this opportunity with the child and assess the child's receptiveness and readiness to be taped. Children will not be coerced in any way to appear on Wednesday's Child, but will be prepared and assessed for the appropriateness of this recruitment effort.

### **e) Other Child-Specific Recruitment Efforts**

Children will be prepared and assessed for other child-specific recruitment efforts prior to having any type of public appearance or material submitted to TV, radio, internet, magazine, newspapers or other media. All such child-specific recruitment efforts will be completed with the full knowledge and support of the child for whom the recruitment is being conducted.

### **f) Application Process for the Adoption of a Child**

#### **Focus on Child's Needs**

Families wanting to adopt infants and preschool age children should be informed that there is no assurance of the availability of the type child they desire. Inquiries for children under the age of 6 (non-special needs) will be assessed and the family will be contacted to discuss the possibility of adopting older children or a sibling group.

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### **Priority for “Special Needs” Children**

Families who express an interest in adopting “Special Needs” children are given priority in the home study process. “Special Needs” children include those where one of the following circumstances presents a placement barrier:

- Older children, ten to eighteen years old
- Membership in a family group of brothers and/or sisters of two or more
- Emotionally disabled
- Mentally and/or physically disabled
- Medical conditions
- Sexually abused children, children who act out sexually or are sexually active
- Pregnant girls who plan to keep the baby in the Resource Home
- Children with severe behavior problems

### **Licensing Resource Homes for Adoption Only**

Families who are only interested in adopting children can request to be licensed to provide adoption services only. After completing pre-service training, if the family continues to request licensure for “Adoption Only” their application should be re-assigned to an Adoption Specialist and the home study will be completed by the Adoption Specialist serving the family’s county of residence.

If a family is applying to adopt a specific child for whom DFCS is actively recruiting an adoptive home, the application should be initially assigned to an Adoption Specialist. Top priority is given to completing home studies for families who are interested in adopting children who are free for adoption and for whom DFCS is actively recruiting an adoptive home.

In order for a family to be licensed for “Adoption Only” they shall meet all licensing standards as outlined in DFCS Licensure Policy, Section F. Families interested in adoption only may be considered for legal risk adoptive placements. A license change adding foster home services must be completed prior to placement of a child in the home who is not legally free for adoption, allowing the family to be eligible to receive foster care board payments. Families licensed as adoption only who accept placement of a child legally free for adoption may be eligible to receive the child’s Adoption Assistance beginning at the date of placement.

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Any exceptions to licensure policy for "Adoption Only" families shall be requested in writing and submitted to the Permanency Unit Director in State Office. These requests will be considered on a case-by-case basis only for non-safety related items.

### **2. Placement of Children with Adoptive Families**

#### **a) Placement Committee Meetings**

The purpose of Placement Committee Meetings is for an Adoption Specialist to present all known information about a child who is in need of a permanent placement to a committee of staff who is familiar with the Resource Family who could possibly meet the needs of the specific child. After learning the child specific information, the staff is then given an opportunity to present information to the committee about a specific family who may be willing and able to meet the child's needs. Once all staff has the opportunity to present a family, the committee will discuss which family seems to be best prepared to meet the needs of the specific child, and then the committee makes a tentative selection with the most appropriate family.

Following is the schedule for Placement Committee Meetings:

- Regional Placement Committee Meetings are held monthly.
- Multi-Regional Placement Committee Meetings are held quarterly (2 or more regions meet together, along with private child placing agency staff).
- Statewide Placement Committee Meetings (representatives of each region's Resource Unit staff and private agencies) are held every 6 months. These meetings include telephone conferencing and in person attendees in the State Office.
  - Child's Information will be presented to Regional Placement Committee to request a "foster to adopt" or adoptive placement for the child.
  - If the child is not matched at the Regional Placement Committee, the child's information will be submitted to the Adoption Unit for statewide distribution to all DFCS Resource staff in order to search current licensed homes for a possible placement match. If any Resource Specialist in the state identifies a possible match, the Resource Specialist will contact the child's Adoption Specialist and present the family at the child's next Adoption Status Meeting.
  - If the child is not matched at the Regional Placement Committee Meeting or prior to a quarterly multi-regional Placement Committee Meeting, then he/she will be presented at the Multi-regional Placement Committee Meeting.

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- If the child is not matched at Multi-regional Placement Committee Meeting, the child will be presented at Statewide Placement Committee Meeting.

### **b) Selection of Homes for Children through the Placement Committee**

Multi-Ethnic Placement Act (MEPA) of 1994 (P.L. 103-382) and amended in 1996 (P.L. 104-188), prohibits those agencies receiving Title IV-E foster care funds from denying or delaying an individual or couple the opportunity to be an adoptive or Resource Parent or delaying or denying placement of a child on the basis of race, color or national origin of the prospective Resource Parent or child. These factors must be applied on an individualized basis, not by general rule "in the best interest of the child.

### **c) The Placement Process**

Placement of a child for adoption is a legal and social process. The child must be legally free for adoption as certified by the AG's Office prior to DFCS entering into an adoptive placement agreement with the new adoptive family. Legal risk adoptive placements may be made prior to the child being legally freed for adoption with **legal risk adoptive placement agreements** in place.

Many factors must be considered in the selection of the prospective home for a child. The Placement Committee uses its professional judgment in matching families to our awaiting children that best meet the needs of the children.

Among the child-related factors often considered are the child's:

- current functioning and behaviors
- medical, educational and developmental needs of the child
- history and past experience
- cultural and racial identity needs
- interest and talents
- attachment to current caretakers

Among the factors that agencies consider in assessing a prospective family's suitability to care for a particular child is the ability to:

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- form relationships and to bond with the specific child
- help the child integrate into the family
- accept the child's background and help the child cope with his/her past
- accept the behavior and personality of the specific child
- validate the child's cultural, racial and ethnic background
- meet the child's particular educational, developmental or psychological needs

Once a family has been selected for a particular child, the Adoption Specialist for the child, along with the Adoption Specialist for the family, will make a presentation of the child to the potential adoptive family. The presentation should be done in a face-to-face interview with the adoptive parents. The presentation will include all the information available on the child, particularly information on any special needs, as well as photographs, and video if available. Full disclosure of the child's problems and background, as well as the financial aspects of adoption, must be discussed with all adoptive parents.

The prospective adoptive parent(s) shall have the opportunity to decide whether they consider the child appropriate for them. After being presented all known information about the child, the family should be clearly informed that they are not obligated to accept placement of the particular child and refusal to accept a particular child does not prohibit their being considered for another child at a later time. Regardless of the family's decision, the Adoption ASWS and State Office Adoption Unit should be notified immediately in order that planning may proceed or be changed.

If the placement of the particular child is declined, it is important that the Adoption Specialist evaluate whether the family is refusing placement of the particular child, or manifesting their conflicts about parenthood or adoption. If the family decides to proceed with the placement, the Adoption Specialist will present the family to the child (if age appropriate) using a picture book prepared by the family.

The Adoption Specialist and county staff will formulate a specific placement plan at an adoption status meeting. This plan will outline dates, times, and locations of pre-placement visits and placement along with who will be responsible for transporting the child for each visit. This plan will be confirmed in writing to the child's COR Worker and the Adoption ASWS and the family's Adoption Specialist with copies to the appropriate COR ASWS and RD(s). The Adoption Specialist will share the information with the potential adoptive family and the child's current placement family or staff at placement facility.



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The removal of the child from the current Resource Home or placement facility should be planned very carefully. The primary concern should be to prepare the child for separation from his/her Resource Family or staff so that his/her adjustment in the new living situation will be no more difficult than it has to be. To do so, it is important to be supportive of the Resource Family and considerate of their feelings so they will be able to help the child separate from them.

Resource Parents or staff at a placement facility will be encouraged to prepare information for the adoptive parents regarding the child's schedule, habits, likes, and dislikes and other information which will help the child separate from them and transition into a new home.

On the day of placement, the COR/COS Worker is responsible for making sure that all of the child's belongings go with the child. The Adoption Specialist will be responsible for obtaining all necessary documents to give to the new adoptive parents in order to enroll the child in school or day care. These documents will include the school withdrawal forms, immunization records, copy of birth certificate and social security card, and a copy of Medicaid card.

The adoptive parents will be instructed by the Adoption Specialist to write at least one letter or email to the Resource Parents about the adjustment of the child in the new home. Continuing contacts between Resource Parents and the adoptive parents are encouraged.

At the time of placement, the adoptive family will be given the following information on the child.

- written background information and a Comprehensive Child Assessment,
- names and addresses of physicians,
- non-identifying information on the birth parents,
- names, date of birth and address of all siblings,
- placement and case history of the child, and
- current functioning of the child with emphasis on medical, psychological and emotional issues.

On the date of the placement the Adoption Placement Agreement shall be completed. The child will be removed from the foster home status and placed in an adoptive home status. The COR will be notified to enter a placement change and show the child in the new home as an adoptive placement which will end the foster board payment, keep the child/children's Medicaid open. The case on the child remains open in the COR until the finalization of the adoption.

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### **d) Purchase of Adoption Service from Licensed Adoption Agencies**

DFCS works in cooperation with licensed private adoption agencies through Purchase of Service Agreements/Contracts for the placement of special needs children. Licensed child placing agencies are invited to attend Placement Committee Meetings and present possible adoptive families. If a child who is free for adoption is placed in a private agency family for the purpose of adoption, the family is eligible to receive an adoption subsidy for the child, and the provider agency is paid for the placement and supervision of the child through a Purchase of Service Agreement/Contract. These contracts are negotiated with each child placing agency prior to placement.

Legal risk adoptive placements may be made with a family who is licensed by a private agency. If the child is approved for therapeutic foster care and is matched with a family who is licensed to provide therapeutic foster care, the placement shall be shown as a therapeutic foster home placement with the appropriate therapeutic board rate. The family shall sign a legal risk adoptive placement agreement if TPR is eminent (child is having no documented contact with birth family and reunification services have ended).

If the child is not approved for therapeutic foster care and is matched with a family licensed by a private agency, the agency representative must agree to the Purchase of Service Agreement/Contract for their services and the family will receive a basic board payment until the adoption finalizes. Placement is shown with the therapeutic agency, identifying the particular family, and showing the rate type as “regular.” A legal risk adoptive placement agreement shall be signed at the time of placement.

### **e) Supervision of Adoptive Placements**

A major role of the Adoption Specialist during the supervisory period is to provide support, including assistance with parenting skills, to the adoptive family. The Adoption Specialist supervising an adoptive placement shall be notified of any request for services received in the county during the placement of a child in an adoptive home.

A minimum of six months supervision is required for each adoptive placement. This may be all the time that is necessary for an infant placement. However, the supervisory period will be determined by the adjustment of the child to the new family environment. The six months may be extended, if needed to stabilize the placement. The adoptive family will also be encouraged to attend the Adoption Support Group meetings before placement and after for continued post adoptive support.

Certain questions may be raised by the adoptive parents during the supervisory period. These may include the following:

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- Income Tax – Adoptive parents should check with their tax advisor regarding any deductible expense related to adoption.

Adoption Assistance (Federal IV-E or State IV-B) is generally not counted as income on Federal Income Tax Returns and the child receiving Adoption Assistance generally may be counted as a dependent if the adoptive parent contributed a certain amount of the child's total support during the calendar year. Adoptive parents should contact the Internal Revenue Service (IRS) with any questions about whether or not the child may be claimed for income tax purposes.

Federal and State Tax credit information shall be given to all adoptive parents during the process of assessing and preparing them for adoption. This tax credit information shall include the North American Council on Adoptable Children (NACAC) website which maintains updated information regarding the tax credit laws. This website is <http://www.nacac.org>.

- Insurance – DFCS encourages the adoptive family to apply for health insurance once the child is placed in an adoptive placement. Insurance companies have varying policies about insuring a child prior to completion of adoption. Upon request, the Adoption Unit will supply a statement to adoptive parents for insurance purposes. The Adoption Placement Agreement is often accepted by insurance companies. Omnibus Budget Reconciliation Act 1993 guarantees adopted children the same access to health insurance as birth children. Children are covered at the time of placement and for pre-existing conditions. If a child is on Medicaid and private insurance, the private insurance must be listed as Primary and Medicaid as Secondary.
- Surgery – If the child requires surgery, the COR shall be notified and the consent of the legal custodian or designee shall be obtained.

The aim of supervision after placement is to see the family established. The worker's approach must be positive and helping rather than authoritative. The family should be given adequate interpretation regarding the purpose of supervision to lessen the anxiety which could be created. It should be explained that the Adoption Specialist is a source of security rather than a threat. The Adoption Specialist also has responsibility for assisting the child and parents to form an integrated family.

For adoptions of very young children, the "telling of adoption" could be a troublesome area. The Adoption Specialist shall emphasize to the adoptive parent(s) the importance of integrating the child's past, as well as present, into the adoptive family through letting the child understand from the beginning that he was adopted. Having grown up knowing that he/she was adopted and

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having been free to talk with his/her adoptive parents while growing up will help the child cope with identity issues later.

During the supervisory period, the Adoption Specialist will make a minimum of two visits each month to the home of the adoptive family. The first visit will occur within two weeks of placement. The Adoption Specialist will speak to the child in private in the home during the supervisory visits. One visit may occur in a setting other than the home.

The number of contacts with the adoptive family may vary greatly, depending on the individual situation.

### **f) Abuse and Neglect in Adoptive Placements**

All investigations into reports of maltreatment, including corporal punishment, of children in DFCS custody must be initiated within 24 hours and completed within 30 calendar days, including supervisory approval. All reports of suspected maltreatment shall be reported immediately to Mississippi Centralized Intake (MCI). Immediate danger to the foster child placed in a pending adoption placement requires immediate action on the part of the COR Worker and Adoption Specialist. The COR Worker and Adoption Specialist shall work together to evaluate each case individually and determine if removal is necessary based on the child's safety needs and best interest. (See Section B, *Reports of Maltreatment in Foster Care*)

After reporting the allegations to MCI all reports involving alleged child abuse and neglect, unusual incidents and other situations or circumstances affecting the health, safety, or well-being of a child shall be promptly reported to the Adoption ASWS and RD. The following steps shall be taken:

- A Serious Incident Report (SIR) shall be completed by the COR Worker or Supervisor and submitted for approval through the automated SIR located at <http://dfcsmacweb/SIR>
- The RD assigns a Worker who has had training in Maltreatment in Resource Homes /Facilities.
- The Adoption ASWS and Adoption Specialist are notified of the report and may accompany the investigating Worker to the adoptive home.
- The adoptive home is made unavailable for further placements pending the outcome of the assessment. MACWIS does this automatically upon entering the report as a Resource Home.
- The Adoption Specialist provides support to the adoptive family during the time the assessment is being conducted, but may not discuss the assessment itself.

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### **Upon completion of the Abuse, Neglect and Exploitation (ANE) assessment**

- The RD and Adoption ASWS shall collaborate regarding the findings of the ANE assessment to determine the best course of action to be taken concerning the adoptive home license status and/or follow up. The Adoption ASWS shall notify the adoptive family in writing of the assessment findings, whether any policies have been violated, and the licensing action taken, if any.
- The letter will be copied to the RD, Adoption Specialist and State Office Permanency Unit.
- The Adoption Specialist will support the adoptive family and provide in-person explanation regarding the current status of the license.
- Licensing actions are based on the assessment outcomes. (Refer to Section F)

### **Substantiated Maltreatment**

If the result of an ANE assessment of an adoptive home before finalization is a substantiated report of child abuse or neglect, the resource license may be revoked and the home may be closed or a corrective action plan put in place to prevent the disruption of the placement and maintain safety, permanency and well-being for the child.

For further information on policy violations and adverse actions see DFCS Policy, Section F.

### **g) Finalizing the Adoption**

At the end of the supervisory period, the Adoption Specialist supervising the placement will prepare a family file, with a memo summarizing the placement and recommending that the family be allowed to finalize the adoption. This file will be sent to the Adoption ASWS for approval. The Adoption ASWS will send the family an adoption approval letter and forward the family file to the State Office Adoption Unit. The State Office Adoption Unit staff will gather all legal documents in order to prepare the packet to send to an attorney for the finalization of the adoption. The Adoption ASWS, upon approval of the recommendation to finalize, will instruct the family to do the following:

1. Have their attorney submit in writing on the attorney's letterhead to the Adoption Unit Director that he/she is representing said family.
2. Obtain and submit a medical statement on the child to the Attorney representing the adoptive parent.

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A copy of the letter to the family will be sent to the Adoption Specialist. The Consent and Statement of Property, along with other necessary legal documents, will be sent from the Adoption Unit to the family's attorney who will prepare the adoption petition. The attorney or the Chancellor may ask the Adoption Specialist to be present at the time of the Adoption Hearing. The Adoption Specialist should attend the Hearing when requested.

A child over the age of 14 must be made a party to the adoption and must either execute a consent or be personally served with process (MISS CODE ANN § 93-17-5).

The adoptive family has some options on how they will handle the finalization of the adoption:

1. They may select their own attorney and pay the attorney fees, court cost, and revised birth certificate fees themselves.
2. They may select a private attorney to handle the adoption and MDHS/DFCS will pay the non-recurring expenses such as attorney fees, court costs and fee for the revised birth certificate (maximum \$600 per child).
3. They may use the Mississippi Law School Adoption Clinic to assist in the finalization of the adoption.

The Adoption Specialist will need to state which option the family has chosen when the family file is submitted to the State Office Adoption Unit.

If the family chooses to use a private attorney, the Adoption Unit staff will send the legal documents directly to the attorney. Upon receipt of the Final Decree of Adoption and an itemized Statement from the attorney, the Director of the Adoption Unit will request a check be issued to pay the fees.

It is the Adoption Specialist's responsibility to obtain from the adoptive parent(s) a copy of the Final Decree of Adoption which allows the case records to be closed. It will be necessary, of course, for the adoptive parent(s) to request this be provided by their attorney.

A memorandum will be sent from the Director of the Adoption Unit to the COR informing them the Final Decree of Adoption has been granted and requesting the closed county case record be sent to the Adoption Unit. A copy of the memo will be sent to the COS who will route their file back to the COR. The Adoption Specialist for the adoptive family will close the family's case and route it to the Adoption Unit. When closed cases are routed to the Adoption Unit, a cover memo should accompany the case record(s) which indicates the child's original name and the name of the adoptive family so the Adoptive Unit staff can know which cases are to be filed together.

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If there is more than one child in the case, the material on the child adopted should be pulled from the County case record and sent to the Adoption Unit. If the material on a particular child cannot be separated from the case file, the County should notify the Adoption Unit in writing.

The Adoption Specialist who provided Adoption COS Services shall enter a closing summary narrative in the child's case in MACWIS. The summary shall address the following:

- Name of adoptive parents
- Date of adoption finalization
- The child/family's need for post-adoptive services
- Information given to the family regarding accessing future post-adoptive services
- Whether an open case management will be maintained by the Adoption specialist in order to provide specific post adoptive services

Closed adoption cases are sealed records under Mississippi State law (refer to MISS. CODE ANN. § 93-17-201-223). NO information can be given from a sealed record unless a court order has been issued by the chancery court that granted the adoption. Any request for information related to a closed adoption case should be referred to the State Office Adoption Unit.

### **h) Social Security Death and Disability Benefits for Children who are Adopted**

The Social Security Act provides that an adopted child, who was or is eligible for benefits under his birth parents' coverage, may continue to be eligible to receive these benefits after adoption.

Families should be told that not every child will be eligible for benefits, but some children will be or may become eligible. They should be told that DFCS will communicate with them about this if their child is affected and that confidentiality will be preserved by DFCS and by Social Security Administration (SSA). They should also be told that they may choose, at the appropriate time, whether or not they wish to apply for benefits.

The following procedure will be initiated after issuance of the Final Decree of Adoption for children formerly in the custody of MDHS and for whom benefits were received by MDHS.

- Social Security benefits received by the COR and not used for the child's maintenance shall be returned to the Social Security office.
- The COR will return to SSA the funds received subsequent to the issuance of the Final Decree, and SSA will be informed that the adoptive parents are being notified that the child may be eligible to receive continuing benefits.

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- The Adoption Specialist will notify the adoptive parents of the possibility of continuing benefits.
- The COR will furnish the Adoption Specialist the Claim Number of the worker under whose earnings benefits are to be paid. The Adoption Specialist will in turn give this information to the adoptive family.
- The adoptive parents should then apply for benefits at the Social Security office nearest them. They will be expected to provide the Claim Number mentioned above, and a certified copy of the child's Final Decree of Adoption. If benefits are granted, the Claim Number and the adoptive name of the child will appear on the face of the check.

Should a child be eligible for benefits under the adoptive parents' coverage, the parents are advised to apply under both accounts. Payment will be made under the account which provides for the highest benefit for the child.

### **i) Veterans' Benefits for Children Who Are Adopted**

The adopted child who was eligible for Veterans' Benefits prior to adoption may continue to be eligible after adoption. Adoptive parents should be made aware of this possibility. Adoptive parents should be told that they will be notified by the Adoption Specialist if their child is affected and that confidentiality will be preserved by the DFCS and by Veterans Administration.

The following procedure will be initiated after issuance of the Final Decree for children formerly in the custody of DFCS and for whom the DFCS received benefits:

- Veterans' Benefits received by the COR and not used for the child's maintenance will be disbursed to the adoptive parents for the benefit of the child when the Final Decree of Adoption has been issued.
- The COR will return to Veterans Administration funds received subsequent to the issuance of the Final Decree, and Veterans Administration will be informed that the adoptive parents are being notified that the child may be eligible to receive continuing benefits.
- The Adoption Specialist will notify the adoptive parents of the possibility of continuing benefits and request that the adoptive parents authorize the COR in writing to furnish their names and address to Veterans Administration. The adoptive parents should be told that when their names and address are furnished to Veterans Administration, they may expect a representative of that agency to call on them. The Veterans Administration is required to contact the child periodically throughout his eligibility for benefits.



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### **V. POST ADOPTIVE SERVICES**

Post Adoptive Services are services provided to adoptive families after the adoption has been finalized. Requests made to county staff involving an adopted child should result in an immediate contact to the Adoption Specialist or Adoption ASWS for consultation. These requests are handled on a case by case basis and assigned to the most appropriate Adoption Specialist. The Adoption Specialist will assess the situation and either provide the needed services or assist the family in location of the needed resource.

The Adoption Specialist will refer the family to the appropriate Adoption Support Group if the family is not presently attending one. The Adoption ASWS will be notified when services are requested by any adoptive family. If the County Worker opens a prevention or protection case, an Adoption COS line of services is initiated upon opening the case. If no county case is being opened, an Adoption Specialist may open an Adoption Case Management and provide necessary services to the family.

#### **A. Mississippi Courts**

By virtue of the Adoption Law of the State of Mississippi (MISS. CODE ANN. § 93-17-1 through 93-17-67 recompiled as amended), the Chancery Judge has the authority to request the Department of Human Services to make adoption home studies and reports to the court concerning any proposed adoption. The request is made to the County DFCS Office and the service is provided by the Adoption Specialist for that county. The court order that is issued requesting the home study should include the fee of \$650. The check should be made payable to the State Treasury/State of Mississippi.

##### **1. Court-Ordered Adoption Home Studies**

The request for a Chancery Court ordered independent adoption home study must come from the Judge rather than from the petitioners or their attorney.

The home study process should be carried out in line with DFCS policy on all Adoption Studies. All additional information requested by the Judge should be included.

##### **2. Follow-up Supervision of Placement**

If the Chancery Court requests follow-up supervision of the placement, this service should be provided by the Adoption Specialist. In this event supervisory reports are made to the Chancery Court who has jurisdiction of the case.

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### **B. Out-of-State Adoptions**

#### **1. Home Studies and/or Placement Supervision**

Requests from out-of-state adoption agencies for Home Studies and/or placement supervision for a particular child are made to the Interstate Compact on Placement of Children (ICPC). DFCS policy provides for free exchange of information with public agencies with written consent of adoptive parents. The placement of children across state lines shall receive prior approval through the ICPC Office.

#### **2. Interstate Compact Application Request and Placement, ICPC 100A and 100B**

The state of Mississippi requires that Form ICPC-100A and 100B be secured when an unrelated child either comes into the State of Mississippi for Adoption, or is placed for adoption outside the State. The procedures as outlined in the ICPC, DFCS Policy Section H, are to be followed.

### **C. Release of Information**

MISS. CODE ANN. § 93-17-207(1)(2) states that MDHS “shall release non-identifying information maintained as provided in Section 93-17-205 for a reasonable fee, including the actual cost of reproduction, to any of the following persons upon request made with sufficient proof of identity:

1. An adoptee eighteen (18) years of age or older;
2. An adoptive parent;
3. The guardian or legal custodian of an adoptee; or
4. The offspring or blood sibling of an adoptee if the requester is eighteen (18) years of age or older.”

It also states in the section that “information released pursuant to subsection (1) of this section shall not include the name and address of the birth parent, the identity of any provider of health care to the adoptee or to the birth parent and any other information which might reasonably lead to the discovery of the identity of either birth parent”. It is permissible to release the age of the parents and non-identifying medical information.

All such requests for information shall be referred to the State Office Adoption Unit.

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### **D. Ensuring Permanency Post Adoption**

Adoption is a permanent life-time and legally binding commitment. It is a commitment of self, family resources, love, emotional support and energy. This is explained at length with a family prior to adoption. If an adoptive family is faced with circumstances for which they are not prepared, post-adoption services are available.

If the adoptive family is brought to the attention of DFCS after an adoption has been finalized, either due to an ANE allegation or a request for services, the adoptive family shall be treated like any other family with priority given to assessing the child's safety and maintaining the family unit.

The Adoption ASWS will be notified when services are requested by any adoptive family (whether this is a report of abuse or neglect or a request for services). If the COR Worker opens a prevention case, an Adoption COS line of service shall also be opened. If no county case is opened, an Adoption Specialist may open an Adoption Case Management and provide necessary services to the family. Adoptive families may receive post-adoption services even when no abuse or neglect is present.

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### **ADOPTION ASSISTANCE**

#### **I. INTRODUCTION**

DFCS supports the premise that every child has the right to a permanent home. Adoption Assistance is designed as a supplemental financial benefit to assist families adopting an eligible child with special needs who would be unlikely to be adopted otherwise. The purpose of Adoption Assistance is to reduce financial barriers that may impede the special needs child's opportunity for adoption. Authorization of Adoption Assistance is based upon the needs of the child.

#### **II. LEGAL BASE**

Enabling legislation for Mississippi's Adoption Assistance Program was enacted by the Mississippi Legislature in 1979 with the passage of the Mississippi Adoption Supplemental Benefits Law of 1979. Its purpose is to supplement the Mississippi Adoption Law by making possible through public supplemental benefits the most appropriate adoption for each child certified by MDHS (MISS. CODE ANN. § 93-17-53).

The Adoption Assistance and Child Welfare Act of 1980, (P. L. 96-272), passed by Congress, was signed into law on June 17, 1980. Section 101 of the law amended Title IV of the Social Security Act and created a new Part E - IV-E Payments for Foster Care and Adoption Assistance. It makes federal financial participation in Adoption Assistance payments available for eligible children with special needs.

P.A. 105-89, the Adoption and Safe Families Act (ASFA), signed on November 19, 1997 by the President amended certain sections of the Social Security Act.

#### **III. TYPES OF ADOPTION ASSISTANCE**

DFCS will provide two types of Adoption Assistance:

1. IV-E, which provides a monthly maintenance payment and eligibility for Medicaid benefits.
2. IV-B, which provides a monthly maintenance payment and eligibility for Medicaid benefits.

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3. With the new ASFA, P.L. 105-89 as of July 1, 1998 States must provide Medical Insurance or Medicaid for every child who is adopted and eligible to receive Adoption Assistance.

### **IV. VISUAL COMPARISON BETWEEN IV-E AND IV-B ADOPTION ASSISTANCE**

#### **A. IV-E**

1. Special needs criteria
2. IV-E Foster Care (Temporary Aid to Needy Families (TANF) family) OR SSI
3. Automatic Medicaid eligibility
4. Title XX Services
5. Can begin at time of placement with adoptive family (prior to finalization) when Adoption Assistance Agreements are in place.
6. Child can be eligible to receive IV-E Deferred Adoption Assistance based on the Medical and Mental history of the biological parents and Medicaid. The Adoption Assistance Forms must be signed before finalization.

#### **B. IV-B**

1. Special needs criteria
2. Child Welfare Services (CWS) Foster Care (Non-IV-E or SSI)
3. Child eligible to receive IV-B Medicaid or Medical Insurance if an Adoption Assistance Agreement has been signed before finalization.
4. Not automatically eligible for the Title XX services.
5. Can begin at time of placement with adoptive family (prior to finalization) when Adoption Assistance Agreements are in place.
6. Child can be eligible to receive IV-B Deferred Adoption Assistance based on the Medical and Mental history of the biological parents and Medicaid. The Adoption Assistance Forms must be signed before finalization.

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**V. IV-E ADOPTION ASSISTANCE (FAS)**

**IV-E Adoption Assistance utilizes Title IV-E funds matched with State funds. A recipient of Federal Adoption Assistance must:**

1. Be determined at initial entry into foster care to have been eligible or would have been eligible for IV-E Foster Care, OR
2. Meet all of the requirements of Title XVI with respect to eligibility for SSI benefits in the month in which the adoption is finalized. OR
3. Effective Federal Fiscal Year (FY) 2010, which started October 1, 2009, children who have been in foster care for at least 60 consecutive months and/or who meet age requirements are eligible for IV-E adoption assistance as long as they meet the definition of a special needs child and are not eligible for IV-E foster care due to the birth parent’s income – but meet all other IV-E requirements. Siblings to any child who meet these criteria and are being adopted by the same family are also eligible.

Children become eligible if they turn the listed age any time during the fiscal year.

<b>Federal Fiscal Year</b>	<b>Age of Eligibility</b>	<b>Date of Birth</b>
<b>2012</b> [10/01/11-09/30/12]	<b>12 and older</b>	<b>Prior to October 1, 2000</b>
<b>2013</b> [10/01/12-09/30/13]	<b>10 and older</b>	<b>Prior to October 1, 2003</b>
<b>2014</b> [10/01/13-09/30/14]	<b>8 and older</b>	<b>Prior to October 1, 2006</b>
<b>2015</b> [10/01/14-09/30/15]	<b>6 and older</b>	<b>Prior to October 1, 2009</b>
<b>2016</b>	<b>4 and older</b>	<b>Prior to October 1, 2012</b>

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<b>[10/01/15-09/30/16]</b>		
<b>2017</b> <b>[10/01/16-09/30/17]</b>	<b>2 and older</b>	<b>Prior to October 1, 2015</b>
<b>2018</b> <b>[10/01/17-09/30/18]</b>	<b>All children</b>	

4. The child is a child of a minor parent who is in foster care and received IV-E foster care payments that covered both the minor parent and the child, and the child meets the definition of a child with special needs.
5. The child previously was eligible for IV-E Adoption Assistance and meets the definition of a child with special needs. In the situation of a child who was adopted and received IV-E adoption assistance, but the adoption dissolved or the adoptive parents died, the child continues to be eligible for IV-E adoption assistance in a subsequent adoption. The only determination that must be made is whether the child is a child with special needs. Because IV-E adoption assistance eligibility does not have to be re-established for subsequent adoptions, the manner of a child’s removal from the adoptive home, including whether the child is voluntarily relinquished to an individual or a private agency, is irrelevant.

Each child in DFCS custody who is legally freed for adoption must have his/her case reviewed for determination of eligibility for IV-E Adoption Assistance. If eligible, this information will be shared with DFCS staff and with interested prospective adoptive parent(s).

**A. Establishing Child’s Eligibility for IV-E Adoption Assistance**

The Adoption Specialist is responsible for compiling the information needed to determine a child’s eligibility for IV-E Adoption Assistance. The child must be determined eligible for Adoption Assistance by the Adoption Assistance Supervisor and approved by the Director of the Adoption Unit as requiring Adoption Assistance to assure adoption. Each of the following conditions must be met and documented in the child’s case record which is maintained in the State Office Adoption Unit:

1. The child must be legally free for adoption.

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2. The child must be in the legal custody of MDHS or a licensed child-placing Agency in Mississippi.
3. The child must be determined to have been initially eligible or would have been eligible for IV-E Foster Care as set out in Volume IV or must meet all of the requirements of Title XVI with respect to eligibility for SSI benefits in the month in which the Adoption Decree is granted.

In order for a child to be considered a special needs child for the purposes of the adoption assistance program, all of the following criteria must be met and documented in the child's file and in MACWIS:

- a. The Youth Court Judge determined that the child cannot or should not be returned to the home of his parents. This must be stated in a Court Order issued within 180 days of a custody order or Voluntary Surrender.
- b. The child must be determined by the Agency to be a child with one or more special needs as follows:
  - i. Physical disability
  - ii. Mental disability (I.Q. of 70 or less)
  - iii. Developmental disability
  - iv. Emotional disturbance
  - v. Age (must be Six (6) years old or older)
  - vi. Membership in a sibling group (or fictive sibling group) of two (2) or more children being placed together – fictive sibling is defined as unrelated children who have resided in the same home for at least 6 months and who have developed significant emotional ties to each other.
  - vii. Medical conditions
  - viii. Factors in the child's or biological family's medical history or background place the child at risk to acquire a medical condition, a physical, mental, or developmental disability or an emotional disorder. Current information is required to document the above risk factors. Documentation of an unknown medical history may also be a risk factor.

Children who are determined to have special needs will be further assessed for their level of special needs. There are 6 levels:



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1. **Deferred** - Includes children under the age of 6 who have documented risk factors for special needs in their background, but currently have no known special needs. This would include documented mental or medical health issues in the family, unknown background, history of abuse or neglect, or risk factors documented by the child's birth records.
2. **Basic Special Needs** - Includes age, sibling group membership, a single developmental, mental health or medical diagnosis not serious in nature, i.e. Eczema, speech delays, allergies, etc.
3. **Special Needs I** – When a child has ongoing medical conditions requiring frequent medical attention or daily medications or interventions and the SSI application is either pending or been denied
4. **Special Needs II** – When a child is receiving SSI benefits at the time of adoption.
5. **Therapeutic Rate** – When a child has multiple diagnoses (either mental health or medical conditions or a combination) for which he/she continues to receive therapeutic intervention. OR

The adoptee has a single diagnosis which is causing significant impairment in multiple settings (home, school, peers, etc).

6. **Medically Fragile Rate** – When an adoptee has a medical condition or multiple medical diagnoses which :
  - a) Are life threatening in nature, or
  - b) Require specialized medical care in the home, or
  - c) Will require corrective major surgery / recurrent surgeries, or
  - d) The prognosis for full recovery is negligible and the child is not expected to ever live independently.

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**Must be in Child's Adoption Assistance File**

<b>Deferred</b>	<b>\$0 payment Medicaid only</b>	Documentation of all risk factors which may include no known background information, documentation of mental or medical history of birth family, documentation of risk factors in birth records, documentation of Abuse or neglect.
<b>Basic Rate</b>	<b>Payment Cannot Exceed:</b>	<b>Must be in Child's Adoption Assistance File</b>
0 – 3	\$325	Birth certificate, developmental assessment/Early Intervention Assessment pertinent birth records, TPR documentation
4 – 5	\$335	Birth certificate, developmental assessment/Early Intervention Assessment pertinent birth records, TPR documentation
6 – 9	\$355	Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation
10-12	\$375	Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation
13-15	\$390	Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation
16-21	\$400	Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation
Special Needs I Any age	\$440	Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions
Special Needs II Any age	\$500	Birth certificate, developmental assessment/ Psychological Evaluation. School Records pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions, copy of most recent SSI letter
Therapeutic Any age	\$700	Birth certificate, developmental assessment/ Psychological Evaluation which shows multiple diagnoses or significant impairment in multiple settings, medical records, School Records, pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions

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Medically Fragile Any age	\$900	Birth certificate, developmental assessment/ Psychological Evaluation which shows multiple diagnoses or significant impairment in multiple settings, medical records which show multiple diagnose and level of care required, School Records, pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions
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**B. Significant Emotional Ties**

DFCS must make reasonable efforts to place the child without IV-E Adoption Assistance which must be documented in the child’s case record by the Adoption Unit Staff.

**EXCEPTION:** When the best interest of the child would not be served by such efforts, as in the case of a child whose Resource Parent(s) are applying to adopt and significant emotional ties have developed between the Resource Parent(s) and child over a minimum of 6 months. This issue must be addressed by the Adoption Specialist in the adoption addendum home study.

The Adoption Specialist or Adoption ASWS shall complete the adoption eligibility in MACWIS by checking all criteria that applies for each child. Application for Adoption Subsidy Eligibility, Form MDHS-433, (See Appendix H) shall be completed by the Adoption Specialist and potential adoptive family, submitted to the Adoption ASWS for approval and forwarded to the Adoption Unit in State Office to make a final determination of a child’s eligibility for an adoption subsidy. The State Office Designee in the Adoption Unit will complete the Adoption Eligibility Administrative Determination in MACWIS and approve or deny the subsidy request.

Following the Adoption Eligibility Approval process, the Adoption Specialist will then use the Application for Adoption Subsidy Form MDHS-433 to negotiate an Adoption Assistance Agreement with the adoptive family. Once the subsidy has been negotiated, the Adoption Specialist will complete the Adoption Assistance Agreement MDHS Form-431 with the Adoptive family.

**C. Criteria for Adoptive Parent(s) to Receive IV-E Adoption Assistance**

The following criteria must be met for the adoptive parent(s) to receive IV-E Adoption Assistance.

1. The applicants must be approved by the Adoption Unit or another licensed adoption agency as adoptive parent(s).

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2. The child being adopted must have been determined eligible for IV-E Adoption Assistance.
3. The IV-E Adoption Assistance Agreement Form MDHS-431 (See Appendix I) must be negotiated between the Adoption Specialist and the adoptive parent and executed by designated staff of the Adoption Unit. The negotiations will take into consideration the needs of the child and the circumstances of the family.

### **D. Receipt of SSI**

A child's eligibility for SSI automatically makes that child eligible for IV-E Adoption Assistance of a minimum amount of \$500. The adoptive parent(s) will apply for SSI upon receipt of the Final Decree of Adoption. The amount of the SSI payment will be affected by the Adoption Assistance payment.

The adoptive parents of the child eligible to receive title IV-E adoptive assistance payments and SSI benefits may make application for both programs. The child, if eligible, may receive benefits from both programs although the adoptive parents **MUST** make full disclosure to both agencies of assistance being received. However, SSI will count dollar for dollar the income of the title IV-E adoption assistance paid to the parents thus decreasing the SSI benefit by the amount of the adoption assistance payment (See SSI Program Operations Manual) (ACYF-PIQ-83-5 issued 12-14-83).

SSI (Title XVI) is a needs based program and requires a test of income and resources of the adoptive parents in determining the amount of SSI benefits to which a disabled child may be entitled. If or when the parental resources and income exceed a maximum level determined by SSI, the child is no longer eligible for SSI payments.

### **E. Initiation of IV-E Adoption Assistance Payment**

When a certified special needs child is placed with adoptive parent(s), and an Adoption Assistance Agreement is in place, payments will begin at the time of placement, prior to the Final Decree of Adoption for IV-E and IV-B.

#### **EXCEPTION: Children Receiving SSI Benefits**

For foster children receiving SSI benefits, the adoptive family shall receive a special needs II, therapeutic, or medically fragile foster board rate for the child throughout the adoptive placement. The child's SSI check will continue to offset the board payment during the adoptive placement. Upon finalization of the adoption, the foster board payment will end and adoption assistance will begin. The adoptive family will go to the Social Security Office and apply to be the child's SSI payee.

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When the adoptive placement is made, Adoption Unit Staff will instruct the COR to complete a change of placement in MACWIS and show the child in an adoptive placement. No foster board payment will be made as adoption assistance will begin as of the date of the adoptive placement.

The Adoption Specialist shall submit an Adoptive Placement Agreement and Adoption Assistance Agreement through the Adoption ASWS to the State Office Adoption Unit. The Adoption Assistance Specialist in the state office will then set up the child's adoption assistance in MACWIS to issue a debit card and generate payments to the card. The child's Medicaid will continue to be open through foster care until the adoption finalizes.

The amount of the adoption assistance agreement may not exceed the amount of the foster care maintenance payment that would have been paid for that specific child if the child had been in a foster family home.

The amount of the adoption assistance is not based upon a schedule of itemized needs and countable income. It is determined through discussion and negotiation process between adoptive parents and an Adoption Specialist-representative of the state DFCS. The agreed upon payment will be expected to combine with the parents' resources to cover the ordinary and special needs of the child projected over an extended period of time. Anticipation and discussion of these needs are part of the negotiation of the amount of the adoption assistance payment and the adoptive parents are free to make decisions about expenditures for the child, once adopted, without further DFCS approval.

The amount of the adoption assistance payment can be adjusted up to the maximum allowable payment or reduced, with the concurrence of the adoptive parent(s) when the projected needs of the child change.

Adoption Assistance monthly money payments are subject to the Federal and State funding provided to DFCS. DFCS is obligated to maintain the payment as set out in the adoption assistance agreement unless an across-the-board reduction or increase is made in the foster care maintenance payment rate which is also made to the adoption assistance rate.

Because the title IV-E Adoption Assistance Program does not include a list of special allowances and standard items in the foster care maintenance program, the child's ordinary and special needs are accounted for during the negotiation of the adoption assistance agreement. Therefore, it should not be necessary for the adoptive parents to return to DFCS for special assistance as these needs occur unless it is to request a change in the adoption assistance payment.

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### **F. IV-B Adoption Assistance**

State Adoption Assistance utilizes state funds matched with Title IV-B funds. The preceding manual material for Federal Adoption Assistance will apply to State Adoption Assistance with the following exceptions:

1. The child must have been determined ineligible for IV-E Foster Care.
2. Child must be in the legal custody of DFCS.
3. A State Adoption Assistance Agreement, Form MDHS-431, must be negotiated between the Adoption Specialist and the adoptive parent(s), who are adopting a child approved for IV-B Adoption Assistance.

Amount of the Adoption Assistance payment cannot exceed the foster board rate for the age of the child. The payment can be less.

Agreement forms are completed at the time of placement except for children eligible for SSI Benefits. These children remain eligible for SSI and continue to draw during the supervisory period, so Agreement forms for children receiving SSI are completed at the end of the supervisory period immediately prior to the finalization of the adoption.

### **G. Criteria for Adoptive Parent(s) to Receive IV-B Adoption Assistance**

1. The applicants must be approved by the Adoption Unit or another licensed adoption agency as adoptive parents.
2. The child being adopted must be eligible for IV-B Adoption Assistance.

### **H. Underpayments/Overpayments**

DFCS will make retroactive and corrective payments, when applicable. In the event of overpayments, attempts will be made to recoup through MDHS's Claim Unit.

### **I. Annual Review of IV-E Adoption Assistance**

Adoption Assistance is subject to annual review which is handled by mail by the Adoption Unit staff that will:

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- Send a written notice of the review requirement to the adoptive parent(s) no less than 45 days prior to the anniversary date of the Adoption Assistance Agreement including a questionnaire verifying the child is still in the home and any changes which may have occurred affecting the amount of Adoption Assistance Payments.
- If applicable, new adoption assistance agreement forms will be included.
- The adoptive parents will return the completed questionnaire and signed agreement forms to the Adoption Unit.
- Designated Adoption Unit staff will then sign the Adoption Assistance Agreement Forms and one will be returned to the adoptive parents.

### **J. Termination of Adoption Assistance**

Termination will occur in any of the following circumstances:

1. Upon the conclusion of the terms of the Agreement.
2. Upon the adoptive parent(s)' request.
3. Adoption assistance payments will terminate when the child reaches the age of 18. Adoption assistance may be provided as a State option until the child is 21 years of age if the child has a mental or physical handicap which warrants continuation and/or if the child is still in high school. (MISS. CODE ANN. § 93-17-67). See Criteria for Extending Adoption Assistance beyond age 18 section below.
4. The child becomes emancipated as a minor
5. The child enters the military
6. The child marries
7. Upon the child's death.
8. Legal custody is granted to someone other than the adoptive parents
9. Parental Rights have been terminated or surrendered
10. Upon the death of parent(s) of the child (one in a single parent family and both in a two-parent family), Adoption Assistance payments are made only to adoptive parents who have entered into signed agreement with the state agency. (ACYF-PIQ-84-4). However,

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the ASFA, P.A. 105-89, makes it possible for the Assistance to follow the child if re-adopted. See Re-adoption After Death/Disability Section below.

11. If MDHS determines that the adoptive parents are no longer providing support to the child. Adoptive parents are considered to no longer provide support when their child is placed in the legal custody of another person or agency (such as re-entering foster care.)

### **K. Criteria for Extending Adoption Assistance Beyond Age 18**

Title IV-E Adoption Assistance payments may only be continued beyond age 18 for IV-E eligible children who have a mental or physical disabling condition which warrants continuation of benefits. Title IV-E children (excluding mental or physical handicapping conditions) who are enrolled in high school and become age 18 may not continue to be eligible for IV-E Adoption Assistance payments. The state has the option of switching this group of IV-E recipients to State Adoption Assistance if it so desires.

- 1) If the child is still in high school, the adoption assistance can be provided through the end of the month of graduation with documentation showing the child is still in school.

Accepted documentation would include one of the following for each semester the child remains in high school:

- Copy of most recent report card
- Letter from the school stating the child is currently attending in good standing
- Copy of the child's attendance record
- Copy of the child's IEP

All children whose adoption assistance is provided after age 18; ONLY due to high school attendance must be funded by IV-B state funds.

- 2) If a child is in a General Education Diploma (GED) program on their 18<sup>th</sup> birthday, the Adoption Assistance may be extended for a period of 4 months (one semester of school). Documentation will be needed to verify the child's attendance in the GED Program. No further extensions will be granted.
- 3) If the child has a documented mental or physical disability, the adoption assistance can be provided (at 6 month intervals) until age 21 or until the adoptee becomes eligible for SSI. Documentation of mental or physical disability must be provided as well as documentation of efforts to gain SSI approval. A letter explaining that the adoptee can NOT receive both SSI and Adoption Assistance must be sent to the family. The family



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will provide copies of letters received from SSI at 3 month intervals to show efforts to gain SSI approval.

Acceptable documentation to establish a current mental or physical disability would include:

- a. Medical records with diagnosis (within the past year) of a medical condition which requires specialized care on a daily basis or upcoming surgeries/procedures OR
- b. Psychological evaluation with diagnosis (within the past year) OR
- c. Letter or notes from therapist establishing the child is continuing in on-going therapy for a particular diagnosed condition OR
- d. Copy of current IEP that shows child's disabilities

If the child was receiving IV-E Adoption Assistance before age 18 and meets the criteria of having a mental or physical disability, the child will remain on IV-E eligibility until approved for SSI or until their 21<sup>st</sup> birthday. If the child was previously on IV-B Adoption Assistance, they will continue to be IV-B eligible if an extension is granted.

An Application for Extension of Adoption Assistance Beyond Age 18, Form 431-B (See Appendix J) will be mailed to the adoptive parent(s) prior to the adoptee's 18<sup>th</sup> birthday. The family must submit this application to their Adoption Assistance Specialist to request an extension of the subsidy. The Adoption Unit Director will give written approval/disapproval to continue the Adoption Assistance along with an established time frame for each adoptee.

A new contract for an adoptee over the age of 18 must be signed by adoptive parents, Adoption Assistance Specialist and Director of the Adoption Unit.

### **VI. RE-ADOPTION AFTER DEATH / DISABILITY OF ADOPTIVE PARENT**

Upon receipt of documentation (obituary or death certificate) of adoptive parent's death, the child's adoption subsidy will be terminated. If the child is placed with another family and that family is interested in receiving the child's adoption subsidy, a referral will be made to the Adoption ASWS to open a post-adoption case management service. The assigned Adoption Specialist will enter resource home inquiry.

The family will need to provide the Adoption Specialist with a copy of the adoptive parent's death certificate or obituary. All household members over age of 14 must be fingerprinted and a

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walk-through of the home completed. When this basic information is entered in MACWIS and the home approved for placement with a service type of adoption domestic, the Adoption Specialist can then complete Adoption Assistance Agreements and a Placement Agreement with the new family.

A subsidy can begin when the agreements are signed and can continue for up to 3 months, giving the family time to finalize the new adoption. Once the family re-adopts, all criteria that applies for other adoptive families will apply to these families who re-adopt. If any extenuating circumstances arise that pose a barrier to adoption, the Adoption Unit Director shall be notified and a decision made on a case-by-case basis to determine if the subsidy can continue.

This same protocol shall be followed if the parent becomes disabled and can no longer care for their child. The parent may sign a surrender of parental rights and agree to the re-adoption of their child or a court may determine that a parent is no longer competent and therefore is unable to care for the child.

### **A. The Interstate Compact on Adoption and Medical Assistance (ICAMA)**

The ICAMA is the principle means relied upon by its members to regulate and coordinate the interstate delivery of services to adopted special needs children. The ICAMA provides that between states party to the Compact, the state where the adoptive family resides will furnish Medicaid to the special needs child.

## **VII. COMPACT PROCEDURES**

Specific procedures govern the operation of the Compact between the party states. In general, the procedures direct and explain the rights and obligations of the states, the adopted child and the adoptive parents involved in interstate transactions. Through ICAMA procedures and forms, (Form 7.01, Notice of Eligibility for Medicaid (See DFCS Web Connection Website) and Form 7.02, Notice of Action (See DFCS Web Connection Website), a consistent, uniform and efficient process establishes and documents Medicaid entitlement in a new residence state.

The state responsible for financial subsidy of the assistance (or current residence state) completes Form 7.01 and attaches to it a certified copy of the adoption assistance agreement. These documents are sent to the new residence state and take the place of an application for Medicaid. In addition, the documents identify the person in the new residence state who will serve as the point of contact for the family.

Form 7.02 notifies the parents that the current residence state has taken the necessary actions to initiate Medicaid benefits in the new residence state. The responsibilities of the parents for

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Medicaid and other needed services specified in the adoption assistance agreement are also included.

Form 7.02 is designed to be widely applicable to all adoptive families covered by the Compact. Together Forms 7.01 and 7.02 provide the specific details regarding interstate transfer of services. For example, Form 7.02 informs parents that 60 days after the moving date new claims against the current state Medicaid account will not be honored. Form 7.01 indicates the expected date of Medicaid account closure in the current residence state.

Staff in the Adoption Unit processes the ICAMA forms when a Mississippi family moves to another state or a Mississippi child is placed for adoption in another state. When an adoptive family moves into Mississippi from a party state, the ICAMA forms are sent to the Adoption Unit in order to initiate Mississippi Medicaid for the eligible children.

### **VIII. PRE-EXISTING CONDITIONS**

Under certain specified conditions, if the adoptive parent(s) are able to prove to DFCS's satisfaction that all facts relevant to their request for adoption assistance were not presented at the time adoption assistance was discussed, the State may reverse an earlier decision to deny benefits under Title IV-E.

According to federal regulations 45 CFR 1356.40 (b)(1), the adoption assistance agreement must be signed and in effect at the time of or prior to the final decree of adoption in order to provide assistance under title IV-E.

However, if there are extenuating circumstances, the adoptive parents may request a fair hearing under section 471 (a)(12) of the Act. If the hearing determines that all the facts relevant to the child's eligibility were not presented at the time of the request for assistance, the State may reverse the earlier decision to deny benefits under Title IV-E (ACYF-PIQ-88-06 Issued 12-2-88).

### **IX. RE-NEGOTIATION OF ADOPTION ASSISTANCE POST FINALIZATION**

An adoption subsidy may be re-negotiated after the finalization of adoption throughout the minority of the child. The 2 most common reasons for re-negotiation are:

1. The child's subsidy was deferred and there is now documentation of special needs which are related to the child's risk factors noted on the Deferred Adoption Assistance Agreement:

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*Documentation is needed to support the above request:*

Medical and / or mental health diagnosis within the last 6 months provided by physician or mental health professional.

2. The child's special needs are more severe than at the time of adoption finalization

*Documentation is needed to support the above request:*

Medical and /or mental health documentation that child has multiple diagnoses or a single diagnosis that causes significant impairment in multiple settings.

Documentation of current and on-going treatment related to the diagnoses.

An adoptive parent can request to re-negotiate the child's adoption subsidy when either of these situations applies. The parent shall be given the MDHS-Form 431-A to complete and submit to their Adoption Assistance Specialist in the State Office. (See Appendix K)

The Adoption Assistance Specialist will review the file and make a recommendation to the Adoption Unit Director or designee who will approve or deny the request. A written response (Notice of Action) will be returned to the adoptive parent. If approved, a new Adoption Assistance Agreement will be completed and signed by all parties. The re-negotiated rate will begin as of the date the Adoption Unit received all documentation needed to determine that the child qualified for the new subsidy.

### **X. ADOPTION OF CHILD BY BIRTH PARENT(S)**

A biological parent whose parental rights have been terminated and who later adopts his/her biological child cannot receive Title IV-E Adoption Assistance.

The purpose of the Title IV-E Adoption Assistance is to provide assistance to adoptive families who adopt special needs children. A child cannot be considered a child with special needs, unless among other things, the state has determined the child cannot return to the home of his biological parents.

The child would be returned to the home of the biological parent and a determining factor for Title IV-E eligibility in section 473 (c)(1) would not be present. Assistance for eligible families in this situation could be TANF and/or SSI. (ACYF-PIQ-89-04 Issued 08-08-89).

When in the best interest of a child to do so, DFCS may assist the biological parent in the re-adoption of the child by making and supervising a trial home placement and making a

## **ADOPTION SERVICES**

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recommendation to the court for placement and subsequent adoption. Mississippi College Law School Adoption Clinic may be able to assist the parent in finalizing this adoption.

### Items needed for Private Licensed Child-Placing Agency to request adoption assistance.

The following items are needed in order to request certification for Adoption Assistance and/or non-recurring adoption expenses:

1. Document(s) which legally frees child for adoption and places custody with a licensed child placing agency.
2. Documentation of special needs (must be current – within the past six months) such as:
  - a. Psychological Evaluation
  - b. Medical Report
  - c. Reports from mental health professionals
  - d. Other documentation as determined by DFCS Adoption Unit
3. Birth Certificate (child must be under the age of 18 or 21 if SSI eligible)
4. Documentation of SSI eligibility (a copy of the most recent SSI award notice).
5. Date registered on the MARE.
6. Date featured on “Wednesday’s Child” or other television recruitments.
7. Other recruitment efforts made to place without Adoption Assistance or documentation of strong emotional ties with foster parent who wishes to adopt and cannot adopt without adoption assistance.
8. Child’s Social Security number
9. Child’s Medicaid number

## **XI. MEDICAID CARDS FOR IV-E ADOPTION ASSISTANCE RECIPIENTS FROM OTHER STATES**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986 allows IV-E Foster Children and children receiving IV-E Adoption Assistance to be eligible for Medicaid coverage in the State where they reside. The children are automatically eligible for Medicaid coverage.

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Correspondence will be routed through the ICPC if the child has not been adopted. If the child has been adopted, correspondence will be routed to the Adoption Assistance Supervisor, Adoption Unit.

Families from non-ICAMA states will be instructed to send to the Adoption Unit:

1. The Federal (IV-E) Adoption Assistance Agreement form 431 (the most recent agreement form). The agreement form will verify the child's date of birth.
2. A copy of the state of origin's letter requesting Mississippi Medicaid.
3. A copy of the child's social security card.
4. A copy of the state of origin's annually certified renewal agreement of need for continued Adoption Assistance.
5. Race and sex of child.
6. Current address and telephone number of the adoptive family.

ICAMA states will submit to the Adoption Unit the ICAMA papers and each child's most recent IV-E Adoption Assistance Agreement form.

All documentation shall be sent to the Adoption Unit no later than the 14<sup>th</sup> day of each month in order to generate a Mississippi Medicaid card for the child. The card is mailed directly to the adoptive family home address by Mississippi Medicaid. Written notification of changes of address are to be mailed to the Adoption Unit.

For foster children from other states who are placed for adoption with Mississippi families but are not yet receiving Adoption Assistance from the sending state, DFCS Workers shall follow the procedures for Receipt of Medicaid cards for IV-E foster children (Foster Care Policy Section D). The Adoption Unit shall be notified when the sending state begins Adoption Assistance eligibility, and the procedures for Request for Mississippi Medicaid card for IV-E Adoption Assistance Recipients from other states will be followed.

### **A. Procedure for Child in MDHS/DFCS Custody with Interstate Compact Placement for Adoption**

Child has to be in custody of DFCS or a licensed child-placing agency; legally free for adoption; and have been certified as a child with special needs.

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1. An approved home study is received from the other state by the ICPC Adoption Specialist.
2. The ICPC Worker routes the case with the approved home study to the Administrator, Adoption Unit for approval or disapproval.
3. If the child has been certified eligible for IV-E Adoption Assistance, the Federal Adoption Assistance Agreements are completed by the Adoption Assistance worker.
4. Agreements plus a letter are sent to the origin state by the ICPC worker.
5. The approved negotiated Agreement forms are received by the ICPC worker; the forms are routed for approval to the Administrator Adoption Unit.
6. ICAMA forms and the Agreement are completed and mailed to the origin state to notify the state of the child's receipt of Adoption Assistance.

NOTE: IV-E approved Agreement forms need to be in place prior to placement of the child. A non-IV-E child who was determined eligible for Mississippi Adoption Assistance but was to be placed for adoption through ICPC would follow the same procedures, except the family approved to adopt a Non-IV-E child would be a licensed Resource Home for foster care payments.

The family would inquire in the other state's Department of Human Services, Social Services Department as to the child's eligibility to receive the resident state's Medicaid services.

### **B. Non-Recurring Adoption Expenses**

DFCS may provide reimbursement for non-recurring adoption expenses incurred by adoptive parents in the adoption of a child with special needs.

- Eligibility – In order to be eligible for reimbursement of non-recurring expenses, the following criteria must be met:
  - a. DFCS must determine the child cannot or should not return home.
  - b. DFCS must determine the child meets the definition of a special-needs child.
  - c. An adoption assistance agreement must be signed and approved by the DFCS prior to finalization of the adoption.
  - d. The child must have been placed for adoption in accordance with all applicable laws.

## **ADOPTION SERVICES**

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Families adopting children through licensed child-placing agencies, independent adoptions, and inter-country adoptions may be eligible for reimbursements of non-recurring expenses provided that placement is not in violation of the law and provided all criteria in this section are met, including the DFCS definition of a special-needs child.

There is no means (income/resources) tests for adoptive parents in determining eligibility for non-recurring expense reimbursement. However, adoptive parents may not be reimbursed for expenses for which they have otherwise been reimbursed.

The child's eligibility for Title IV-E Adoption Assistance is not a requirement for reimbursement of non-recurring expenses.

- **Benefits** – Only the one-time expenses of adoption for which the adoptive parents are responsible for payment are considered to be non-recurring expenses. These include the reasonable and necessary adoption expenses which are directly related to the legal adoption of a child with special needs, which are not incurred in violation of state or federal law, and which have not been reimbursed from other sources or other funds, including attorney fees, court costs, criminal records clearance, the adoption home study performed by a licensed child-placing agency, medical and psychological evaluations required by DFCS or the agency, supervision of the placement, and the reasonable costs of lodging and food for child and/or adoptive parents necessary to complete the adoption process.

The maximum amount of reimbursement will not exceed \$1,000.00 per child.

- **Procedures** – During the home study process, the Worker shall advise applicants of the availability of reimbursement for expenses under the conditions described in this section. At the time of placement and until the issuance of the Final Decree of Adoption, the Adoption Unit may enter into an assistance agreement with the adoptive parents for reimbursement of non-recurring expenses.

Adoptive parents must pay for expenses incurred and provide the Adoption Unit with the original paid receipts in order to claim reimbursement. All claims for reimbursement must be made within two years of the date of the Final Decree of Adoption.

In interstate placements, the state which enters into the agreement for on-going state or federal Adoption Assistance will also be responsible for reimbursement of non-recurring expenses. If there is no on-going subsidy, the state where the adoption is to be finalized will be responsible for reimbursement.



## **ADOPTION SERVICES**

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### **XII. APPENDICES**

**ADOPTION SERVICES**

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**Appendix A**

**Form MDHS-SS-459**

**Surrender of Parental Rights and Consent to Adoption to the  
Mississippi Department of Human Services**

KNOW ALL MEN BY THESE PRESENTS, that I, \_\_\_\_\_ (name of parent) being the \_\_\_\_\_ (relationship to child) of \_\_\_\_\_ (full name of child, as on birth certificate) a male/female minor who was born on \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_ (date of birth/ city/ state) being of the opinion that it is in the best interest of my said child that he/she be placed under the exclusive care, custody and control of the Mississippi Department of Human Services, an administrative agency of the State of Mississippi, and that he/she be free for adoption, I do hereby relinquish and surrender all my parental rights to said child to the Mississippi Department of Human Services and enter my consent to said adoption, and by these presents do hereby make, constitute and appoint the Director, Office of Social Services, in his/her official capacity, and his/her successors in office, or his/her duly authorized agent or representative, to exercise exclusive care, custody and control over the person and estate of said child. I do also hereby grant and give unto said Director, and his/her successors in office, or his/her duly authorized agent, full power and authority to do and perform any and all acts which he/she may deem to be in the best interest of my said child, including, but not limited to, the authority to consent to the adoption of said child. This relinquishment includes the rights of inheritance, provided the rights of inheritance shall not be affected until the entry of a final decree of adoption.

That this SURRENDER OF PARENTAL RIGHTS AND CONSENT TO ADOPTION is irrevocable, and that I will not, in any manner whatsoever at any time hereafter, interfere with the custody of my said child or attempt to assert any parental or other rights in connection with said child;

That I hereby understand that the signing of this form expressly waives any service of process or any summonses, or any notice of any kind in any court proceedings regarding the welfare or the adoptive placement of the aforesaid child;

That I have freely and voluntarily entered into this agreement, after careful consideration. I fully understand the meaning of this document and the consequences of my decision to voluntarily give up my parental rights to my child. I further state that no one has threatened nor otherwise pressured me to sign this document, nor has anything been offered or received for my signing of this form.

WITNESS my signature on this, the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

WITNESS:

Parent's SIGNATURE:

\_\_\_\_\_  
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS DAY, personally came and appeared before me, the undersigned authority, in and for the aforesaid County and State, the within named \_\_\_\_\_, who acknowledged to me that he/she signed and delivered the above the foregoing written instrument on the day and year therein mentioned as his/her own free act and deed.

GIVEN UNDER MY HAND AND OFFICIAL SEAL of office on this, the \_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
My Commission Expires:

\_\_\_\_\_  
NOTARY PUBLIC

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**ADOPTION SERVICES**

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**Appendix B**

Form MDHS-SS-430

Obstetrical and Newborn Record

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Birth:

Male

Female child of \_\_\_\_\_ Race: \_\_\_\_\_

Family Name

Mother's Given Name

Hospital Number \_\_\_\_\_ Attending Physician \_\_\_\_\_

Mother

Infant

Mother

Time \_\_\_\_\_ Attending Physician \_\_\_\_\_

a.m.

p.m.

Day

Month

Year

Infant

---

Maternal History:

Mother's age \_\_\_\_\_ Blood type \_\_\_\_\_ RH \_\_\_\_\_

Total # previous pregnancies \_\_\_\_ # Premature \_\_\_\_ # Neonatal deaths \_\_\_\_ # Now living \_\_\_\_

Maternal disease:

Complications of this pregnancy:

Drugs taken during pregnancy:

Prenatal S.T.S.: Date \_\_\_\_\_ Results \_\_\_\_\_ If ever positive, give summary of treatment:

Maternal chest X-ray: Date \_\_\_\_\_ Results \_\_\_\_\_ HIV: Date \_\_\_\_\_ Results \_\_\_\_\_

Hep B: Date \_\_\_\_\_ Results \_\_\_\_\_ Other Significant lab. Results \_\_\_\_\_

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Present Delivery:

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Duration of gestation \_\_\_\_\_ Mo. Of pregnancy prenatal care started \_\_\_\_\_ EDC \_\_\_\_\_  
Labor induced? \_\_\_\_\_ How? \_\_\_\_\_ Why? \_\_\_\_\_  
Duration of labor: 1<sup>st</sup> stage \_\_\_\_\_ 2<sup>nd</sup> stage \_\_\_\_\_ 1<sup>st</sup> or 2<sup>nd</sup> stage oxytocic \_\_\_\_\_  
Membrane ruptured: Spontaneously \_\_\_\_\_ artificially \_\_\_\_\_ # hours before delivery \_\_\_\_\_  
Presentation \_\_\_\_\_ Position \_\_\_\_\_ Type delivery \_\_\_\_\_  
Reasons if operative \_\_\_\_\_  
Analgesia (type and time before delivery) \_\_\_\_\_ Total Amount \_\_\_\_\_  
Anesthesia (type and duration before labor) \_\_\_\_\_ Amount \_\_\_\_\_  
Placenta: Normal \_\_\_\_\_ Abnormal (describe) \_\_\_\_\_

Complications of delivery:

---

Infant Record:

Breathed Spontaneously (time) \_\_\_\_\_ Resuscitation required? \_\_\_\_\_  
Eye prophylaxis \_\_\_\_\_ Blood type \_\_\_\_\_ RH \_\_\_\_\_ P K U Date \_\_\_\_\_ Results \_\_\_\_\_  
T4 Date \_\_\_\_\_ Results \_\_\_\_\_ Sickle(s) Hgb. Date \_\_\_\_\_ Results \_\_\_\_\_  
HIV Screen Date \_\_\_\_\_ Results \_\_\_\_\_  
APGAR Score \_\_\_\_\_ One Minute; \_\_\_\_\_ Five minutes  
Describe complications (tone, color, cry, injuries, malformations)

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Birth weight \_\_\_\_\_ Birth length \_\_\_\_\_ Chest circ. \_\_\_\_\_ Head circ. \_\_\_\_\_

---

Neonatal Course in Hospital:

Feeding: Breast only \_\_\_\_\_ Formula only \_\_\_\_\_ Breast and Formula \_\_\_\_\_

Content of formula \_\_\_\_\_

Progress in nursery (include weight gains or losses, feeding or sleeping difficulties, diarrhea, respiratory distress, rashes, or other significant details)

Discharge: Date \_\_\_\_\_ Weight \_\_\_\_\_ Length \_\_\_\_\_ General condition \_\_\_\_\_

Impressions and Recommendations:

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ADOPTION SERVICES**

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**Appendix C**

**Form MDHS-SS-459-A**

Mother's Statement Naming Father of Child

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

THIS DAY personally came and appeared before me, the undersigned Notary Public, in and for the aforesaid jurisdiction the within named \_\_\_\_\_ (Mother's full name) who, first having been by me duly sworn, on oath states the following;

That I, \_\_\_\_\_ (Mother's full name), am the biological mother of \_\_\_\_\_ (Full name of child as on birth certificate), a female/male child born on the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_, and that \_\_\_\_\_ (Name of putative father) is the biological father of said child, whose last address known to me was \_\_\_\_\_ (Street) \_\_\_\_\_ (City/ State/ Zip)

That \_\_\_\_\_ (Name of putative father) and I are not now nor have we ever been married.

After having been fully advised that the making of false statement of identity under oath is punishable as perjury, I, the undersigned affiant, state that the matters and fact as herein set forth are true and correct, and I do hereby make this affidavit of my own free will and accord.

\_\_\_\_\_  
Mother's Signature

SWORN TO AND SUBSCRIBED before me on this, the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_

**ADOPTION SERVICES**

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**Appendix D**

**Form MDHS-SS-459-B**

Mother's Statement About Unknown Father

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

THIS DAY personally came and appeared before me, the undersigned Notary Public, in and for the aforesaid jurisdiction the within named \_\_\_\_\_ (Mother's full name) who, first having been by me duly sworn, on oath states the following;

That I, \_\_\_\_\_ (Mother's full name), am the biological mother of \_\_\_\_\_ (Full name of child as on birth certificate), a female/male child born on the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_, and I do not know the identity of said child's biological father is because at or about the time the said child was conceived (Reason)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After having been fully advised that the making of false statement of identity under oath is punishable as perjury, I, the undersigned affiant, state that the matters and fact as herein set forth are true and correct, and I do hereby make this affidavit of my own free will and accord.

\_\_\_\_\_  
Mother's Signature

SWORN TO AND SUBSCRIBED before me on this, the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

## **ADOPTION SERVICES**

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### **Appendix E**

#### **Comprehensive Child Assessment Format**

##### Identifying Information

- Name
- Race
- Birthplace
- Current placement
- Physical description of child/youth
- Age (identify developmental issues that may have affected or are affecting this child/youth).

##### Legal Status

- State the reason the child/youth was removed from the birth family
- Describe efforts to be made or that have been made to reunite the child/youth with birth family.
- Identify why efforts are not being made or were not made to reunify the child/youth with the birth family. (per ASFA)
- Describe, if relevant, events leading to TPR/permanent wardship.

##### Physical Description

- Describe the child/youth's physical appearance, such as height and weight, hair color, eye color, etc.
- Indicate any outstanding or unusual features or birthmarks.
- Describe the child/youth's level of physical functioning and activity.

##### Culture

- What is the child/youth's religion?
- What is the child/youth's cultural background?
- What ethnic/cultural group does the child/youth identify?
- What experiences has the child/youth had with this ethnic/cultural group?
- Which language(s) does the child/youth speak or understand?
- Which cultural traditions, values and beliefs are important to the child/youth?

##### Daily Routine

- Describe the child/youth's daily routine.
- List the child/youth's favorite books, toys and games, foods, possessions, hobbies, interests, and special activities.



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(Appendix E continues)

- Identify any special pet the child/youth has or had.
- Describe the child/youth's level of care of possessions.
- List suggestions that the child/youth's current caregiver has for future caregivers regarding what works best for this child/youth in terms of daily routine.

Placement History (Child/Youth's Placement History Summary)

- List the child/youth out-of-home placements (where, when and the age of the child/youth at the time of placement), including those occurring prior to entry into care (with relatives, hospitalizations etc.)
- Identify significant people and events in the child/youth's life, explaining each relationship and what happened.
- Explain the child/youth's perception of these events and relationships; for example, describe the messages to the child/youth.

Family History (Genogram)

### Birth Family

- Family history information based on interviews with family members, current and prior caregivers, information from records, the initial service plan for the child/youth/family, etc.
- Factual, historical information about family members, including birth dates, physical descriptions, health information, relationship with the child/youth.
- Parents' and siblings' birth dates, ethnicity and last known location.
- Identify extended family members with whom the child/youth has had or has expressed an interest in having ongoing contact.
- Identify any extended family members who may be available for permanency planning or permanency supports.

### Siblings

- Indicate the current status of all siblings. Are they with parents, relatives, in placement, previously adopted, etc.?
- Indicate whether the siblings are in care; placed in same family as the child/youth; or if not placed with this child/youth, why the child/youth and sibling(s) were not placed together and should not be placed together in adoption.
- What are the permanency plans for other children?
- What is or will be the plan for contact between siblings?
- What is the expectation or plan for parental and sibling visitation if the permanent plan for this child/youth is not to return home or be placed with siblings?

## ADOPTION SERVICES

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(Appendix E continues)

- If the child/youth has sibling-like relationships with children/youth who are not related by birth, describe each relationship and the plans for future contact.

### Perception of Birth Family

- Define the child/youth's own understanding of why he/she was removed from the home and the permanent plan made for the child/youth.
- Indicate whether the child/youth currently has contact with the birth family.
- List the child/youth's stated feelings about the birth family.
- List the Worker's impressions of the child/youth's true feelings about the birth family.
- What issues need to be addressed prior to and after the permanent placement, such as closed, open, or semi-open adoption?
- What can adoptive parent(s) or other permanent family expect in terms of the child/youth's attachment to the birth family?
- If not returned to parent(s), what interest does the child/youth have in locating birth parents, either now or in the future?
- If the child/youth has a significant relationship with another family (relative, foster parent, etc.) describe the child/youth's perception of this relationship, possibility of permanency in this relationship, and plans for contact once the permanent plan is implemented (if not with this relationship).

### Relationships

#### Adult

- Describe the child/youth's interaction with birth parents during visits, or the nature of past visits with the parents if there is no contact with them at this time.
- Who are the significant adults in this child/youth's life?
- Are any of the adults someone whom the child/youth considers as a "psychological parent"?
- How does the child/youth relate to the significant adults in his/her life and to strangers?
- How does the child/youth seem to express any significant differences in relating to males or females?
- How does the child/youth relate to authority figures, such as teachers, counselors, therapists, Worker, etc.?

#### Others Living in the Child/Youth's Home

- Indicate the child/youth's interaction pattern with other persons living in the home/residential setting.
- Are there persons to whom the child/youth feels closer to than others?

## ADOPTION SERVICES

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(Appendix E continues)

- Does the child/youth react to other children/youth being placed or leaving the foster home/residential setting? If so, how?

### Peers

- What is the child/youth's interactions with peers:
- Describe any differences between the child/youth's interactions with school and neighborhood peers.
- Does the child/youth relate better to children/youth who are younger, older, or the same age?
- Is there a significant difference in relating to male and females?
- Does the child/youth relate better in large groups, small groups, or one on one?
- Does the child/youth have one or two special friends?
- Does the child/youth make friends easily, or is he/she a loner?

### Community

- Is the child/youth involved in community or social activities such as YWCA/YMCA, Girl/Boy Scouts, sports, band, dance, etc.?
- Does the child/youth identify with a specific community?
- Are there any other special relationships that the child/youth has in the community (church, teachers, etc.)?

### Medical History

- Indicate all significant medical information on the child/youth including birth history and a record of the child/youth's immunizations. (*Ensure that medical records are in the child/youth's file.*)
- When was the child/youth's most recent physical examination?
- Are there any medical issues that require follow-up?
- Does the child/youth have any physical conditions requiring ongoing attention?
- Indicate any known family illnesses or history of disease, such as heart problems, high blood pressure, diabetes, sickle cell anemia, etc.
- Describe the child/youth's dental health.
- Are there any dental needs that require follow-up such as braces, filling of cavities, or treatment of gum disease?
- What is the child/youth's level of eyesight, hearing, etc.?
- Is there a need for corrective lenses or hearing aid?
- List all injuries with dates, treatment, and long-term impact.

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(Appendix E continues)

### Developmental History

- Indicate developmental milestones. Were they age appropriate?
- Indicate any developmental delays or reactions to stress.

### Sexual Development

- Indicate age appropriateness of the child/youth's sexual development.
- Is there a known history of sexual abuse?
- Is there a suspicion of sexual abuse?
- Is there a history of sexual acting out? (be specific) If so, has treatment been provided?
- Is there a current pattern of sexual acting out? If so, has treatment been provided?
- What is the child/youth's level of understanding of sexual behavior?
- What have been the child/youth's sexual experiences? Are they age appropriate?
- Are there any sexual identity issues with this child/youth?

### Academic Functioning

#### Educational History

- What is the child/youth's educational history? (Be as specific as possible where and when the child/youth has attended school, starting with preschool. List reasons for changes in school.)
- What was the child/youth's level of scholastic achievement in each grade?
- Has special education ever been recommended? If so, has it been provided?
- What is the reason for special education?
- Is there a copy of a past testing or past IEP in the child/youth's file?

#### Current School Placement

- Indicate the name of the child/youth's school, grade and teacher(s).
- Is there a school social worker involved with the child/youth?
- What are the child/youth's strengths and weaknesses in academic functioning?
- What are the child/youth's academic interest?
- What are the child/youth's most recent report card grades?
- Would the child/youth benefit from academic tutoring?
- If the child/youth has been placed in special education, when was this determination made?
- What was the date of the child/youth's most recent IEP consultation testing?
- What special educational services are needed?
- What special educational services are provided?
- What is the child/youth's level of accomplishment?

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(Appendix E continues)

- Is there a current IEP in the child/youth's file?

### Testing

- Indicate results of all testing done with this child/youth. (Ensure that copies of test reports are included in the child/youth's record.)
- Who was the examiner? When and where was the testing completed? What were the findings?
- Is there a need for further testing of the child/youth?

### Educational Plan

- What are this child/youth's educational goals or projection for the future?
- What do the child/youth's current family and eventual permanent family need to do to assist the child/youth in meeting educational needs or projections?
- Also, note whether or not the child has developed a strong and positive relationship in the academic environment.

### Emotional Functioning

- Give a brief history of the emotional development of the child/youth.
- How are the child/youth's emotional history and experiences impacting current behavior?
- What might the child/youth's permanent family expect in the future as a result of early experiences in the birth family, such as violence, neglect and the number and types of moves.
- What is the child/youth's self-image?
- What is the child/youth's level of self-esteem?
- Describe times or situations in which the child/youth regresses, is afraid, experiences loneliness, withdraws, is aggressive, or acts out.
- Describe what the child/youth needs from a parent (what type and amount of affection, attention, discipline, need for closeness or distance, bedtime preparation, support during night fears).
- What are the child/youth's relationships with adults and peers?
- Indicate the child/youth's existing attachments.
- With whom or what has the child/youth had a prior emotional attachment?
- How has the child/youth dealt with separation from these people/places/things?
- Is there evidence that the child/youth has difficulty with attachment?
- Which defenses does the child/youth employ to cope with strong feelings of anger, rejection, abandonment, separation/attachment etc.?
- Does the child/youth play appropriately with children/youth of the same age?

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(Appendix E continues)

- Does the child/youth act out behaviorally in the foster home/residential setting? What is the acting out behavior?
- Is there a history of lying, stealing, fire setting or any destructive behaviors with the child/youth? If so, what has been done to address these behaviors?
- What is the child/youth's sense of right and wrong?
- What is the child/youth's level of cooperation and attention span?
- What controls need to be in place for this child/youth?
- Has the child/youth been in therapy? If so, when and where?
- If the child/youth is or has been in therapy, who is the therapist; and what are the findings and recommendations? (Note any testing, medication, psychiatric history.)
- What does the child/youth need in order to separate from current caregiver, if possible?
- What is the child/youth's level of emotional functioning?

### Attitude Toward and Readiness for Adoption

- What are the child/youth's stated feelings about returning home or another permanent placement?
- Has the child/youth identified any preferences and concerns about placement? If so, what are these?
- Has the child/youth identified any situations and placements that would make her/him most comfortable? If so, what are those?
- What is the child/youth's understanding of permanency options: return home, relative or foster care, adoption and how each of these placement options does or does not provide permanency for him/her?
- What is the child/youth's ability to attach to new parents and at what level can the child/youth attach?
- Which services are needed to prepare the child/youth for placement with a permanent family?

### Financial Supports for Child Following Adoption

- Child's certification for Adoption Assistance based on special needs
- Social Security benefits (SSDD or SSI)
- Veteran's Benefits

**ADOPTION SERVICES**

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**Appendix F**

Form MDHS-SS-471

**Foster Parents Application to Adopt a Particular Foster Child**

This form is to be completed by licensed foster parents who are interested in being considered as potential adoptive parents for a particular foster child in their home who is legally free for adoption and in the custody of the Mississippi Department of Human Services.

Home Telephone \_\_\_\_\_

His Work Telephone \_\_\_\_\_

Her Work Telephone \_\_\_\_\_

Foster Mother	Foster Father
Name: _____ Birth date: _____ Race: _____ Yearly Income: \$ _____ Indicate any major medical or psychiatric problems you have had in the past five years: _____ _____	Name: _____ Birth date: _____ Race: _____ Yearly Income: \$ _____ Indicate any major medical or psychiatric problems you have had in the past five years: _____ _____

Present address: \_\_\_\_\_ County: \_\_\_\_\_  
Street

\_\_\_\_\_ Years at this address \_\_\_\_\_  
City State Zip

Previous address: \_\_\_\_\_ County: \_\_\_\_\_  
Street

\_\_\_\_\_ Years at this address \_\_\_\_\_  
City State Zip

Own children living in home:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Adopted? \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Adopted? \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Adopted? \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Adopted? \_\_\_\_\_ Date: \_\_\_\_\_

**ADOPTION SERVICES**

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(Appendix F continues)

List all foster children living in home:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ County of Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ County of Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ County of Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ County of Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ County of Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ County of Responsibility: \_\_\_\_\_

Name of Foster Child you are applying to adopt \_\_\_\_\_

Date child was placed in your foster home \_\_\_\_\_

Comments you would like to make about your desire to adopt this child: \_\_\_\_\_

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Date: \_\_\_\_\_ Foster Father's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Foster Mother's Signature: \_\_\_\_\_

**After completion by foster parents, this form is to be given to child's Worker.**

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Recommendation of County of Service

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**ADOPTION SERVICES**

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(Appendix F continues)

Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASWS's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Date Child Freed for Adoption \_\_\_\_\_

Recommendation of County of Responsibility:

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Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASWS's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**After completion by County of Service and County of Responsibility, this form is to be mailed directly to the Adoption Unit.**

## **ADOPTION SERVICES**

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### **Appendix G**

#### Adoption Addendum

- Household members, sleeping arrangements, and safety equipment in the home
- Changes since the last home re-evaluation
- Adoption Issues Training
- Adoptee's personality, school adjustments, and emotional ties to the foster family
- Child's Special needs and certification of adoption assistance
- Resource Parents' understanding of the child's special needs and plans to meet these needs permanently
- Resource Parent's realistic goals for the child
- Resource Parent's lifetime commitment and contingency plan
- Resource Parent's monthly income, monthly expenses and etc.
- Resource Parent's need for adoption assistance (Child on SSI?)
- Efforts made to place the child without adoption assistance
- Discipline used by the Resource Parent
- Presentation of the background information on the child to the Resource Parents
- Plan to maintain sibling contact with children who are not placed in this home and with other significant people in the child's life
- Information regarding other children residing in the home, (ages, grade, personality – birth, foster, adopted or relative's children)
- Interaction among all household members
- Interview all children privately
- Feelings of other children in the home about this pending adoption
- Children's description of family rules and discipline
- Adoptee(s) understanding of adoption
- Adoptee(s) feelings about being a part of this family forever
- Changes expected by finalizing this adoption
- Child's understanding of roles of the birth parents/adoptive parents
- Items child has from birth family
- Adoption Specialist's recommendation and ASWS approval

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**ADOPTION SERVICES**

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**Appendix H**

Form DFCS 433

**Application for Adoption Subsidy**

**I. Child's Information:**

CHILD'S BIRTH NAME \_\_\_\_\_  
LAST FIRST MIDDLE

CHILD'S ADOPTIVE NAME (if previously adopted)

\_\_\_\_\_  
LAST FIRST MIDDLE

CHILD'S SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ RACE/ETHNIC GROUP \_\_\_\_\_

CURRENT ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

---

**II. Legal Status of Child:**

Father: \_\_\_ Relinquished \_\_\_ Court Terminated Date \_\_\_\_\_

Mother: \_\_\_ Relinquished \_\_\_ Court Terminated Date \_\_\_\_\_

Child legally free for adoption: \_\_\_\_\_ (date)

Section 11-5-91 applies \_\_\_\_\_ Does not apply

Custody of child with authority to consent to adoption: \_\_\_\_\_  
Name of Agency

**III. Current Foster Care Rate** (based on child's age/special needs) \$ \_\_\_\_\_

Steps taken to place child for adoption without a subsidy unless the child's record documents that the best interest of the child would not be served by such efforts and therefore are not applicable:

\_\_\_\_ Child has significant emotional ties to foster parent. (This is ONLY intended to document why an exhaustive search was not conducted to find an adoptive family that is willing to adopt without a subsidy.)

## ADOPTION SERVICES

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(Appendix H continues)

Child listed with MS Adoption Exchange Registry \_\_\_\_\_  
Date

Child taped for Wednesday's Child: \_\_\_\_\_  
Date

Child presented at Statewide Placement Committee: \_\_\_\_\_  
Date

Child featured on AdoptUSkids website: \_\_\_\_\_  
Date

Eligibility for Assistance: Title IV-E / Foster Care: \_\_\_\_\_ SSI: \_\_\_\_\_  
Title IV-B / Foster Care: \_\_\_\_\_ (State Subsidy only)

**IV. GENERAL DIAGNOSTIC STATEMENT:** (Child Assessment – to include a summary of child's history, description of barriers to adoption, justification for proposed subsidy, prognosis of adoption without subsidy and a chronological list of child's placements for foster care and / or adoption.) Attach on a separate sheet.

As with any child placed for adoption, information may become known, issues and problems may arise in the future that are unknown to anyone at this time and could not be reasonably anticipated by the placing agency.

**V. REASONS SUBSIDY IS NEEDED:**

\_\_\_ Child is one with special needs. (Check all barriers which are present and/or which existed at the time of placement for adoption and represent basis for subsidy.)

___ Physical Disability*	Other Barriers:	Risk Factors:
___ Mental Disability*	___ Age (over 6)	___ Child's Medical History*
___ Emotional Disturbance*	___ Sibling group membership	___ Birth Parents' Background*
___ Developmental Disability**	___ Other (Specify)	

\_\_\_\_\_

**\*Requires a current statement (within a year of certification) signed by a physician, psychiatrist, psychologist or therapist, which describes the condition(s) and includes diagnosis, treatment, and prognosis, to be attached to this form.**

**ADOPTION SERVICES**

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(Appendix H continues)

**\*\*If the child is developmentally delayed resulting in educational delays or has a significant learning processing difficulty, a statement from the school or from a licensed medical / mental health professional needs to be attached. A copy of a current IEP can substitute for the school's written statement.**

Child meets criteria for: (Check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Deferred                     | <input type="checkbox"/> Basic rate of \$ _____             |
| <input type="checkbox"/> Special Needs I \$ _____     | <input type="checkbox"/> Special Needs II \$ _____          |
| <input type="checkbox"/> Therapeutic rate of \$ _____ | <input type="checkbox"/> Medically Fragile rate of \$ _____ |

ADOPTION SPECIALIST _____	DATE _____	RESOURCE ADOPTION ASWS _____
---------------------------	------------	------------------------------

Maximum Subsidy approved \$ \_\_\_\_\_ per month       No Subsidy approved

Reason(s) \_\_\_\_\_

\_\_\_\_\_  
Adoption Unit Director or Designee

\_\_\_\_\_  
Date

**VI. FAMILY RESOURCES AVAILABLE TO MEET THE CHILD'S SPECIAL NEEDS:** (To be completed by the adoptive family with the agency worker.)

**This section is only to evaluate family and community resources available to meet the special needs of the child in order to determine what additional services the child will need. This is not a means test as the child's subsidy will be based solely on the special needs of the child.**

What is your family's gross monthly income? (Do not include foster or subsidy payment.): \_\_\_\_\_

Number of persons supported by that income: \_\_\_\_\_ Total number of persons in the home: \_\_\_\_\_

List additional financial sources and amounts available to members of the household (i.e. foster care, child support)

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**ADOPTION SERVICES**

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(Appendix H continues)

Does anyone in your family have unusual costs, such as medical or educational expenses? If yes, please explain:

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What financial resources, other than your income, are available to meet this child's needs? (Indicate amount by appropriate category.):

\$ \_\_\_\_\_ SSD (disability of parent) include a copy of letter from SSA  
\$ \_\_\_\_\_ SSA (survivors / death of birth parent) include a copy of the letter from SSA  
\$ \_\_\_\_\_ SSI (child's disability) include a copy of the letter from SSA  
\$ \_\_\_\_\_ Child Support (being received by adoptive family)  
\$ \_\_\_\_\_ other

(specify) \_\_\_\_\_

Will this child become eligible for additional benefits based on adoption by you? Indicate kind of benefits and amount:

---

In thinking about the needs of this child and the resources (financial, extended family, community services, etc.) available to you your family, what will be REQUIRED in addition to those resources to continue support of this child in your household? (Attach additional page if necessary.)

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What current services are needed/being provided that will need to continue post finalization? (Day care services, dental services, therapeutic foster care services etc.)

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## ADOPTION SERVICES

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(Appendix H continues)

Will the child named in this application be added to your medical insurance policy?  yes  no  
If yes, please complete the following:

Name of Insurance Company \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ SS Number: \_\_\_\_\_

Group/Plan# \_\_\_\_\_ Policy ID # \_\_\_\_\_

**VII. NEGOTIATION OF PROPOSED SUBSIDY: (Using Section V of this form as the maximum subsidy available, please indicate below the subsidy necessary in order to meet the needs of this child.)**

Please circle the letter if this service is necessary and enter amounts where indicated.

- A. Non-recurring Adoption Expenses  
The Department agrees to pay for expenses that are reasonable and necessary for the adoption to occur, subject to a maximum of \$600. The expenses must:

- 1) Directly relate to the legal adoption; and,
- 2) Not be in violation of state or federal law; and
- 3) Not have been reimbursed from other sources of funds

Expenses covered are:

- 1) Attorney Fees
- 2) Court Cost
- 3) Revised Birth Certificate
- 4) Other \_\_\_\_\_

- B. MAINTENANCE: (Select the Adoption Subsidy for which the child is eligible as shown in Section V and enter amount requested)

(Subsidy amount must not exceed the foster care board rate)

- Eligible for Title IV-E Federal Adoption Assistance  
 (1) Medicaid Only (check if appropriate)  
 (2) Deferred\* (No Medicaid at the time of Adoption)

## ADOPTION SERVICES

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(Appendix H continues)

\_\_\_ (3) Long Term (monthly cash payment)    \$ \_\_\_\_\_  
\_\_\_ (4) No Subsidy Needed

\*Deferred means, no adoption assistance payment is provided at the time of the adoption; however, due to the above documented risk factors in the child's medical history or background, or the medical history or background of the child's biological family; the child is at risk to acquire a medical condition, a physical, mental, developmental or emotional disorder. Current documentation will need to be submitted to the agency if this child develops special needs related to these risk factors.

C.        MEDICAL CARE:

Medical and dental services will be provided through the Medicaid Program (Title XIX of the Social Security Act).

D.        SOCIAL SERVICES:

Social Services will be provided through the Social Services Block Grant Program Title XX.

The Adoption Assistance payment, Title XIX Medical Services and Title XX Social Services are available regardless of the state of residence. Families moving out-of-state will be provided with a contract in the new state using the Interstate Compact on Adoption and Medical Assistance Program. Title XIX Medical Services and Title XX Social Services vary from state to state and are available to the child in accordance with the procedures of the state in which the child resides.

Interstate Compact on Adoption Medical Assistance (ICAMA)

If your family moves out-of-state after the finalization of the adoption, your family must contact the adoption unit to access medical assistance services in the new state. The adoption unit should be contacted 60 days prior to moving out-of-state.



**ADOPTION SERVICES**

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(Appendix H continues)

E. OTHER:

If you receive SSI payments for this child, it is the adoptive parent(s)' responsibility to inform the Social Security Administration if the child is also receiving adoption assistance payments.

**APPLICATION STATEMENT**  
**IMPORTANT – READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN**

HAVING BEEN INFORMED TO OUR SATISFACTION OF THE PARENTAL HISTORY AND BACKGROUND FACTS IN CONNECTION WITH THE ABOVE-NAMED CHILD, WE DECLARE OUR DESIRE TO HAVE SAID CHILD PLACED IN OUR HOME FOR THE PURPOSE OF LEGAL ADOPTION.

WE HEREBY APPLY FOR AN ADOPTION SUBSIDY, AS PROVIDED FOR IN THE RULES AND REGULATIONS OF THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES.

IN COMPLETING AND SIGNING THIS APPLICATION, I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN ADDITION, I AM AWARE THAT IF I MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION, OR USE OTHER FRAUDULENT METHODS TO OBTAIN ASSISTANCE TO WHICH I AM NOT ENTITLED TO OR GREATER THAN THAT TO WHICH I AM ENTITLED, I CAN BE FOUND GUILTY OF A FELONY OR MISDEMEANOR UNDER APPROPRIATE STATE OF FEDERAL LAW; AND,

I AM AWARE THAT I HAVE THE RIGHT TO A FAIR HEARING AND / OR STATE APPEAL IN THE EVENT OF A DENIAL, REDUCTION, OR TERMINATION OF MY ASSISTANCE, AND IN OTHER MATTERS FOR WHICH SUCH APPEAL RIGHTS EXIST AND TO RETAIN LEGAL COUNSEL AT MY EXPENSE IN CONNECTION WITH SUCH HEARINGS.

\_\_\_\_\_  
ADOPTIVE PARENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADOPTIVE PARENT

\_\_\_\_\_  
DATE

## **ADOPTION SERVICES**

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(Appendix H continues)

### **RIGHT OF APPEAL AND FAIR HEARING**

If you believe the agency has been unfair or has made a mistake concerning your eligibility, you have the right to appeal. This means you will be given a hearing by the agency's administration at which time you will be given an opportunity to present your case for a review by persons not responsible for the original decision to be sure the agency's action was a proper one.

## ADOPTION SERVICES

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### Appendix I

**Form DFCS 431**

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

#### ADOPTION ASSISTANCE AGREEMENT

This agreement is being made and entered into between the Mississippi Department of Human Services, (hereinafter "MDHS/DFCS"), and

---

Adoptive Parent(s) Full Name(s)

---

Address

Telephone

It is agreed and understood that the MDHS/DFCS will provide:

IV-E Federal Adoption Assistance

IV-B State Adoption Assistance

to assist in the provision of proper care for my / our child, \_\_\_\_\_ ,  
Child's Birth Name

born \_\_\_\_\_ This child is certified for Adoption Assistance based on the following current  
Date of Birth

Special Needs:  Age  Sibling Group Membership

Medical Diagnosis of: \_\_\_\_\_

Psychological: \_\_\_\_\_

Mental Disability: \_\_\_\_\_

Developmental Disability: \_\_\_\_\_

Other: \_\_\_\_\_



## ADOPTION SERVICES

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(Appendix I continues)

Child's "At Risk" Factor \_\_\_\_\_  
Documentation \_\_\_\_\_

### **III. Medical Care**

An Agreement will not be processed if this section is not completed by the adoptive parent(s) and the Adoption Specialist. The parent(s) and the adoption worker should initial either A or B.

- A. IV-E - Children who are eligible for Title IV-E Adoption Assistance are automatically eligible for Title XIX Medicaid and Title XX Services in their state of residence under the Consolidated Omnibus Budget Act (COBRA), P.L. 99-272, effective October 1, 1996. Mississippi is a member of the Interstate Compact on Adoption and Medicaid Assistance.
- B. IV-B - Medicaid benefits as provided under Title XIX of the Social Security Act (Medicaid) will be available to the child in accordance with the procedures of the state in which the child resides.

MDHS/DFCS shall provide this financial assistance regardless of the child's state of residence as long as the child was adopted through DHS in the State of Mississippi.

### **IV. Notification of Change**

- A. The adoptive parent(s) will immediately notify MDHS/DFCS, in writing, if they are no longer legally responsible for the support of the child or are no longer supporting the child.
- B. MDHS/DFCS will notify the adoptive parent(s) in writing of across-the-board changes in Adoption Assistance payments. Adjustments may be made, if requested in writing by the adoptive parent(s).
- C. MDHS/DFCS may renegotiate an Adoption Assistance Agreement if the adoptive parent(s) request an increase in payments due to a change in their circumstances and a higher foster care rate would have been paid on behalf of the child if the child had still been in foster care, depending on availability of funds.
- D. Adoption Assistance payments made on behalf of a child cannot exceed the amount the child would have received if the child had been in a Resource Family home.
- E. Parents will notify MDHS/DFCS of changes of address in writing.

### **V. Annual Review/Medicaid Form**

- A. The Annual Review/Medicaid Form is reviewed annually by the adoptive parent(s) and MDHS/DFCS.
- B. MDHS/DFCS shall notify the adoptive parent(s), in writing, 45 days before the renewal and shall supply the adoptive parent(s) with the appropriate forms.

### **VI. Termination**

Termination will occur in any of the following circumstances:

- A. Upon the conclusion of the terms of the Agreement.

**ADOPTION SERVICES**

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(Appendix I continues)

- B. Upon the adoptive parent(s)' request.
- C. Adoption subsidy payments will terminate when the child reaches the age of 18. Adoption subsidy may be provided as a State option until the child is 21 years of age if the child has a mental or physical handicap that warrants continuation. Section 93-17-67 of the Mississippi Code provides subsidy to a child up to age 21 if the DFCS State Office Administrator determines that the treatment or rehabilitation for which payment is being paid is in the best interest of the child.
- D. The child becomes emancipated as a minor.
- E. The child enters the military
- F. The child marries.
- G. Upon the child's death.
- H. It is determined that the adoptive parents are no longer financially supporting the child.
- I. Legal custody is granted to someone other than the adoptive parents.
- J. Parental Rights have been terminated or surrendered.

MDHS/DFCS may require the repayment of any and all Adoption Assistance payments which the adoptive parents received erroneously.

**VII. Appeal**

Adoptive parent(s) may appeal MDHS/DFCS's decision to reduce, change or terminate Adoption Assistance in accordance with rules and procedures of the Administrative Grievance Hearing and Appeal process. Information may be requested from MDHS/DFCS. Mail request to: **Mississippi Department of Human Services, Division of Family and Children's Services, Adoption Unit, Post Office Box 352, Jackson, Mississippi, 39205-0352.**

This agreement will expire on the child's 18<sup>th</sup> birthday: \_\_\_\_\_  
(Specify date of 18<sup>th</sup> birthday)

Effective date for Titles XIX and XX: \_\_\_\_\_

Effective date of Adoption Assistance Payment: \_\_\_\_\_

\_\_\_\_\_  
Adoptive Mother's Signature                      Date                      Adoptive Father's Signature                      Date

\_\_\_\_\_  
Authorized MDHS/DFCS Representative's Signature                      Title                      Date

Adoption Assistance Agreement approved by  
Adoption Area Social Work Supervisor on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adoption Area Social Work Supervisor

Signed copy of the Adoption Assistance Agreement given / sent to adoptive parent(s): \_\_\_\_\_  
Date

**ADOPTION SERVICES**

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**Appendix J**

**Form DFCS 431-B**

**Application for Extension of Adoption Assistance beyond Age 18**

Adoptive Parent(s):

\_\_\_\_\_

Child: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Parent(s)' written request for an extension of Adoption Assistance beyond child's 18<sup>th</sup> Birthday:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature:

\_\_\_\_\_

1. \_\_\_ Child will be 18 years of age on \_\_\_\_\_ and is still in high school

***Documentation needed to support the above request:***

Documentation showing the child currently enrolled and in good standing in high school (i.e. current report card, class schedule, current IEP, letter from school). This documentation must be submitted for each semester of school up until graduation.

2. \_\_\_ Child will be 18 years of age on \_\_\_\_\_ and is in GED program

***Documentation needed to support the above request:***

Current documentation showing the child is enrolled in and attending a GED Program. Only one extension for a 4 month period of time (1 semester) can be granted for youth in GED Program.

## ADOPTION SERVICES

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(Appendix J continues)

3. \_\_\_ Child will be 18 years of age on \_\_\_\_\_ and has a diagnosed disability.

***Documentation needed to support the above request:***

Current (within 6 months) medical and/ or mental health documentation showing that youth has a mental or physical disabling condition along with proof that an application for SSI has been filed. On-going documentation of the progress in securing SSI approval must be submitted every 3 months after initial extension.

**NOTE:** Youth can NOT receive both Adoption Assistance AND Supplemental Security Income. Adoption Assistance must be reported to Social Security office at the time of application.

Child's Name: \_\_\_\_\_

*MDHS Staff completes Below this Line*

---

**Post-Adoption Specialist Recommendation:**

\_\_\_ Approve, child meets standards for an extension.

\_\_\_ Deny, child does not meet standards for an extension.

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Post-Adoption Specialist

Date: \_\_\_\_\_

**Adoption Unit Director Decision:**

\_\_\_ Approve, child meets standards for an extension.

\_\_\_\_\_  
Contract Start Date

\_\_\_\_\_  
Contract Thru Date

\_\_\_IV-E

\_\_\_IV-B

\_\_\_ Deny, child does not meet standards for an extension.



**ADOPTION SERVICES**

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(Appendix J continues)

Comments:

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Signature: \_\_\_\_\_  
Adoption Unit Director

Date: \_\_\_\_\_

**ADOPTION SERVICES**

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**Appendix K**

**Form DFCS 431-A**

**Application for Re-negotiation of Adoption Assistance**

Adoptive Parent(s): \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Child's Birth Name (if different): \_\_\_\_\_

Parent(s)' written request: (Amount of subsidy requested based on child's specific special needs) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Reason for Request: (check one)      Date of Request: \_\_\_\_\_**

1. \_\_\_ Child's subsidy was deferred and there is now documentation of special needs

***Documentation needed to support the above request:***

Medical and / or mental health diagnosis within the last 6 months provided by physician or mental health counselor.

2. \_\_\_ Child's special needs are more severe than at the time of adoption finalization

***Documentation needed to support the above request:***

Medical and /or mental health documentation that child has multiple diagnoses or a single diagnosis that causes impairment in multiple settings. Documentation of current and on-going treatment related to the diagnoses.

**ADOPTION SERVICES**

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(Appendix K continues)

**MDHS Employees complete second page.**

**Child's Name** \_\_\_\_\_

**Child's current subsidy:**  IV-E  IV-B

Deferred  Basic  Other **Current amount:** \$ \_\_\_\_\_

**Post-Adoption Specialist Recommendation:**

\_\_\_\_ Approve, child meets standards for: (check one)

basic rate  Special Needs I

Special Needs II  therapeutic rate  medically fragile rate

Recommended New Monthly Payment Amount: \$ \_\_\_\_\_

\_\_\_\_ Deny, child does not meet standards for a higher rate.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Post-Adoption Specialist

**Adoption Unit Director Decision:**

\_\_\_\_ Approve, child meets standards for a higher rate.

\_\_\_\_\_  
Contract Start Date

\_\_\_\_\_  
Contract Thru Date

IV-E  IV-B **New Monthly Amount:** \$ \_\_\_\_\_

\_\_\_\_ Deny, child does not meet standards for a higher rate.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Adoption Unit Director

**ADOPTION SERVICES**

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STATE OF MISSISSIPPI  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF FAMILY AND CHILDREN'S SERVICES

**Section G:  
Adoption Policy**

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## ADOPTION SERVICES

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### I. OVERVIEW

The Mississippi Department of Human Services will hereinafter be known as “MDHS” and its Division of Family and Children’s Services hereinafter will be known as “DFCS”.

### II. INTRODUCTION

The Mississippi Department of Human Services (MDHS) is the agency designated, by MISS CODE ANN § 93-17-31 through 93-17-31 for establishing procedures for handling adoptions within Mississippi. MDHS has designated the Adoption Unit of the Division of Family and Children’s Services (DFCS) to have responsibility for adoptive placements made by and through the DFCS.

#### A. Purpose

The primary purpose of the DFCS’s Adoption Program is to foster permanent connections for children whose permanent plan is adoption.

#### B. Legal Base

Responsibility for providing adoption services to children is authorized under Title IV-B and Title XX of the Social Security Act and MISS. CODE ANN. § 43-15-13. The State Statute places responsibility with the State Department of Human Services to establish policy and procedures designed to appropriately place children in permanent homes. This includes placing children in suitable adoptive homes approved by a licensed adoption agency or licensed social worker, in cases where restoration to the biological family is not safe, possible or appropriate.

#### C. Civil Rights

Adoption services and resources for children will be provided without discrimination and such services cannot be based on race, color, national origin or religious affiliation.

#### **Multi-Ethnic Placement Act (MEPA):**

The *Improving America’s Schools Act* (P.L. 103-382) contains the *Multi-Ethnic Placement Act of 1994* (MEPA). An amendment to this Act is part of the *Small Business Job Protection Act of 1996* (P.L. 104-188) and is known as the *Interethnic Adoption Provisions Act of 1996* (IEP). MEPA-IEP prohibits agencies receiving Title IV-E foster care funds from

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*deny[ing] any person the opportunity to be an adoptive or foster parent ... or delay[ing] or deny[ing] the placement of a child ... solely on the basis of race, color or national origin of the adoptive or foster parent or the child ...*

(PL 103-382, § 553 a.1.A-B)

These factors must be applied on an individualized basis, not by general rule “in the best interest of the child.”

Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child unless an individualized assessment reveals that such consideration is in the child’s best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider.

A Licensure **Worker Specialist** and/or County of Responsibility (COR) Worker must document all factors considered in the selection of a placement for a child. *MEPA* is viewed in conjunction with Title VI of the *Civil Rights Act of 1964* which prohibits recipients of federal financial assistance from discriminating based on race, color, or national origin in their programs and activities and from operating their programs in ways that have the effect of discriminating on the basis of race, color, or national origin.

*MEPA* as amended by *IEP* calls for the diligent recruitment of foster and adoptive families that reflect the racial and ethnic diversity of children in foster care. To comply with *MEPA/IEP*, DFCS shall focus its recruitment process on developing a pool of potential resource families who are willing and able to foster or adopt the children needing placement.

### D. Prohibitions

Each employee of MDHS/DFCS is prohibited from both the participation in making an independent adoption placement and/or the independent adoption of any child known to the employee through his/her position with DFCS. Violation of this policy is a Group 3 offense and may result in termination of employment.

### E. Definitions

**Adopt:** To take by choice into a relationship; to take voluntarily (a child of other parents) as one’s own child.

**Involuntary Placement:** Youth Court awards legal custody of a child to the MS Department of Human Services based on allegations of child abuse/neglect/exploitation.



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**Voluntary Placement:** A legal parent requests placement of a child into foster care due to the parent's illness or hospitalization or the legal parent wants to make an adoptive plan for their child.

**Adoption Disruption:** An adoption placement which ends prior to finalization.

**Adoption Disillusion:** A reversal or voiding of an adoption after its legal finalization.

**Adoptive Placement:** A social process carried out through the framework of law, whereby a legal parent/child relationship is created between the child and adoptive parent(s). Actual placement for adoption will not be made until the child is legally free for adoption as certified by the Attorney General's Office (AG).

**Legal Risk Adoptive Placement:** The placement of a child into a home for the purpose of adoption prior to the child being legally freed for adoption. These placements are shown as foster home placements, but a legal risk adoptive placement agreement is signed by the adoptive parents and Adoption Specialist. Legal risk adoptive placements may be made for Safe Babies, abandoned infants, infants whose biological mother has signed surrender and the father is unknown, or for any child whose permanent plan of adoption has been approved through youth court.

**Interlocutory Decree:** A court order granting legal custody or guardianship to the adoptive petitioners prior to the Final Decree of Adoption. DFCS may or may not recommend an Interlocutory Decree on a case by case basis. The Interlocutory Decree is often used when the adoptive parents must move out-of-state before DFCS can recommend final adoption or before the Chancellor deems it is appropriate to render a decision on final adoptions.

**Final Decree of Adoption:** The decree of the court granting and finalizing the adoption and vesting legal custody of the child with the adoptive parents.

**Post Adoptive Services:** Supportive Services provided to an adoptive family after the finalization of an adoption to assist in a wide range of issues such as explaining adoption issues for children, providing financial assistance through an adoption subsidy, linking the family to therapeutic services needed to meet the child's special needs, providing search assistance, etc. in order to strengthen and maintain the continuity of placement in the adoptive family.

### F. General Functions/Responsibilities

MDHS has the following functions in carrying out its responsibilities for the care and protection of children in need of adoption:

1. *Developing policies and standards* for the administration of DFCS's Adoption Service Program.
2. *Assessing and preparing* children for transitioning to adoption.

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3. *Assessing and preparing* families for adoptive placements.
4. *Placing children* in adoptive homes, as appropriate, and providing post-placement and post-adoption services to the adoptive family.
5. *Providing social services to all parent(s)* (married or unmarried) who seek help in making adoptive plans for their children.
6. *Providing* as requested by the court, social information on independent adoption petitioners.
7. *Serving as a consultant to agencies* providing adoption services, as well as agencies interested in developing an adoption program.
8. *Recommending legislation* which will further protect the child, the biological parents, and the adoptive parent(s).
9. ~~*Providing interpretation*~~ *Informing* ~~to~~ the community/public of adoption practices from both a legal and a child behavior perspective.

### III. DEVELOPMENT OF ADOPTION PLAN

#### A. Role of COR Worker

The COR Worker shall have the following responsibilities in achieving Adoption:

- Recognize, through concurrent planning, when adoption appears to be the most appropriate and feasible goal for the child.
- Engage parents in a discussion on optional voluntary surrender of their parental rights. If the parents ~~want~~ wish to surrender, the COR Worker must obtain permission from the Director of the Permanency Unit prior to the parents signing any documents.
- Prepare and submit to the Worker's Area Social Work Supervisor (ASWS) a complete Termination of Parental Rights (TPR) referral within the time frame allowed by policy. (*See* Section D, TPR)
- Discuss the goal of adoption with the child, parents and Resource Parents. Ascertain if the Resource Parents are interested in adopting the child.
- Assist in preparation of child and family for adoption.
- Notify the Adoption ASWS within 3 calendar days of adoption becoming the child's permanent or concurrent plan. ~~the child's primary permanent plan becoming adoption.~~

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- Update the Individual Service Plan (ISP) and request Adoption County of Service (COS).
  - There may be two Adoption COS Direct Services if the child is placed outside their COR.
  - One Adoption COS Direct Services should be established for the Adoption Specialist in the child's COR and one within the child's COS.
- ~~The Adoption Specialist will become the worker responsible for performing all COS services for this child.~~
- The COR worker will continue to be responsible for the case, and will work toward the permanent plan as appropriate, and will visit with the child face to face at least twice a month or least quarterly if placed outside the COR.

### B. Role of Adoption Specialist

The child's Adoption Specialist will immediately begin the assessment and preparation for adoption process with the assigned child, the birth family and the placement resource. The preparation for adoption process should include working with the child on his/her life book (including the preparation of child's written life story) and following a strategic plan for transitioning the child to adoption. The Adoption Specialist will also begin compiling the Child's File in preparation for adoption assistance certification.

- An Adoption Specialist will be assigned to work with an assigned DFCS COR Worker within ten (10) working days of adoption becoming the child's permanent or concurrent plan. the child's permanency goal becoming adoption
- The Adoption Specialist and the Worker will begin the process of securing an adoptive placement for the child.
- Within fifteen (15) calendar days of adoption becoming the child's permanent or concurrent plan. The permanency goal becoming adoption the DFCS COR Worker along with the Adoption Specialist shall prepare an adoption plan that identifies the child specific activities that DFCS will undertake to achieve the permanent/concurrent goal of adoption and the timeframes in which the activities will be undertaken.
- The Adoption Specialist shall be responsible for the following:
  - Consulting with private and public professionals.
  - Identifying and ensuring the provision of targeted services necessary for the child to be adopted.

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- Adoption Status Meeting with the DFCS Worker, Adoption Specialist, and the Worker's direct ASWS to review the progress being made in achieving the goal of adoption and shall occur weekly for infants and monthly for all other children awaiting adoption and must be documented in the child's case record.

### C. Adoption Plan

The DFCS Adoption Unit is responsible for adoptive placement planning for all children in DFCS custody whose permanent plan is adoption. The assigned Adoption Specialist will work with the child, the COR Worker, the birth family (as appropriate), and all other persons vested in this child's life to develop a strategic plan to transition the child to permanency through adoption and help the child maintain those life-long connections already in place. This plan will be developed through Adoption Status Meetings.

This team will prepare a written plan for adoption. This adoption plan will identify the following:

- Child-specific recruitment activities,
- Time frames to complete the assigned activities and
- Assigned workers to complete the specific activities.

### D. Adoption Status Meeting

Within 15 calendar days of adding adoption as a permanent/concurrent plan ~~the primary permanency goal changing to Adoption~~, the Adoption Specialist will convene an Adoption Status Meeting with the COR Worker, COR ASWS, and other staff familiar with this child.

Adoption Status Meetings serve three (3) primary purposes:

- To review the progress of the adoption plan
- To identify barriers to adoption and
- To develop strategies that overcome barriers in order to achieve the goal of adoption.

Adoption Status Meetings will be held monthly for children over 12 months of age and weekly for children 12 months of age and younger.

Each subsequent Adoption Status meeting will update the progress that has been made to move the child toward adoption. Steady progression toward permanency adoption must be documented from the date adoption has been added to the permanent/concurrent plan until

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~~permanency is achieved the plan becomes adoption until finalization, showing indicating who completed each task and in what time frame did what and within what time frames.~~

### E. Documentation of Efforts toward Adoption

The Adoption Status Meetings shall be documented in the child's case file by the Adoption Specialist within 5 working days after the meeting is held.

Documentation of the Initial Adoption Status Meeting Includes the following:

- Date when Adoption ~~was added to the permanent/concurrent plan became the permanent plan~~
- Date of TPR hearing, if set, or discussion of parental surrender of rights
- Summary of previous discussion of adoption with the child.
- Tentative date when the Adoption Specialist will meet the child and begin the assessment and preparation process for adoption.
- All maternal and paternal relatives are contacted
- The need to re-evaluate any possible relatives for adoptive placement or to foster permanent connections is established.
- Description of any fictive kin relationships or other life-long connections that have been established.
- COR Worker's discussion with the current placement resource about adopting the child
- COR Worker's recommendation of the current placement resource to adopt
- Name the Resource Family who plans to adopt, if it is the plan.
- Adoption Specialist will plan to meet the Resource Parent to assess and prepare the family for adoption.
- Discussion of continued contact with birth family following adoption, if in the best interest of the child.
- Schedule a Family Team Meeting to be held with birth family/kin, Resource Parents, COR staff, and Adoption Specialist to address birth family visitation/contact, if found to be in the child's best interest
- Discussion of sibling placements

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- Adoption Specialist will begin the assessment of sibling placement to determine if they can be adopted together.
- If the child is placed out of state, assessment of the home including whether the home is licensed, family willingness to adopt, etc.

### F. Ongoing Adoption Status Meetings

- The Adoption Specialist will review the file to select all necessary documentation needed in order to certify the child for Adoption Assistance.
- The Adoption Specialist will make referrals for necessary services that must be provided before an adoption can be finalized.
- Update the Comprehensive Child Assessment and preparation document.
- Update assessment of siblings being placed together. If plan becomes separate placements, give update on visitation plan/ responsibilities.
- Description of how permanent connections are being fostered
- Identify barriers to the transition to adoption.
- COR Worker will update on TPR process/ permanent/concurrent plan progress or barriers to achieving permanency.
- All progress toward a permanent placement will be discussed at monthly status meeting.
- Outline: “Who will do what & when”
  - Scheduling an appointment, requesting records, researching needed services, making appropriate referrals, contacting relatives, etc.

### G. INFANTS up to 12 months of age

Once adoption is added to an infant’s permanent/concurrent plan ~~becomes adoption and~~ an initial Adoption Status Planning meeting is held. Weekly Adoption Status Meetings will be held until the permanency plan is achieved ~~infant is placed in a permanent home~~.

- When a mother wishes to place her infant for adoption, the child shall be referred to the Adoption ASWS for placement into an adoptive home upon entering DFCS custody or discharge from the hospital, where applicable.

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- The Adoption Unit will make an appropriate adoptive placement through the Placement Committee Process (which can be held by phone) and Adoption Status Meeting. These placement efforts will be documented in the child's case.
- The Adoption Specialist will provide COS services, preparation and assessment for the child(ren) and adoptive family, assist the family in mediating future contact between the birth family and adoptive family, and supervise the adoptive placement throughout the adoption process.

If the COR is working with the biological parents to make plans for an adoption prior to the child's birth, the COR ASWS shall inform the Adoption ASWS of these plans and provide background information on the child, when possible. This will enable the Adoption Unit to plan for a potential placement into an Adoptive Home.

After the birth of the child, the Adoption ASWS shall be notified of the birth by the COR ASWS. The following information on the child will be provided at that time:

1. Birth date
2. Birth weight and length
3. Race
4. Physical condition of the child, as reported by the attending physician

The Adoption Specialist will accompany the COR Worker to the hospital for the child's discharge and will proceed with placement into the identified adoptive home. The following information/documentation shall be submitted to the Adoption Specialist upon the child's discharge from the hospital or at the time the parent(s) signs the surrender of parental rights, form 459. (See Appendix A)

1. Social Summary and Form MSSDH-913, Medical and Social History. (Must be obtained from the MS Department of Health)
2. Form MDHS-SS-430 Obstetrical and Newborn Record. (See Appendix B)
3. \*Form MDHS-SS-459 and 459A (See Appendix C) or 459B (See Appendix D) signed by the Mother.
4. \*Form(s) MDHS-SS-459 signed by the Father(s).
5. State Department of Health forms 914 or 915 (Must be obtained from the MS Department of Health), Authorization to Disclose.

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*\*Forms for the Surrender of Parental Rights and Consent to Adoption cannot be executed by the biological parents until 72 hours (three days) after the birth of the child.*

### **H. Abandoned Infants and Safe Baby**

According to MISS. CODE ANN. § 43-15-201, an emergency medical services provider, without a court order, shall take possession of a child who is seventy-two (72) hours old or younger if the child is voluntarily delivered to the provider by the child's parent and the parent did not express intent to return for the child. MISS. CODE ANN. § 43-15-203 states, no later than the close of the first business day after the date on which possession of a child is taken by said provider, the provider shall notify the Department of Human Services. The Department of Human Services shall assume the care, control and custody of the child immediately upon receipt of notice.

#### MDHS Protocol for Safe Babies:

1. A Safe Baby should be reported through Centralized Intake.
2. Report is received in the county where the child is surrendered and assigned to a worker by ASWS.
3. Worker responsibility:
  - a. Make contact with the child.
  - b. Contact Adoption ASWS to identify a legal risk adoptive placement. \*See Note below.
  - c. Name the child before leaving hospital (allow the potential adoptive family to name the child, if possible.)
  - d. Coordinate with hospital staff to apply for birth certificate and Social Security card.
  - e. Contact Youth Court judge to request court order for custody.
  - f. Assist Unit with placement, as needed.
  - g. The COR shall *not* make diligent searches to locate the parents.
4. Submit required information to the Eligibility Unit and obtain Medicaid number.
5. Adjudicate the baby through the youth court **as a child in need of supervision.**
6. Provide Medicaid number to the hospital for the Safe Baby.
7. Obtain medical records from the hospital.



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8. Complete TPR Packet and submit to the Regional Director (RD) within 30 days.
9. Follow all relevant DFCS policy related to the custody and placement of a child.
10. The COR Worker shall visit the child quarterly in their pre-adoptive placement.
11. The Adoption Specialist for the county of residence of the adoptive family shall be the only COS assigned worker and shall visit the child twice monthly with one visit taking place in the placement setting.

\*Note: The Adoption ASWS shall convene a telephone conference Placement Committee Meeting with all Adoption Specialists in the region in order for all potential legal risk adoptive families to be presented for placement. The child shall then be matched with the most appropriate family. If all other factors are equal, then the family who has been approved and waiting for placement for the longest period of time shall be given priority. If there are no appropriate placements available within the region (outside the county where the child was surrendered), the Adoption ASWS shall contact the surrounding regions and convene a telephone placement committee with other Adoption staff until the most appropriate placement is secured.

### Protocol for other abandoned babies:

Babies who are over 72 hours old or who are abandoned in places other than with emergency medical service providers, do not meet the Mississippi State Law as a Safe Baby. There are similarities in the protocols for handling these reports, but also several differences.

1. Report of an abandoned baby shall be made through Centralized Intake with the maltreatment type of physical neglect.
2. Report is received in the county where the child was found and assigned as an investigation to a county worker.
3. The COR Investigating Worker responsibilities:
  - Follow protocol a – g above, as appropriate.
  - Make a diligent search for birth parents and all relatives of child.
  - Complete a full investigation and report findings to the youth court and the District Attorney's Office.
  - Follow all relevant DFCS policy related to the custody and placement of a child.
  - Abandoned babies will be adjudicated through youth court as neglected children.

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### IV. ADOPTIVE PLACEMENTS

#### A. Child Assessment and Preparation for Adoption

***Comprehensive Child Assessment:*** The development of a document that contains information used to identify and/or understand the child/youth's past and current experiences and how they relate to current behavior, development and functioning. The Comprehensive Child Assessment is used to ascertain the child/youth's future needs and to facilitate timely decision making, planning, and placement with a permanent family. It is the foundation for developing the child's ISP. (Comprehensive Child Assessment Format, See Appendix E)

***Child/Youth Preparation:*** The sharing of information with the child/youth to assist him/her in understanding past experiences. Child/Youth Preparation is used to engage the child/youth in planning for the future, including placement with a permanent family.

***Collaboration:*** The structured cooperation of the Worker, family, other service providers, caregivers, and other relevant persons. They work on shared goals to ensure that the child/youth's best interests are the primary consideration during the assessment, decision making, planning, preparation, and placement process.

The Adoption Specialist will work with every child in care who has a permanent plan of adoption on the Comprehensive Child Assessment and Preparation process. Each time contact is made with the child or new information is gathered, the Comprehensive Child Assessment will be updated. The Comprehensive Child Assessment must also include information from the Strength and Risk Assessment (SARA) which is initiated by the COR Worker.

#### B. Current Resource Family Adoption

A Resource Parent, who has been providing foster care for a child for 6 months or more, shall be given preference as an adoptive parent for that child once he/she becomes legally available for adoption unless there is documentation as to why the placement is unsuitable for adoption.

##### 1. Resource Parent Application To Adopt A Particular Child

Form 471 (Foster Parent Application to Adopt a Particular Foster Child) ~~can~~ **should** be completed when the child's permanent plan is approved as adoption in youth court or a TPR packet is submitted and the child has resided in the current Resource Home six (6) months or more. (See Appendix F).

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Every adoption of a foster child initially placed in a licensed Resource Home must have a child-specific adoptive home study, known as the Adoption Addendum, completed and entered in Mississippi Automated Child Welfare Information System (MACWIS). There are at least three (3) ways that families who may be interested in adopting are licensed for placement of a child: (Adoption Addendum, *See Appendix G*)

- The current Resource Family who plans to adopt was licensed as an MDHS Resource Home approved for foster services, adoptive services, or both foster and adoptive services.
- The current Resource Family was licensed as an MDHS Foster Home only. ~~in old Foster Home Study format.~~
- The current Resource Family was licensed by a private agency as a therapeutic foster care provider.

### 2. Approval of Resource Parents to Adopt

Upon completion of the Adoption Addendum, the Adoption Specialist will submit the Family File, including the following to the Adoption ASWS:

- Form 471- Application to Adopt
- Copy of the original home study
- Adoption Addendum (also copied into family file in MACWIS)
- Signed Background Information for each child
- Statement 11-5-91 (if there was publication on TPR for either parent)
- Newly signed Discipline Statement
- Adoption Assistance Agreements (2 originals)
- Supplemental Security Income (SSI) Letter (if applicable)
- Contingency Plan
- Option for Legal Representation (Private or Referral for Law School)

The Adoption Specialist shall submit the Adoption Addendum and all necessary documentation within 60 days of a child being freed for adoption unless there are documented reasons for delay which is in the best interest of the child. The Adoption ASWS will review and provide a written approval or denial within 10 days of receipt of the documentation.

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### 3. Finalization of Resource Parent Adoption

Written instructions to the Resource Parent(s) on how to proceed with the adoption will be provided when the Adoption ASWS approves the family to adopt through the Adoption Approval Letter. This approval letter will also instruct the Resource Parent(s) to submit a copy of the Final Decree of Adoption to the Adoption Specialist. The Adoption ASWS will forward the family file and approval letter to the state office Adoption Unit where all legal documents will be prepared and mailed to the representing attorney.

The Adoption Specialist shall provide a copy of the Final Adoption Decree to the State Office Adoption Unit. When the Final Decree of Adoption is received in the Adoption Unit, a letter will be sent to the COR requesting the closed county case be sent to the Adoption Unit where it will be secured in a sealed adoption file. All Direct Services are closed in MACWIS.

Note: If the Resource Family does not follow through with the finalization within 6 months of receiving the adoption approval letter the Adoption Unit will notify the resource family that initiate recruitment efforts for an Adoptive home for the child must be initiated.

### C. Recruitment of Adoptive Placements

#### 1. Child Specific Recruitment for an Adoptive Family

When a child's permanent/concurrent plan includes changes to adoption and the child and siblings are does not placed together in a permanent home, have an identified adoptive family, the Adoption Specialist will begin child specific recruitment for an adoptive family. Within 30 days of receiving the case the Adoption Specialist will compile the initial file for the child, which includes the following:

- Gathering and organizeing all pertinent documents which include:
  - background information,
  - questionnaires,
  - Birth Certificate,
  - Social Security card,
  - Medicaid card,
  - immunization records,
  - IEP documentation, and
  - report cards

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- ~~Schedule to~~ Meet the child, take pictures, and begin assessing and preparing the child for adoption (See Child Assessment for Adoption and Preparing the Child for Adoption above.)
- Each participant at monthly status meetings will continue to be assigned a child specific recruitment activity until child is placed in a potential adoptive home.
- Pre-placement visitation plan with a potential adoptive family will be outlined at an Adoption Status Meeting.

### a) Mississippi Adoption Resource Exchange (MARE)

#### Legal Base

The Mississippi Adoption Resource Exchange (MARE) was authorized under the MISS. CODE ANN. § 43-15-19, effective July, 1978. This law specifies that “the Department of Human Services shall maintain a MARE Registry, which shall contain a total listing of all children freed for adoption, as well as a listing of all persons who wish to adopt children and who are approved by a licensed agency in the State of Mississippi.”

The MARE was established as a resource to aid in meeting the priority goal of Adoption Service to provide a permanent, loving, home for every child who needs one. The Exchange will facilitate bringing together available “waiting” children and families prepared to adopt them.

#### Implementation Procedures

All children in the custody of DFCS who are legally free for adoption and who have no identified adoptive family must be posted on a photo listing web site in order to comply with the MARE.

The initial biographical sketch and picture of all children freed for adoption with no identified family will be posted by the Adoption Specialist within 10 days of the child being freed for adoption. These pictures and biographical sketches can be viewed directly on the computer in any DFCS office.

#### Explanation to Child

Prior to posting, the Adoption Specialist should explain to the child, in an age appropriate manner, that he/she is being posted on a photo listing web site in an effort to identify an appropriate adoptive family by allowing other Adoption staff throughout the state to view information to help match a family to the child’s needs and desires. Further, it should be

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explained that the listing is comprised of the child's first name, age, a short biographical sketch, and a color picture.

### **Posting and Updating**

The Adoption Specialist has the responsibility for posting and updating the child's listing with current information. The "waiting" child will be served best when information concerning the child is correct and current. Therefore, the Adoption Specialist shall update the listing of any change in the child's circumstances. Examples of changes that might occur are: (a) removal of a child from foster care, (b) request to adopt child by foster parents, (c) correction of a minor disability, (d) change from special education to regular classroom setting, or (e) acquisition of new medical or psychological information. All changes shall be made to the Child Assessment document with a summary from any medical, educational or psychological evaluation that has been completed.

### **Distribution**

MISS. CODE ANN. § 43-15-19,

*(1) The State Department of Public Welfare shall maintain a Mississippi Adoption Resource Exchange registry, which shall contain a total listing of all children freed for adoption as well as a listing of all persons who wish to adopt children and who are approved by a licensed adoption agency in the State of Mississippi. Said registry shall be distributed to all county welfare directors and licensed adoption agencies within the state and shall be updated at least quarterly. The State Department of Public Welfare shall establish regulations for listing descriptive characteristics while protecting the privacy of the children's names. Listed names shall be removed when adoption placement plans are made for a child or when a person withdraws an application for adoption.*

*(2) Adoptive parents shall be given the option of having their names placed in the registry. They shall be required to give written authority to the county welfare department to place their names in the registry and said authorization shall be forwarded to the state department of public welfare, division of social services, for approval.*

~~stipulates that the Adoption Resource Exchange shall be available to all County MDHS/DFCS offices and licensed adoption agencies in the State. Upon request, as such the photo listing website can be viewed by families or professionals interested in gaining information about children awaiting adoptive placements. Interested individuals may come into the County MDHS/DFCS Office to view the listing.~~

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### b) Posting on Adoptuskids.org Website

DFCS adheres to the belief that a child benefits from living in an adoptive home in a location with familiar surroundings, both cultural and geographic. In seeking adoptive homes for children in custody of DFCS, the Adoption Specialist will first explore resources within Mississippi. If there is no appropriate home in Mississippi for a particular child, a referral will be made to Adoptuskids.org. This website involves children and families from across the United States. Placement of a child for adoption will not be denied or delayed when an approved family is available outside of the county or state of jurisdiction.

- Referral forms, including the child's first name, age, a short biographical sketch, and a color picture should be submitted directly to Adoptuskids.org for posting on the website. The referral to Adoptuskids.org shall be made when the Adoption ASWS, RD, or State Office Adoption Unit personnel have reviewed information on the child's case and recommend that referral to Adoptuskids.org is appropriate.

### c) Adoption Hotline

The Adoption Hotline is located in the DFCS State Office and answered by the Adoption Unit Staff. Individuals who call the Hotline are provided with basic information on the foster/adopt process and mailed or emailed an application. Callers who express interest in becoming a Home will be mailed an application. The applicant is instructed to ~~will be returned~~ the application directly to the Adoption ASWS in the area where the family resides.

The Adoption Hotline number available in Mississippi is 1-800-821-9157.

### d) Wednesday's Child

Wednesday's Child is a service that ~~began over 20 years ago in collaboration with Maggie Wade of WLBT who coordinated the program. The program~~ helps find permanent, adoptive homes for foster children who cannot return home. The ~~Dave Thomas~~ Carlisle Corporation Foundation began sponsoring the program in Mississippi in 1987.

All children who are freed for adoption and have no identified adoptive family shall be given the opportunity to be filmed and appear on Wednesday's Child. The Adoption Specialist shall discuss this opportunity with the child and assess the child's receptiveness and readiness to be taped. Children will not be coerced in any way to appear on Wednesday's Child, but will be prepared and assessed for the appropriateness of this recruitment effort.

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### e) Other Child-Specific Recruitment Efforts

Children will be prepared and assessed for other child-specific recruitment efforts prior to having any type of public appearance or articles material submitted to TV, radio, internet, magazine, ~~or~~ newspapers or other media. All such child-specific recruitment efforts will be completed with the full knowledge and support of the child for whom the recruitment is being conducted.

### f) Application Process for the Adoption of a Child

#### Focus on Child's Needs

~~The number of healthy infants and preschool age children available for adoption continues to decrease, while the number of families desiring to adopt increases. For this reason~~ Families wanting to adopt infants and preschool age children should be informed that there is no assurance of the availability of the type child they desire. Inquiries for children under the age of 6 (non-special needs) will be assessed and the family will be contacted to discuss the possibility of adopting older children or a sibling group.

#### Priority for "Special Needs" Children

Families who express an interest in adopting "Special Needs" children are given priority in the home study process. "Special Needs" children include those where one of the following circumstances presents a placement barrier:

- Older children, ten to eighteen years old
- Membership in a family group of brothers and/or sisters of two or more
- Emotionally disabled
- Mentally and/or physically disabled
- Medical conditions
- Sexually abused children, children who act out sexually or are sexually active
- Pregnant girls who plan to keep the baby in the Resource Home
- Children with severe behavior problems

#### Licensing Resource Homes for Adoption Only

Families who are only interested in adopting children can request to be licensed to provide adoption services only. After completing pre-service training, if the family continues to request



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licensure for “Adoption Only” their application should be re-assigned to an Adoption Specialist and the home study will be completed by the Adoption Specialist serving the family’s county of residence.

If a family is applying to adopt a specific child for whom DFCS is actively recruiting an adoptive home, the application should be initially assigned to an Adoption Specialist. Top priority is given to completing home studies for families who are interested in adopting children who are free for adoption and for whom DFCS is actively recruiting an adoptive home.

In order for a family to be licensed for “Adoption Only” they shall meet all licensing standards as outlined in DFCS Licensure Policy, Section F. Families interested in adoption only may be considered for legal risk adoptive placements. A license change adding foster home services must be completed prior to placement of a child in the home who is not legally free for adoption, allowing the family to be eligible to receive foster care board payments. Families licensed as adoption only who accept placement of a child legally free for adoption may be eligible to receive the child’s Adoption Assistance beginning at the date of placement.

Any exceptions to licensure policy for "Adoption Only" families shall be requested in writing and submitted to the Permanency Unit Director in State Office. These requests will be considered on a case-by-case basis only for non-safety related items.

### **2. Placement of Children with Adoptive Families**

#### **a) Placement Committee Meetings**

The purpose of Placement Committee Meetings is for an Adoption Specialist to present all known information about a child who is in need of a permanent placement to a committee of staff who is familiar with the Resource Family who could possibly meet the needs of the specific child. After learning the child specific information, the staff is then given an opportunity to present information to the committee about a specific family who may be willing and able to meet the child’s needs. Once all staff has the opportunity to present a family, the committee will discuss which family seems to be best prepared to meet the needs of the specific child, and then the committee makes a tentative selection with the most appropriate family.

Following is the schedule for Placement Committee Meetings:

- Regional Placement Committee Meetings are held monthly.
- Multi-Regional Placement Committee Meetings are held quarterly (2 or more regions meet together, along with private child placing agency staff).

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- Statewide Placement Committee Meetings (representatives of each region's Resource Unit staff and private agencies) are held every 6 months. These meetings include telephone conferencing and in person attendees in the State Office.
  - Child's Information will be presented to Regional Placement Committee to request a "foster to adopt" or adoptive placement for the child.
  - If the child is not matched at the Regional Placement Committee, the child's information will be submitted to the Adoption Unit for statewide distribution to all DFCS Resource staff in order to search current licensed homes for a possible placement match. If any Resource ~~Worker~~ Specialist in the state identifies a possible match, the Resource ~~Worker~~ Specialist will contact the child's Adoption Specialist and present the family at the child's next Adoption Status Meeting.
  - If the child is not matched at the Regional Placement Committee Meeting or prior to a quarterly multi-regional Placement Committee Meeting, then he/she will be presented at the Multi-regional Placement Committee Meeting.
  - If the child is not matched at Multi-regional Placement Committee Meeting, the child will be presented at Statewide Placement Committee Meeting.

### **b) Selection of Homes for Children through the Placement Committee**

Multi-Ethnic Placement Act (MEPA) of 1994 (P.L. 103-382) and amended in 1996 (P.L. 104-188), prohibits those agencies receiving Title IV-E foster care funds from denying or delaying an individual or couple the opportunity to be an adoptive or Resource Parent or delaying or denying placement of a child on the basis of race, color or national origin of the prospective Resource Parent or child. These factors must be applied on an individualized basis, not by general rule "in the best interest of the child.

### **c) The Placement Process**

Placement of a child for adoption is a legal and social process. The child must be legally free for adoption as certified by the AG's Office prior to DFCS entering into an adoptive placement agreement with the new adoptive family. Legal risk adoptive placements may be made prior to the child being legally freed for adoption with **legal risk adoptive placement agreements** in place.

Many factors must be considered in the selection of the prospective home for a child. The Placement Committee uses its professional judgment in matching families to our awaiting children that best meet the needs of the children.

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Among the child-related factors often considered are the child's:

- current functioning and behaviors
- medical, educational and developmental needs of the child
- history and past experience
- cultural and racial identity needs
- interest and talents
- attachment to current caretakers

Among the factors that agencies consider in assessing a prospective family's suitability to care for a particular child is the ability to:

- form relationships and to bond with the specific child
- help the child integrate into the family
- accept the child's background and help the child cope with his/her past
- accept the behavior and personality of the specific child
- validate the child's cultural, racial and ethnic background
- meet the child's particular educational, developmental or psychological needs

Once a family has been selected for a particular child, the Adoption Specialist for the child, along with the Adoption Specialist for the family, will make a presentation of the child to the potential adoptive family. The presentation should be done in a face-to-face interview with the adoptive parents. The presentation will include all the information available on the child, particularly information on any special needs, as well as photographs, and video if available. Full disclosure of the child's problems and background, as well as the financial aspects of adoption, must be discussed with all adoptive parents.

The prospective adoptive parent(s) shall have the opportunity to decide whether they consider the child appropriate for them. After being presented all known information about the child, the family should be clearly informed that they are not obligated to accept placement of the particular child and refusal to accept a particular child does not prohibit their being considered

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for another child at a later time. Regardless of the family's decision, the Adoption ASWS and State Office Adoption Unit should be notified immediately in order that planning may proceed or be changed.

If the placement of the particular child is declined, it is important that the Adoption Specialist evaluate whether the family is refusing placement of the particular child, or manifesting their conflicts about parenthood or adoption. If the family decides to proceed with the placement, the Adoption Specialist will present the family to the child (if age appropriate) using a picture book prepared by the family.

The Adoption Specialist and county staff will formulate a specific placement plan at an adoption status meeting. This plan will outline dates, times, and locations of pre-placement visits and placement along with who will be responsible for transporting the child for each visit. This plan will be confirmed in writing to the child's COR Worker and the Adoption ASWS and the family's Adoption Specialist with copies to the appropriate COR ASWS and RD(s). The Adoption Specialist will share the information with the potential adoptive family and the child's current placement family or staff at placement facility.

The removal of the child from the current Resource Home or placement facility should be planned very carefully. The primary concern should be to prepare the child for separation from his/her Resource Family or staff so that his/her adjustment in the new living situation will be no more difficult than it has to be. To do so, it is important to be supportive of the Resource Family and considerate of their feelings so they will be able to help the child separate from them.

Resource Parents or staff at a placement facility will be encouraged to prepare information for the adoptive parents regarding the child's schedule, habits, likes, and dislikes and other information which will help the child separate from them and transition into a new home.

On the day of placement, the COR/COS Worker is responsible for making sure that all of the child's belongings go with the child. The Adoption Specialist will be responsible for obtaining all necessary documents to give to the new adoptive parents in order to enroll the child in school or day care. These documents will include the school withdrawal forms, immunization records, copy of birth certificate and social security card, and a copy of Medicaid card.

The adoptive parents will be instructed by the Adoption Specialist to write at least one letter or email to the Resource Parents about the adjustment of the child in the new home. Continuing contacts between Resource Parents and the adoptive parents are encouraged.

At the time of placement, the adoptive family will be given the following information on the child.

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- written background information and a ~~full~~ Comprehensive Child Assessment,
- names and addresses of physicians,
- non-identifying information on the birth parents,
- names, date of birth and address of all siblings,
- placement and case history of the child, and
- current functioning of the child with emphasis on medical, psychological and emotional issues.

On the date of the placement the Adoption Placement Agreement shall be completed. The child will be removed from the foster home status and placed in an adoptive home status. The COR will be notified to enter a placement change and show the child in the new home as an adoptive placement which will end the foster board payment, keep the child/children's Medicaid open. The case on the child remains open in the COR until the finalization of the adoption.

### **d) Purchase of Adoption Service from Licensed Adoption Agencies**

DFCS works in cooperation with licensed private adoption agencies through Purchase of Service Agreements/Contracts for the placement of special needs children. Licensed child placing agencies are invited to attend Placement Committee Meetings and present possible adoptive families. If a child who is free for adoption is placed in a private agency family for the purpose of adoption, the family is eligible to receive an adoption subsidy for the child, and the provider agency is paid for the placement and supervision of the child through a Purchase of Service Agreement/Contract. These contracts are negotiated with each child placing agency prior to placement.

Legal risk adoptive placements may be made with a family who is licensed by a private agency. If the child is approved for therapeutic foster care and is matched with a family who is licensed to provide therapeutic foster care, the placement shall be shown as a therapeutic foster home placement with the appropriate therapeutic board rate. The family shall sign a legal risk adoptive placement agreement if TPR is eminent (child is having no documented contact with birth family and reunification services have ended).

If the child is not approved for therapeutic foster care and is matched with a family licensed by a private agency, the agency representative must agree to the Purchase of Service Agreement/Contract for their services and the family will receive a basic board payment until the adoption finalizes. Placement is shown with the therapeutic agency, identifying the particular family, and showing the rate type as "regular." A legal risk adoptive placement agreement shall be signed at the time of placement.

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### e) Supervision of Adoptive Placements

A major role of the Adoption Specialist during the supervisory period is to provide support, including assistance with parenting skills, to the adoptive family. The Adoption Specialist supervising an adoptive placement shall be notified of any request for services received in the county during the placement of a child in an adoptive home.

A minimum of six months supervision is required for each adoptive placement. This may be all the time that is necessary for an infant placement. However, the supervisory period will be determined by the adjustment of the child to the new family environment. The six months may be extended, if needed to stabilize the placement. The adoptive family will also be encouraged to attend the Adoption Support Group meetings before placement and after for continued post adoptive support.

Certain questions may be raised by the adoptive parents during the supervisory period. These may include the following:

- Income Tax – Adoptive parents should check with their tax advisor regarding any deductible expense related to adoption.

Adoption Assistance (Federal IV-E or State IV-B) is generally not counted as income on Federal Income Tax Returns and the child receiving Adoption Assistance generally may be counted as a dependent if the adoptive parent contributed a certain amount of the child's total support during the calendar year. Adoptive parents should contact the Internal Revenue Service (IRS) with any questions about whether or not the child may be claimed for income tax purposes.

Federal and State Tax credit information shall be given to all adoptive parents during the process of assessing and preparing them for adoption. This tax credit information shall include the North American Council on Adoptable Children (NACAC) website which maintains updated information regarding the tax credit laws. This website is <http://www.nacac.org>.

- Insurance – DFCS encourages the adoptive family to apply for health insurance once the child is placed in an adoptive placement. Insurance companies have varying policies about insuring a child prior to completion of adoption. Upon request, the Adoption Unit will supply a statement to adoptive parents for insurance purposes. The Adoption Placement Agreement is often accepted by insurance companies. Omnibus Budget Reconciliation Act 1993 guarantees adopted children the same access to health insurance as birth children. Children are covered at the time of placement and for pre-existing

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conditions. If a child is on Medicaid and private insurance, the private insurance must be listed as Primary and Medicaid as Secondary.

- Surgery – If the child requires surgery, the COR shall be notified and the consent of the legal custodian or designee shall be obtained.

The aim of supervision after placement is to see the family established. The worker's approach must be positive and helping rather than authoritative. The family should be given adequate interpretation regarding the purpose of supervision to lessen the anxiety which could be created. It should be explained that the Adoption Specialist is a source of security rather than a threat. The Adoption Specialist also has responsibility for assisting the child and parents to form an integrated family.

For adoptions of very young children, the "telling of adoption" could be a troublesome area. The Adoption Specialist shall emphasize to the adoptive parent(s) the importance of integrating the child's past, as well as present, into the adoptive family through letting the child understand from the beginning that he was adopted. Having grown up knowing that he/she was adopted and having been free to talk with his/her adoptive parents while growing up will help the child cope with identity issues later.

During the supervisory period, the Adoption Specialist will make a minimum of two visits each month to the home of the adoptive family. The first visit will occur within two weeks of placement. The Adoption Specialist will speak to the child in private in the home during the supervisory visits. One visit may occur in a setting other than the home.

The number of contacts with the adoptive family may vary greatly, depending on the individual situation.

### **f) Abuse and Neglect in Adoptive Placements**

All investigations into reports of maltreatment, including corporal punishment, of children in DFCS custody must be initiated within 24 hours and completed within 30 calendar days, including supervisory approval. All reports of suspected maltreatment ~~should~~ shall be reported immediately to Mississippi Centralized Intake (MCI). Immediate danger to the foster child placed in a pending adoption placement requires immediate action on the part of the COR Worker and Adoption Specialist. The COR Worker and Adoption Specialist ~~should~~ shall work together to evaluate each case individually and determine if removal is necessary based on the child's safety needs and best interest. (See Section B, *Reports of Maltreatment in Foster Care*)

After reporting the allegations to MCI all reports involving alleged child abuse and neglect, unusual incidents and other situations or circumstances affecting the health, safety, or well-being

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of a child ~~should~~ shall be promptly reported to the Adoption ASWS and RD. The following steps shall be taken:

- A Serious Incident Report (SIR) shall be completed by the COR Worker or Supervisor and submitted for approval through the automated SIR located at <http://dfcsmacweb/SIR>
- The RD ~~will~~ assigns a Worker who has had training in Maltreatment in Resource Homes /Facilities.
- The Adoption ASWS and Adoption Specialist ~~will be~~ are notified of the report and may accompany the investigating Worker to the adoptive home.
- The adoptive home ~~is will be~~ is made unavailable for further placements pending the outcome of the assessment. MACWIS does this automatically upon entering the report as a Resource Home.
- The Adoption Specialist ~~will~~ provides support to the adoptive family during the time the assessment is being conducted, but may not discuss the assessment itself.

### **Upon completion of the Abuse, Neglect and Exploitation (ANE) assessment**

- The RD and Adoption ASWS shall collaborate regarding the findings of the ANE assessment to determine the best course of action to be taken concerning the adoptive home license status and/or follow up. The Adoption ASWS shall notify the adoptive family in writing of the assessment findings, whether any policies have been violated, and the licensing action taken, if any.
- The letter will be copied to the RD, Adoption Specialist and State Office Permanency Unit.
- The Adoption Specialist will support the adoptive family and provide in-person explanation regarding the current status of the license.
- Licensing actions are based on the assessment outcomes. (Refer to Section F)

### **Substantiated Maltreatment**

If the result of an ANE assessment of an adoptive home before finalization is a substantiated report of child abuse or neglect, the resource license may be revoked and the home may be closed or a corrective action plan put in place to prevent the disruption of the placement and maintain safety, permanency and well-being for the child.

For further information on policy violations and adverse actions see DFCS Policy, Section F.



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### **g) Finalizing the Adoption**

At the end of the supervisory period, the Adoption Specialist supervising the placement will prepare a family file, with a memo summarizing the placement and recommending that the family be allowed to finalize the adoption. This file will be sent to the Adoption ASWS for approval. The Adoption ASWS will send the family an adoption approval letter and forward the family file to the State Office Adoption Unit. The State Office Adoption Unit staff will gather all legal documents in order to prepare the packet to send to an attorney for the finalization of the adoption. The Adoption ASWS, upon approval of the recommendation to finalize, will instruct the family to do the following:

3. Have their attorney submit in writing on the attorney's letterhead to the Adoption Unit Director that he/she is representing said family.
4. Obtain and submit a medical statement on the child to the Attorney representing the adoptive parent.

A copy of the letter to the family will be sent to the Adoption Specialist. The Consent and Statement of Property, along with other necessary legal documents, will be sent from the Adoption Unit to the family's attorney who will prepare the adoption petition. The attorney or the Chancellor may ask the Adoption Specialist to be present at the time of the Adoption Hearing. The Adoption Specialist should attend the Hearing when requested.

A child over the age of 14 must be made a party to the adoption and must either execute a consent or be personally served with process (MISS CODE ANN § 93-17-5).

The adoptive family has some options on how they will handle the finalization of the adoption:

1. They may select their own attorney and pay the attorney fees, court cost, and revised birth certificate fees themselves.
2. They may select a private attorney to handle the adoption and MDHS/DFCS will pay the non-recurring expenses such as attorney fees, court costs and fee for the revised birth certificate (maximum \$600 per child).
3. They may use the Mississippi Law School Adoption Clinic to assist in the finalization of the adoption.

The Adoption Specialist will need to state which option the family has chosen when the family file is submitted to the State Office Adoption Unit.

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If the family ~~wants~~ chooses to use a private attorney, the Adoption Unit staff will send the legal documents directly to the attorney. Upon receipt of the Final Decree of Adoption and an itemized Statement from the attorney, the Director of the Adoption Unit will request a check be issued to pay the fees.

It is the Adoption Specialist's responsibility to obtain from the adoptive parent(s) a copy of the Final Decree of Adoption which allows the case records to be closed. It will be necessary, of course, for the adoptive parent(s) to request this be provided by their attorney.

A memorandum will be sent from the Director of the Adoption Unit to the COR informing them the Final Decree of Adoption has been granted and requesting the closed county case record be sent to the Adoption Unit. A copy of the memo will be sent to the COS who will route their file back to the COR. The Adoption Specialist for the adoptive family will close the family's case and route it to the Adoption Unit. When closed cases are routed to the Adoption Unit, a cover memo should accompany the case record(s) which indicates the child's original name and the name of the adoptive family so the Adoptive Unit staff can know which cases are to be filed together.

If there is more than one child in the case, the material on the child adopted should be pulled from the County case record and sent to the Adoption Unit. If the material on a particular child cannot be separated from the case file, the County should notify the Adoption Unit in writing.

The Adoption Specialist who provided Adoption COS Services shall enter a closing summary narrative in the child's case in MACWIS. The summary shall address the following:

- Name of adoptive parents
- Date of adoption finalization
- The child/family's need for post-adoptive services
- Information given to the family regarding accessing future post-adoptive services
- Whether an open case management will be maintained by the Adoption specialist in order to provide specific post adoptive services

Closed adoption cases are sealed records under Mississippi State law (refer to MISS. CODE ANN. § 93-17-201-223). NO information can be given from a sealed record unless a court order has been issued by the chancery court that granted the adoption. Any request for information related to a closed adoption case should be referred to the State Office Adoption Unit.

### **h) Social Security Death and Disability Benefits for Children who are Adopted**

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The Social Security Act provides that an adopted child, who was or is eligible for benefits under his birth parents' coverage, may continue to be eligible to receive these benefits after adoption.

Families should be told that not every child will be eligible for benefits, but some children will be or may become eligible. They should be told that ~~MDHS/DFCS~~ will communicate with them about this if their child is affected and that confidentiality will be preserved by ~~MDHS/DFCS~~ and by Social Security Administration (SSA). They should also be told that they may choose, at the appropriate time, whether or not they wish to apply for benefits.

The following procedure will be initiated after issuance of the Final Decree of Adoption for children formerly in the custody of MDHS and for whom benefits were received by MDHS.

- Social Security benefits received by the COR and not used for the child's maintenance shall be returned to the Social Security office.
- The COR will return to SSA the ~~checks funds~~ received subsequent to the issuance of the Final Decree, and SSA will be informed that the adoptive parents are being notified that the child may be eligible to receive continuing benefits.
- The Adoption Specialist will notify the adoptive parents of the possibility of continuing benefits.
- The COR will furnish the Adoption Specialist the Claim Number of the worker under whose earnings benefits are to be paid. The Adoption Specialist will in turn give this information to the adoptive family.
- The adoptive parents should then apply for benefits at the Social Security office nearest them. They will be expected to provide the Claim Number mentioned above, and a certified copy of the child's Final Decree of Adoption. If benefits are granted, the Claim Number and the adoptive name of the child will appear on the face of the check.

Should a child be eligible for benefits under the adoptive parents' coverage, the parents are advised to apply under both accounts. Payment will be made under the account which provides for the highest benefit for the child.

### **i) Veterans' Benefits for Children Who Are Adopted**

The adopted child who was eligible for Veterans' Benefits prior to adoption may continue to be eligible after adoption. Adoptive parents should be made aware of this possibility. Adoptive parents should be told that they will be notified by the Adoption Specialist if their child is affected and that confidentiality will be preserved by the DFCS and by Veterans Administration.

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The following procedure will be initiated after issuance of the Final Decree for children formerly in the custody of DFCS and for whom the DFCS received benefits:

- Veterans' Benefits received by the COR and not used for the child's maintenance will be disbursed to the adoptive parents for the benefit of the child when the Final Decree of Adoption has been issued.
- The COR will return to Veterans Administration ~~checks~~ funds received subsequent to the issuance of the Final Decree, and Veterans Administration will be informed that the adoptive parents are being notified that the child may be eligible to receive continuing benefits.
- The Adoption Specialist will notify the adoptive parents of the possibility of continuing benefits and request that the adoptive parents authorize the COR in writing to furnish their names and address to Veterans Administration. The adoptive parents should be told that when their names and address are furnished to Veterans Administration, they may expect a representative of that agency to call on them. The Veterans Administration is required to contact the child periodically throughout his eligibility for benefits.

### V. POST ADOPTIVE SERVICES

Post Adoptive Services are services provided to adoptive families after the adoption has been finalized. Requests made to county staff involving an adopted child should result in an immediate contact to the Adoption Specialist or Adoption ASWS for consultation. These requests are handled on a case by case basis and assigned to the most appropriate Adoption Specialist. The Adoption Specialist will assess the situation and either provide the needed services or assist the family in location of the needed resource.

The Adoption Specialist will refer the family to the appropriate Adoption Support Group if the family is not presently attending one. The Adoption ASWS will be notified when services are requested by any adoptive family. If the County Worker opens a prevention or protection case, an Adoption COS line of services is initiated upon opening the case. If no county case is being opened, an Adoption Specialist may open an Adoption Case Management and provide necessary services to the family.

#### A. Mississippi Courts

By virtue of the Adoption Law of the State of Mississippi (MISS. CODE ANN. § 93-17-1 through 93-17-67 recompiled as amended), the Chancery Judge has the authority to request the Department of Human Services to make adoption home studies and reports to the court

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concerning any proposed adoption. The request is made to the County DFCS Office and the service is provided by the Adoption Specialist for that county. The court order that is issued requesting the home study should include the fee of \$650. The check should be made payable to the State Treasury/State of Mississippi.

### **1. Court-Ordered Adoption Home Studies**

The request for a Chancery Court ordered independent adoption home study must come from the Judge rather than from the petitioners or their attorney.

The home study process should be carried out in line with DFCS policy on all Adoption Studies. All additional information requested by the Judge should be included.

### **2. Follow-up Supervision of Placement**

If the Chancery Court requests follow-up supervision of the placement, this service should be provided by the Adoption Specialist. In this event supervisory reports are made to the Chancery Court who has jurisdiction of the case.

## **B. Out-of-State Adoptions**

### **1. Home Studies and/or Placement Supervision**

Requests from out-of-state adoption agencies for Home Studies and/or placement supervision for a particular child are made to the Interstate Compact on Placement of Children (ICPC). ~~MDHS~~DFCS policy provides for free exchange of information with public agencies with written consent of adoptive parents. The placement of children across state lines shall receive prior approval through the ICPC Office.

### **2. Interstate Compact Application Request and Placement, ICPC 100A and 100B**

The state of Mississippi requires that Form ICPC-100A and 100B be secured when an unrelated child either comes into the State of Mississippi for Adoption, or is placed for adoption outside the State. The procedures as outlined in the ICPC, DFCS Policy Section H, are to be followed.

## **C. Release of Information**

MISS. CODE ANN. § 93-17-207(1)(2) states that MDHS “shall release non-identifying information maintained as provided in Section 93-17-205 for a reasonable fee, including the

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actual cost of reproduction, to any of the following persons upon request made with sufficient proof of identity:

1. An adoptee eighteen (18) years of age or older;
2. An adoptive parent;
3. The guardian or legal custodian of an adoptee; or
4. The offspring or blood sibling of an adoptee if the requester is eighteen (18) years of age or older.”

It also states in the section that “information released pursuant to subsection (1) of this section shall not include the name and address of the birth parent, the identity of any provider of health care to the adoptee or to the birth parent and any other information which might reasonably lead to the discovery of the identity of either birth parent”. It is permissible to release the age of the parents and non-identifying medical information.

All such requests for information shall be referred to the State Office Adoption Unit.

### **D. Ensuring Permanency Post Adoption Adopted Children Returning to MDHS Custody**

Adoption is a permanent life-time and legally binding commitment. It is a commitment of self, family resources, love, emotional support and energy. This is explained at length with a family prior to adoption. ~~It is not permissible to return a child back to the custody of MDHS.~~ If an adoptive family is faced with circumstances for which they are not prepared, post-adoption services are available.

If the adoptive family is brought to the attention of DFCS after an adoption has been finalized, either due to an ANE allegation or a request for services, the adoptive family shall be treated like any other ease family with priority given to assessing the child’s safety and maintaining the family unit.

The Adoption ASWS will be notified when services are requested by any adoptive family (whether this is a report of abuse or neglect or a request for services). If the COR Worker opens a prevention case, an Adoption COS line of service shall also be opened. If no county case is opened, an Adoption Specialist may open an Adoption Case Management and provide necessary services to the family. Adoptive families ~~often need~~ may receive post-adoption services even when no abuse or neglect is present.

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### ADOPTION ASSISTANCE

#### I. INTRODUCTION

~~MDHS~~DFCS supports the premise that every child has the right to a permanent home. Adoption Assistance is designed as a supplemental financial benefit to assist families adopting an eligible child with special needs who would be unlikely to be adopted otherwise. The purpose of Adoption Assistance is to reduce financial barriers that may impede the special needs child's opportunity for adoption. Authorization of Adoption Assistance is based upon the needs of the child.

#### II. LEGAL BASE

Enabling legislation for Mississippi's Adoption Assistance Program was enacted by the Mississippi Legislature in 1979 with the passage of the Mississippi Adoption Supplemental Benefits Law of 1979. Its purpose is to supplement the Mississippi Adoption Law by making possible through public supplemental benefits the most appropriate adoption for each child certified by MDHS (MISS. CODE ANN. § 93-17-53).

The Adoption Assistance and Child Welfare Act of 1980, (P. L. 96-272), passed by Congress, was signed into law on June 17, 1980. Section 101 of the law amended Title IV of the Social Security Act and created a new Part E - IV-E Payments for Foster Care and Adoption Assistance. It makes federal financial participation in Adoption Assistance payments available for eligible children with special needs.

P.A. 105-89, the Adoption and Safe Families Act (ASFA), signed on November 19, 1997 by the President amended certain sections of the Social Security Act.

#### III. TYPES OF ADOPTION ASSISTANCE

~~MDHS~~DFCS will provide two types of Adoption Assistance:

1. IV-E, which provides a monthly maintenance payment and eligibility for Medicaid benefits.
2. IV-B, which provides a monthly maintenance payment and eligibility for Medicaid benefits.

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3. With the new ASFA, P.L. 105-89 as of July 1, 1998 States must provide Medical Insurance or Medicaid for every child who is adopted and eligible to receive Adoption Assistance.

### **IV. VISUAL COMPARISON BETWEEN IV-E AND IV-B ADOPTION ASSISTANCE**

#### **A. IV-E**

1. Special needs criteria
2. IV-E Foster Care (Temporary Aid to Needy Families (TANF) family) OR SSI
3. Automatic Medicaid eligibility
4. Title XX Services
5. Can begin at time of placement with adoptive family (prior to finalization) when Adoption Assistance Agreements are in place.
6. Child can be eligible to receive IV-E Deferred Adoption Assistance based on the Medical and Mental history of the biological parents and Medicaid. The Adoption Assistance Forms must be signed before finalization.

#### **B. IV-B**

1. Special needs criteria
2. Child Welfare Services (CWS) Foster Care (Non-IV-E or SSI)
3. Child eligible to receive IV-B Medicaid or Medical Insurance if an Adoption Assistance Agreement has been signed before finalization.
4. Not automatically eligible for the Title XX services.
5. Can begin at time of placement with adoptive family (prior to finalization) when Adoption Assistance Agreements are in place.
6. Child can be eligible to receive IV-B Deferred Adoption Assistance based on the Medical and Mental history of the biological parents and Medicaid. The Adoption Assistance Forms must be signed before finalization.



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**V. IV-E ADOPTION ASSISTANCE (FAS)**

**IV-E Adoption Assistance utilizes Title IV-E funds matched with State funds. A recipient of Federal Adoption Assistance must:**

1. Be determined at initial entry into foster care to have been eligible or would have been eligible for IV-E Foster Care, OR
2. Meet all of the requirements of Title XVI with respect to eligibility for SSI benefits in the month in which the adoption is finalized. OR
3. Effective Federal Fiscal Year (FY) 2010, which started October 1, 2009, children who have been in foster care for at least 60 consecutive months and/or who meet age requirements are eligible for IV-E adoption assistance as long as they meet the definition of a special needs child and are not eligible for IV-E foster care due to the birth parent’s income – but meet all other IV-E requirements. Siblings to any child who meet these criteria and are being adopted by the same family are also eligible.

Children become eligible if they turn the listed age any time during the fiscal year.

<b>Federal Fiscal Year</b>	<b>Age of Eligibility</b>	<b>Date of Birth</b>
<del>2011</del> <del>[10/1/10-09/30/11]</del>	<del>14 and older</del>	<del>Prior to October 1, 1997</del>
2012 [10/01/11-09/30/12]	12 and older	Prior to October 1, 2000
2013 [10/01/12-09/30/13]	10 and older	Prior to October 1, 2003
2014 [10/01/13-09/30/14]	8 and older	Prior to October 1, 2006
2015	6 and older	Prior to October 1, 2009

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[10/01/14-09/30/15]		
2016 [10/01/15-09/30/16]	4 and older	Prior to October 1, 2012
2017 [10/01/16-09/30/17]	2 and older	Prior to October 1, 2015
2018 [10/01/17-09/30/18]	All children	

4. The child is a child of a minor parent who is in foster care and received IV-E foster care payments that covered both the minor parent and the child, and the child meets the definition of a child with special needs.
5. The child previously was eligible for IV-E Adoption Assistance and meets the definition of a child with special needs. In the situation of a child who was adopted and received IV-E adoption assistance, but the adoption dissolved or the adoptive parents died, the child continues to be eligible for IV-E adoption assistance in a subsequent adoption. The only determination that must be made is whether the child is a child with special needs. Because IV-E adoption assistance eligibility does not have to be re-established for subsequent adoptions, the manner of a child’s removal from the adoptive home, including whether the child is voluntarily relinquished to an individual or a private agency, is irrelevant.

<b>Basic Rate</b>	<b>Payment—Cannot Exceed:</b>	<b>Must be in Child’s Adoption Assistance File</b>
0—3	\$325	<del>Birth certificate, developmental assessment/Early Intervention Assessment pertinent birth records, TPR documentation</del>
4—5	\$335	<del>Birth certificate, developmental assessment/Early Intervention Assessment pertinent birth records, TPR documentation</del>
6—9	\$355	<del>Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation</del>
10-12	\$375	<del>Birth certificate, developmental assessment/n</del>

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		<del>Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation</del>
<del>13-15</del>	<del>\$390</del>	<del>Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation</del>
<del>16-21</del>	<del>\$400</del>	<del>Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation</del>
<del>Special Needs I Any age</del>	<del>\$440</del>	<del>Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions</del>
<del>Special Needs II Any age</del>	<del>\$500</del>	<del>Birth certificate, developmental assessment/ Psychological Evaluation. School Records pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions, copy of most recent SSI letter</del>
<del>Therapeutic Any age</del>	<del>\$700</del>	<del>Birth certificate, developmental assessment/ Psychological Evaluation which shows multiple diagnoses or significant impairment in multiple settings, medical records, School Records, pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions</del>
<del>Medically Fragile Any age</del>	<del>\$900</del>	<del>Birth certificate, developmental assessment/ Psychological Evaluation which shows multiple diagnoses or significant impairment in multiple settings, medical records which show multiple diagnose and level of care required, School Records, pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions</del>

Each child in ~~MDHS/DFCS~~ custody who is legally freed for adoption ~~for whom no adoptive placement has been made, and for whom efforts have been made to place without Adoption Assistance~~ must have his/her case reviewed for determination of eligibility for IV-E Adoption Assistance. If eligible, this information will be shared with ~~Agency MDHS/DFCS~~ staff and with interested prospective adoptive parent(s).

**A. Establishing Child’s Eligibility for IV-E Adoption Assistance**

The Adoption ~~Specialist Unit Staff~~ is responsible for compiling the information needed to determine a child’s eligibility for IV-E Adoption Assistance. The child must be determined eligible for Adoption Assistance by the Adoption Assistance Supervisor and approved by the

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Director of the Adoption Unit as requiring Adoption Assistance to assure adoption. Each of the following conditions must be met and documented in the child's case record which is maintained in the State Office Adoption Unit:

1. The child must be legally free for adoption.
2. The child must be in the legal custody of MDHS or a licensed child-placing Agency in Mississippi.
3. The child must be determined to have been initially eligible or would have been eligible for IV-E Foster Care as set out in Volume IV or must meet all of the requirements of Title XVI with respect to eligibility for SSI benefits in the month in which the Adoption Decree is granted.

In order for a child to be considered a special needs child for the purposes of the adoption assistance program, all of the following criteria must be met and documented in the child's file and in MACWIS:

- a. The Youth Court Judge determined that the child cannot or should not be returned to the home of his parents. This must be stated in a Court Order issued within 180 days of a custody order or Voluntary Surrender.
- b. The child must be determined by the Agency to be a child with one or more special needs as follows:
  - i. Physical disability
  - ii. Mental disability (I.Q. of 70 or less)
  - iii. Developmental disability
  - iv. Emotional disturbance
  - v. Age (must be Six (6) years old or older)
  - vi. Membership in a sibling group (or fictive sibling group) of two (2) or more children being placed together – fictive sibling is defined as unrelated children who have resided in the same home for at least 6 months and who have developed significant emotional ties to each other.
  - vii. Medical conditions
  - viii. Factors in the child's or biological family's medical history or background place the child at risk to acquire a medical condition, a physical, mental, or

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developmental disability or an emotional disorder. Current information is required to document the above risk factors. Documentation of an unknown medical history may also be a risk factor.

Children who are determined to have special needs will be further assessed for their level of special needs. There are 5 6 levels:

1. **Deferred** - Includes children under the age of 6 who have documented risk factors for special needs in their background, but currently have no known special needs. This would include documented mental or medical health issues in the family, unknown background, history of abuse or neglect, or risk factors documented by the child's birth records.
2. **Basic Special Needs** - Includes age, sibling group membership, a single developmental, mental health or medical diagnosis not serious in nature, i.e. Eczema, speech delays, allergies, etc.
3. **Special Needs I** – When a child has ongoing medical conditions requiring frequent medical attention or daily medications or interventions and the SSI application is either pending or been denied
4. **Special Needs II** – When a child is receiving SSI benefits at the time of adoption.
5. **Therapeutic Rate** – When a child has multiple diagnoses (either mental health or medical conditions or a combination) for which he/she continues to receive therapeutic intervention. OR

The adoptee has a single diagnosis which is causing significant impairment in multiple settings (home, school, peers, etc).

6. **Medically Fragile Rate** – When an adoptee has a medical condition or multiple medical diagnoses which :
  - a) Are life threatening in nature, or
  - b) Require specialized medical care in the home, or
  - c) Will require corrective major surgery / recurrent surgeries, or
  - d) The prognosis for full recovery is negligible and the child is not expected to ever live independently.

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<b><u>Must be in Child's Adoption Assistance File</u></b>		
<b><u>Deferred</u></b>	<b><u>\$0 payment Medicaid only</u></b>	<b><u>Documentation of all risk factors which may include no known background information, documentation of mental or medical history of birth family, documentation of risk factors in birth records, documentation of Abuse or neglect.</u></b>
<b><u>Basic Rate</u></b>	<b><u>Payment Cannot Exceed:</u></b>	<b><u>Must be in Child's Adoption Assistance File</u></b>
<u>0 – 3</u>	<u>\$325</u>	<u>Birth certificate, developmental assessment/Early Intervention Assessment pertinent birth records, TPR documentation</u>
<u>4 – 5</u>	<u>\$335</u>	<u>Birth certificate, developmental assessment/Early Intervention Assessment pertinent birth records, TPR documentation</u>
<u>6 – 9</u>	<u>\$355</u>	<u>Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation</u>
<u>10-12</u>	<u>\$375</u>	<u>Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation</u>
<u>13-15</u>	<u>\$390</u>	<u>Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation</u>
<u>16-21</u>	<u>\$400</u>	<u>Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation</u>
<u>Special Needs I Any age</u>	<u>\$440</u>	<u>Birth certificate, developmental assessment/n Assessment, Psychological Evaluation. School Records pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions</u>
<u>Special Needs II Any age</u>	<u>\$500</u>	<u>Birth certificate, developmental assessment/ Psychological Evaluation. School Records pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions, copy of most recent SSI letter</u>
<u>Therapeutic Any age</u>	<u>\$700</u>	<u>Birth certificate, developmental assessment/ Psychological Evaluation which shows multiple diagnoses or significant impairment in multiple settings, medical records, School Records, pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions</u>

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<p><u>Medically Fragile</u> <u>Any age</u></p>	<p><u>\$900</u></p>	<p><u>Birth certificate, developmental assessment/ Psychological Evaluation which shows multiple diagnoses or significant impairment in multiple settings, medical records which show multiple diagnose and level of care required, School Records, pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions</u></p>
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**B. Significant Emotional Ties**

~~MDHS~~DFCS must make reasonable efforts to place the child without IV-E Adoption Assistance which must be documented in the child’s case record by the Adoption Unit Staff.

EXCEPTION: When the best interest of the child would not be served by such efforts, as in the case of a child whose Resource Parent(s) are applying to adopt and significant emotional ties have developed between the Resource Parent(s) and child over a minimum of 6 months. This issue must be addressed by the Adoption Specialist in the adoption addendum home study.

The Adoption Specialist or Adoption ASWS shall complete the adoption eligibility in MACWIS by checking all criteria that applies for each child. Application for Adoption Subsidy Eligibility, Form MDHS-433, (See Appendix H) shall be completed by the Adoption Specialist and potential adoptive family, submitted to the Adoption ASWS for approval and forwarded to the Adoption Unit in State Office to make a final determination of a child’s eligibility for an adoption subsidy. The State Office Designee in the Adoption Unit will complete the Adoption Eligibility Administrative Determination in MACWIS and approve or deny the subsidy request.

Following the Adoption Eligibility Approval process, the Adoption Specialist will then use the Application for Adoption Subsidy Form MDHS-433 to negotiate an Adoption Assistance Agreement with the adoptive family. Once the subsidy has been negotiated, the Adoption Specialist will complete the Adoption Assistance Agreement MDHS Form-431 with the Adoptive family.

**C. Criteria for Adoptive Parent(s) to Receive IV-E Adoption Assistance**

The following criteria must be met for the adoptive parent(s) to receive IV-E Adoption Assistance.

1. The applicants must be approved by the Adoption Unit or another licensed adoption agency as adoptive parent(s).

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2. The child being adopted must have been determined eligible for IV-E Adoption Assistance.
3. ~~After completing the Adoption Subsidy Application Form 433,~~ The IV-E Adoption Assistance Agreement Form MDHS-431 (See Appendix I) must be negotiated between the Adoption Specialist and the adoptive parent and executed by designated staff of the Adoption Unit. The negotiations will take into consideration the needs of the child and the circumstances of the family.

### D. Receipt of SSI

A child's eligibility for SSI automatically makes that child eligible for IV-E Adoption Assistance of a minimum amount of \$500. The adoptive parent(s) will apply for SSI upon receipt of the Final Decree of Adoption. The amount of the SSI payment will be affected by the Adoption Assistance payment.

The adoptive parents of the child eligible to receive title IV-E adoptive assistance payments and SSI benefits may make application for both programs. The child, if eligible, may receive benefits from both programs although the adoptive parents **MUST** make full disclosure to both agencies of assistance being received. However, SSI will count dollar for dollar the income of the title IV-E adoption assistance paid to the parents thus decreasing the SSI benefit by the amount of the adoption assistance payment (See SSI Program Operations Manual) (ACYF-PIQ-83-5 issued 12-14-83).

SSI (Title XVI) is a needs based program and requires a test of income and resources of the adoptive parents in determining the amount of SSI benefits to which a disabled child may be entitled. If or when the parental resources and income exceed a maximum level determined by SSI, the child is no longer eligible for SSI payments.

### E. Initiation of IV-E Adoption Assistance Payment

When a certified special needs child is placed with adoptive parent(s), and an Adoption Assistance Agreement is in place, payments will begin at the time of placement, prior to the Final Decree of Adoption for IV-E and IV-B.

#### **EXCEPTION: Children Receiving SSI Benefits**

~~with the exception of children receiving SSI benefits.~~ For foster children receiving SSI benefits, the adoptive family shall receive a special needs II, therapeutic, or medically fragile foster board rate for the child throughout the adoptive placement. The child's SSI check will continue to offset the board payment during the adoptive placement. Upon finalization of the adoption, the



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foster board payment will end and adoption assistance will begin. The adoptive family will go to the Social Security Office and apply to be the child's SSI payee.

When the adoptive placement is made, Adoption Unit Staff will instruct the COR to complete a change of placement in MACWIS and show the child in an adoptive placement. No foster board payment will be made as adoption assistance will begin as of the date of the adoptive placement.

The Adoption Specialist shall submit an Adoptive Placement Agreement and Adoption Assistance Agreement through the Adoption ASWS to the State Office Adoption Unit. The Adoption Assistance Specialist in the state office will then set up the child's adoption assistance in MACWIS to issue a debit card and generate payments to the card. The child's Medicaid will continue to be open through foster care until the adoption finalizes.

The amount of the adoption assistance agreement may not exceed the amount of the foster care maintenance payment that would have been paid for that specific child if the child had been in a foster family home.

The amount of the adoption assistance is not based upon a schedule of itemized needs and countable income. It is determined through discussion and negotiation process between adoptive parents and an Adoption Specialist-representative of the state ~~MDHS~~/DFCS. The agreed upon payment will be expected to combine with the parents' resources to cover the ordinary and special needs of the child projected over an extended period of time. Anticipation and discussion of these needs are part of the negotiation of the amount of the adoption assistance payment and the adoptive parents are free to make decisions about expenditures for the child, once adopted, without further ~~MDHS~~/DFCS approval.

The amount of the adoption assistance payment can be adjusted up to the maximum allowable payment or reduced, with the concurrence of the adoptive parent(s) when the projected needs of the child change.

Adoption Assistance monthly money payments are subject to the Federal and State funding provided to ~~MDHS~~/DFCS. ~~MDHS~~/DFCS is obligated to maintain the payment as set out in the adoption assistance agreement unless an across-the-board reduction or increase is made in the foster care maintenance payment rate which is also made to the adoption assistance rate.

Because the title IV-E Adoption Assistance Program does not include a list of special allowances and standard items in the foster care maintenance program, the child's ordinary and special needs are accounted for during the negotiation of the adoption assistance agreement. Therefore, it should not be necessary for the adoptive parents to return to ~~MDHS~~/DFCS for special assistance as these needs occur unless it is to request a change in the adoption assistance payment.

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### **F. IV-B Adoption Assistance**

State Adoption Assistance utilizes state funds matched with Title IV-B funds. The preceding manual material for Federal Adoption Assistance will apply to State Adoption Assistance with the following exceptions:

1. The child must have been determined ineligible for IV-E Foster Care.
2. Child must be in the legal custody of ~~MDHS~~/DFCS.
3. A State Adoption Assistance Agreement, Form MDHS-431, must be negotiated between the Adoption Specialist and the adoptive parent(s), who are adopting a child approved for IV-B Adoption Assistance.

Amount of the Adoption Assistance payment cannot exceed the foster board rate for the age of the child. The payment can be less.

Agreement forms are completed at the time of placement except for children eligible for SSI Benefits. These children remain eligible for SSI and continue to draw during the supervisory period, so Agreement forms for children receiving SSI are completed at the end of the supervisory period immediately prior to the finalization of the adoption.

### **G. Criteria for Adoptive Parent(s) to Receive IV-B Adoption Assistance**

1. The applicants must be approved by the Adoption Unit or another licensed adoption agency as adoptive parents.
2. The child being adopted must be eligible for IV-B Adoption Assistance.

### **H. Underpayments/Overpayments**

~~MDHS~~/DFCS will make retroactive and corrective payments, when applicable. In the event of overpayments, attempts will be made to recoup through MDHS's Claim Unit.

### **I. Annual Review of IV-E Adoption Assistance**

Adoption Assistance is subject to annual review which is handled by mail by the Adoption Unit staff that will:

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- Send a written notice of the review requirement to the adoptive parent(s) no less than 45 days prior to the anniversary date of the Adoption Assistance Agreement including a questionnaire verifying the child is still in the home and any changes which may have occurred affecting the amount of Adoption Assistance Payments.
- If applicable, new adoption assistance agreement forms will be included.
- The adoptive parents will return the completed questionnaire and signed agreement forms to the Adoption Unit.
- Designated Adoption Unit staff will then sign the Adoption Assistance Agreement Forms and one will be returned to the adoptive parents.

### **J. Termination of Adoption Assistance**

Termination will occur in any of the following circumstances:

1. Upon the conclusion of the terms of the Agreement.
2. Upon the adoptive parent(s)' request.
3. Adoption assistance payments will terminate when the child reaches the age of 18. Adoption assistance may be provided as a State option until the child is 21 years of age if the child has a mental or physical handicap which warrants continuation and/or if the child is still in high school. (MISS. CODE ANN. § 93-17-67). See Criteria for Extending Adoption Assistance beyond age 18 section below.
4. The child becomes emancipated as a minor
5. The child enters the military
6. The child marries
7. Upon the child's death.
8. Legal custody is granted to someone other than the adoptive parents
9. Parental Rights have been terminated or surrendered
10. Upon the death of parent(s) of the child (one in a single parent family and both in a two-parent family), Adoption Assistance payments are made only to adoptive parents who have entered into signed agreement with the state agency. (ACYF-PIQ-84-4). However,

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the ASFA, P.A. 105-89, makes it possible for the Assistance to follow the child if re-adopted. See Re-adoption After Death/Disability Section below.

11. If MDHS determines that the adoptive parents are no longer providing support to the child. Adoptive parents are considered to no longer provide support when their child is placed in the legal custody of another person or agency (such as re-entering foster care.)

### **K. Criteria for Extending Adoption Assistance Beyond Age 18**

Title IV-E Adoption Assistance payments may only be continued beyond age 18 for IV-E eligible children who have a mental or physical disabling condition which warrants continuation of benefits. Title IV-E children (excluding mental or physical handicapping conditions) who are enrolled in high school and become age 18 may not continue to be eligible for IV-E Adoption Assistance payments. The state has the option of switching this group of IV-E recipients to State Adoption Assistance if it so desires.

- 1) If the child is still in high school, the adoption assistance can be provided through the end of the month of graduation with documentation showing the child is still in school.

Accepted documentation would include one of the following for each semester the child remains in high school:

- Copy of most recent report card
- Letter from the school stating the child is currently attending in good standing
- Copy of the child's attendance record
- Copy of the child's IEP

All children whose adoption assistance is provided after age 18; ONLY due to high school attendance must be funded by IV-B state funds.

- 2) If a child is in a General Education Diploma (GED) program on their 18<sup>th</sup> birthday, the Adoption Assistance may be extended for a period of 4 months (one semester of school). Documentation will be needed to verify the child's attendance in the GED Program. No further extensions will be granted.
- 2) If the child has a documented mental or physical disability, the adoption assistance can be provided (at 6 month intervals) until age 21 or until the adoptee becomes eligible for SSI. Documentation of mental or physical disability must be provided as well as documentation of efforts to gain SSI approval. A letter explaining that the adoptee can NOT receive both SSI and Adoption Assistance must be sent to the family. The family

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will provide copies of letters received from SSI at 3 month intervals to show efforts to gain SSI approval.

Acceptable documentation to establish a current mental or physical disability would include:

- a. Medical records with diagnosis (within the past year) of a medical condition which requires specialized care on a daily basis or upcoming surgeries/procedures OR
- b. Psychological evaluation with diagnosis (within the past year) OR
- c. Letter or notes from therapist establishing the child is continuing in on-going therapy for a particular diagnosed condition OR
- d. Copy of current IEP that shows child's disabilities

If the child was receiving IV-E Adoption Assistance before age 18 and meets the criteria of having a mental or physical disability, the child will remain on IV-E eligibility until approved for SSI or until their 21<sup>st</sup> birthday. If the child was previously on IV-B Adoption Assistance, they will continue to be IV-B eligible if an extension is granted.

An Application for Extension of Adoption Assistance Beyond Age 18, Form 431-B (See Appendix J) will be mailed to the adoptive parent(s) prior to the adoptee's 18<sup>th</sup> birthday. The family must submit this application to their Adoption Assistance Specialist to request an extension of the subsidy. The Adoption Unit Director will give written approval/disapproval to continue the Adoption Assistance along with an established time frame for each adoptee.

A new contract for an adoptee over the age of 18 must be signed by adoptive parents, Adoption Assistance Specialist and Director of the Adoption Unit.

### **VI. RE-ADOPTION AFTER DEATH / DISABILITY OF ADOPTIVE PARENT**

Upon receipt of documentation (obituary or death certificate) of adoptive parent's death, the child's adoption subsidy will be terminated. If the child is placed with another family and that family is interested in receiving the child's adoption subsidy, a referral will be made to the Adoption ASWS to open a post-adoption case management service. The assigned Adoption Specialist will enter resource home inquiry.

The family will need to provide the Adoption Specialist with a copy of the adoptive parent's death certificate or obituary. All household members over age of 14 must be fingerprinted and a

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walk-through of the home completed. When this basic information is entered in MACWIS and the home approved for placement with a service type of adoption domestic, the Adoption Specialist can then complete Adoption Assistance Agreements and a Placement Agreement with the new family.

A subsidy can begin when the agreements are signed and can continue for up to 3 months, giving the family time to finalize the new adoption. Once the family re-adopts, all criteria that applies for other adoptive families will apply to these families who re-adopt. If any extenuating circumstances arise that pose a barrier to adoption, the Adoption Unit Director shall be notified and a decision made on a case-by-case basis to determine if the subsidy can continue.

This same protocol shall be followed if the parent becomes disabled and can no longer care for their child. The parent may sign a surrender of parental rights and agree to the re-adoption of their child or a court may determine that a parent is no longer competent and therefore is unable to care for the child.

### **B. The Interstate Compact on Adoption and Medical Assistance (ICAMA)**

The ICAMA is the principle means relied upon by its members to regulate and coordinate the interstate delivery of services to adopted special needs children. The ICAMA provides that between states party to the Compact, the state where the adoptive family resides will furnish Medicaid to the special needs child.

## **VII. COMPACT PROCEDURES**

Specific procedures govern the operation of the Compact between the party states. In general, the procedures direct and explain the rights and obligations of the states, the adopted child and the adoptive parents involved in interstate transactions. Through ICAMA procedures and forms, (Form [67.01](#), Notice of Eligibility for Medicaid (See DFCS Web Connection Website) and Form [67.02](#), Notice of Action (See DFCS Web Connection Website), a consistent, uniform and efficient process establishes and documents Medicaid entitlement in a new residence state.

The state responsible for financial subsidy of the assistance (or current residence state) completes Form [76.01](#) and attaches to it a certified copy of the adoption assistance agreement. These documents are sent to the new residence state and take the place of an application for Medicaid. In addition, the documents identify the person in the new residence state who will serve as the point of contact for the family.

Form [76.02](#) notifies the parents that the current residence state has taken the necessary actions to initiate Medicaid benefits in the new residence state. The responsibilities of the parents for

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Medicaid and other needed services specified in the adoption assistance agreement are also included.

Form 76.02 is designed to be widely applicable to all adoptive families covered by the Compact. Together Forms 76.01 and 76.02 provide the specific details regarding interstate transfer of services. For example, Form 76.02 informs parents that 60 days after the moving date new claims against the current state Medicaid account will not be honored. Form 76.01 indicates the expected date of Medicaid account closure in the current residence state.

Staff in the Adoption Unit processes the ICAMA forms when a Mississippi family moves to another state or a Mississippi child is placed for adoption in another state. When an adoptive family moves into Mississippi from a party state, the ICAMA forms are sent to the Adoption Unit in order to initiate Mississippi Medicaid for the eligible children.

### **VIII. PRE-EXISTING CONDITIONS**

Under certain specified conditions, if the adoptive parent(s) are able to prove to DFCS's satisfaction that all facts relevant to their request for adoption assistance were not presented at the time adoption assistance was discussed, the State may reverse an earlier decision to deny benefits under Title IV-E.

According to federal regulations 45 CFR 1356.40 (b)(1), the adoption assistance agreement must be signed and in effect at the time of or prior to the final decree of adoption in order to provide assistance under title IV-E.

However, if there are extenuating circumstances, the adoptive parents may request a fair hearing under section 471 (a)(12) of the Act. If the hearing determines that all the facts relevant to the child's eligibility were not presented at the time of the request for assistance, the State may reverse the earlier decision to deny benefits under Title IV-E (ACYF-PIQ-88-06 Issued 12-2-88).

### **IX. RE-NEGOTIATION OF ADOPTION ASSISTANCE POST FINALIZATION**

An adoption subsidy may be re-negotiated after the finalization of adoption throughout the minority of the child. The 2 most common reasons for re-negotiation are:

1. The child's subsidy was deferred and there is now documentation of special needs which are related to the child's risk factors noted on the Deferred Adoption Assistance Agreement:

## ADOPTION SERVICES

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*Documentation is needed to support the above request:*

Medical and / or mental health diagnosis within the last 6 months provided by physician or mental health professional.

2. The child's special needs are more severe than at the time of adoption finalization

*Documentation is needed to support the above request:*

Medical and /or mental health documentation that child has multiple diagnoses or a single diagnosis that causes significant impairment in multiple settings.

Documentation of current and on-going treatment related to the diagnoses.

An adoptive parent can request to re-negotiate the child's adoption subsidy when either of these situations applies. The parent shall be given the MDHS-Form 431-A to complete and submit to their Adoption Assistance Specialist in the State Office. (See Appendix K)

The Adoption Assistance Specialist will review the file and make a recommendation to the Adoption Unit Director or designee who will approve or deny the request. A written response (Notice of Action) will be returned to the adoptive parent. If approved, a new Adoption Assistance Agreement will be completed and signed by all parties. The re-negotiated rate will begin as of the date the Adoption Unit received all documentation needed to determine that the child qualified for the new subsidy.

### **X. ADOPTION OF CHILD BY BIRTH PARENT(S)**

A biological parent whose parental rights have been terminated and who later adopts his/her biological child cannot receive Title IV-E Adoption Assistance.

The purpose of the Title IV-E Adoption Assistance is to provide assistance to adoptive families who adopt special needs children. A child cannot be considered a child with special needs, unless among other things, the state has determined the child cannot return to the home of his biological parents.

The child would be returned to the home of the biological parent and a determining factor for Title IV-E eligibility in section 473 (c)(1) would not be present. Assistance for eligible families in this situation could be TANF and/or SSI. (ACYF-PIQ-89-04 Issued 08-08-89).

When in the best interest of a child to do so, ~~MDHS~~/DFCS may assist the biological parent in the re-adoption of the child by making and supervising a trial home placement and making a



## **ADOPTION SERVICES**

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recommendation to the court for placement and subsequent adoption. Mississippi College Law School Adoption Clinic may be able to assist the parent in finalizing this adoption.

### Items needed for Private Licensed Child-Placing Agency to request adoption assistance.

The following items are needed in order to request certification for Adoption Assistance and/or non-recurring adoption expenses:

1. Document(s) which legally frees child for adoption and places custody with a licensed child placing agency.
2. Documentation of special needs (must be current – within the past six months) such as:
  - a. Psychological Evaluation
  - b. Medical Report
  - c. Reports from mental health professionals
  - d. Other documentation as determined by ~~MDHS~~/DFCS Adoption Unit
3. Birth Certificate (child must be under the age of 18 or 21 if SSI eligible)
4. Documentation of SSI eligibility (a copy of the most recent SSI award notice).
5. Date registered on the MARE.
6. Date featured on “Wednesday’s Child” or other television recruitments.
7. Other recruitment efforts made to place without Adoption Assistance or documentation of strong emotional ties with foster parent who wishes to adopt and cannot adopt without adoption assistance.
8. Child’s Social Security number
9. Child’s Medicaid number

## **XI. MEDICAID CARDS FOR IV-E ADOPTION ASSISTANCE RECIPIENTS FROM OTHER STATES**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986 allows IV-E Foster Children and children receiving IV-E Adoption Assistance to be eligible for Medicaid coverage in the State where they reside. The children are automatically eligible for Medicaid coverage.

## ADOPTION SERVICES

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Correspondence will be routed through the ICPC if the child has not been adopted. If the child has been adopted, correspondence will be routed to the Adoption Assistance Supervisor, Adoption Unit.

Families from non-ICAMA states will be instructed to send to the Adoption Unit:

1. The Federal (IV-E) Adoption Assistance Agreement form 431 (the most recent agreement form). The agreement form will verify the child's date of birth.
2. A copy of the state of origin's letter requesting Mississippi Medicaid.
3. A copy of the child's social security card.
4. A copy of the state of origin's annually certified renewal agreement of need for continued Adoption Assistance.
5. Race and sex of child.
6. Current address and telephone number of the adoptive family.

ICAMA (~~Interstate Compact and Medical Assistance~~) states will submit to the Adoption Unit the ICAMA papers and each child's most recent IV-E Adoption Assistance Agreement form.

All documentation shall be sent to the Adoption Unit no later than the 14<sup>th</sup> day of each month in order to generate a Mississippi Medicaid card for the child. The card ~~is would be~~ mailed directly to the adoptive family home address by Mississippi Medicaid. Written notification of changes of address are to be mailed to the Adoption Unit.

For foster ~~care~~ children from other states who are placed for adoption with Mississippi families but are not yet receiving Adoption Assistance ~~from the clients in~~ sending state, DFCS Workers shall follow the procedures for Receipt of Medicaid cards for IV-E foster children (Foster Care Policy Section D). The Adoption Unit ~~needs to shall~~ be notified when the origin sending state begins Adoption Assistance eligibility, and ~~then~~ the procedures for Request for Mississippi Medicaid card for IV-E Adoption Assistance Recipients from other states will be followed.

### **C. Procedure for Child in MDHS/DFCS Custody with Interstate Compact Placement for Adoption**

Child has to be in custody of ~~MDHS/DFCS~~ or a licensed child-placing agency; legally free for adoption; and have been certified as a child with special needs.

## **ADOPTION SERVICES**

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1. An approved home study is received from the other state by the ICPC Adoption Specialist.
2. The ICPC Worker routes the case with the approved home study to the Administrator, Adoption Unit for approval or disapproval.
3. If the child has been certified eligible for IV-E Adoption Assistance, the Federal Adoption Assistance Agreements are completed by the Adoption Assistance worker.
4. Agreements plus a letter are sent to the origin state by the ICPC worker.
5. The approved negotiated Agreement forms are received by the ICPC worker; the forms are routed for approval to the Administrator Adoption Unit.
6. ICAMA forms and the Agreement are completed and mailed to the origin state to notify the state of the child's receipt of Adoption Assistance.

NOTE: IV-E approved Agreement forms need to be in place prior to placement of the child. A non-IV-E child who was determined eligible for Mississippi Adoption Assistance but was to be placed for adoption through ICPC would follow the same procedures, except the family approved to adopt a Non-IV-E child would be a licensed Resource Home for foster care payments.

The family would inquire in the other state's Department of Human Services, Social Services Department as to the child's eligibility to receive the resident state's Medicaid services.

### **D. Non-Recurring Adoption Expenses**

~~MDHS~~/DFCS may provide reimbursement for non-recurring adoption expenses incurred by adoptive parents in the adoption of a child with special needs.

- Eligibility – In order to be eligible for reimbursement of non-recurring expenses, the following criteria must be met:
  - a. ~~MDHS~~/DFCS must determine the child cannot or should not return home.
  - b. ~~MDHS~~/DFCS must determine the child meets the definition of a special-needs child.
  - c. An adoption assistance agreement must be signed and approved by the ~~MDHS~~/DFCS prior to finalization of the adoption.
  - d. The child must have been placed for adoption in accordance with all applicable laws.

## ADOPTION SERVICES

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Families adopting children through licensed child-placing agencies, independent adoptions, and inter-country adoptions may be eligible for reimbursements of non-recurring expenses provided that placement is not in violation of the law and provided all criteria in this section are met, including the ~~MDHS~~/DFCS definition of a special-needs child.

There is no means (income/resources) tests for adoptive parents in determining eligibility for non-recurring expense reimbursement. However, adoptive parents may not be reimbursed for expenses for which they have otherwise been reimbursed.

The child's eligibility for Title IV-E Adoption Assistance is not a requirement for reimbursement of non-recurring expenses.

- Benefits – Only the one-time expenses of adoption for which the adoptive parents are responsible for payment are considered to be non-recurring expenses. These include the reasonable and necessary adoption expenses which are directly related to the legal adoption of a child with special needs, which are not incurred in violation of state or federal law, and which have not been reimbursed from other sources or other funds, including attorney fees, court costs, criminal records clearance, the adoption home study performed by a licensed child-placing agency, medical and psychological evaluations required by MDHS/DFCS or the agency, supervision of the placement, and the reasonable costs of lodging and food for child and/or adoptive parents necessary to complete the adoption process.

The maximum amount of reimbursement will not exceed \$1,000.00 per child.

- Procedures – During the home study process, the Worker shall advise applicants of the availability of reimbursement for expenses under the conditions described in this section. At the time of placement and until the issuance of the Final Decree of Adoption, the Adoption Unit may enter into an assistance agreement with the adoptive parents for reimbursement of non-recurring expenses.

Adoptive parents must pay for expenses incurred and provide the Adoption Unit with the original paid receipts in order to claim reimbursement. All claims for reimbursement must be made within two years of the date of the Final Decree of Adoption.

In interstate placements, the state which enters into the agreement for on-going state or federal Adoption Assistance will also be responsible for reimbursement of non-recurring expenses. If there is no on-going subsidy, the state where the adoption is to be finalized will be responsible for reimbursement.

## **ADOPTION SERVICES**

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### **XII. APPENDICES**

**ADOPTION SERVICES**

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**Appendix A**

**Form MDHS-SS-459**

**Surrender of Parental Rights and Consent to Adoption to the  
Mississippi Department of Human Services**

KNOW ALL MEN BY THESE PRESENTS, that I, \_\_\_\_\_ (name of parent) being the \_\_\_\_\_ (relationship to child) of \_\_\_\_\_ (full name of child, as on birth certificate) a male/female minor who was born on \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_ (date of birth/ city/ state) being of the opinion that it is in the best interest of my said child that he/she be placed under the exclusive care, custody and control of the Mississippi Department of Human Services, an administrative agency of the State of Mississippi, and that he/she be free for adoption, I do hereby relinquish and surrender all my parental rights to said child to the Mississippi Department of Human Services and enter my consent to said adoption, and by these presents do hereby make, constitute and appoint the Director, Office of Social Services, in his/her official capacity, and his/her successors in office, or his/her duly authorized agent or representative, to exercise exclusive care, custody and control over the person and estate of said child. I do also hereby grant and give unto said Director, and his/her successors in office, or his/her duly authorized agent, full power and authority to do and perform any and all acts which he/she may deem to be in the best interest of my said child, including, but not limited to, the authority to consent to the adoption of said child. This relinquishment includes the rights of inheritance, provided the rights of inheritance shall not be affected until the entry of a final decree of adoption.

That this SURRENDER OF PARENTAL RIGHTS AND CONSENT TO ADOPTION is irrevocable, and that I will not, in any manner whatsoever at any time hereafter, interfere with the custody of my said child or attempt to assert any parental or other rights in connection with said child;

That I hereby understand that the signing of this form expressly waives any service of process or any summonses, or any notice of any kind in any court proceedings regarding the welfare or the adoptive placement of the aforesaid child;

That I have freely and voluntarily entered into this agreement, after careful consideration. I fully understand the meaning of this document and the consequences of my decision to voluntarily give up my parental rights to my child. I further state that no one has threatened nor otherwise pressured me to sign this document, nor has anything been offered or received for my signing of this form.

WITNESS my signature on this, the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

WITNESS:

Parent's SIGNATURE:

\_\_\_\_\_  
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS DAY, personally came and appeared before me, the undersigned authority, in and for the aforesaid County and State, the within named \_\_\_\_\_, who acknowledged to me that he/she signed and delivered the above the foregoing written instrument on the day and year therein mentioned as his/her own free act and deed.

GIVEN UNDER MY HAND AND OFFICIAL SEAL of office on this, the \_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
My Commission Expires:

\_\_\_\_\_  
NOTARY PUBLIC

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**ADOPTION SERVICES**

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**Appendix B**

Form MDHS-SS-430

Obstetrical and Newborn Record

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Birth:

Male

Female child of \_\_\_\_\_ Race: \_\_\_\_\_

Family Name

Mother's Given Name

Hospital Number \_\_\_\_\_ Attending Physician \_\_\_\_\_

Mother

Infant

Mother

Time \_\_\_\_\_ Attending Physician \_\_\_\_\_

a.m.

p.m.

Day

Month

Year

Infant

---

Maternal History:

Mother's age \_\_\_\_\_ Blood type \_\_\_\_\_ RH \_\_\_\_\_

Total # previous pregnancies \_\_\_\_ # Premature \_\_\_\_ # Neonatal deaths \_\_\_\_ # Now living \_\_\_\_

Maternal disease:

Complications of this pregnancy:

Drugs taken during pregnancy:

Prenatal S.T.S.: Date \_\_\_\_\_ Results \_\_\_\_\_ If ever positive, give summary of treatment:

Maternal chest X-ray: Date \_\_\_\_\_ Results \_\_\_\_\_ HIV: Date \_\_\_\_\_ Results \_\_\_\_\_

Hep B: Date \_\_\_\_\_ Results \_\_\_\_\_ Other Significant lab. Results \_\_\_\_\_

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Present Delivery:

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Duration of gestation \_\_\_\_\_ Mo. Of pregnancy prenatal care started \_\_\_\_\_ EDC \_\_\_\_\_  
Labor induced? \_\_\_\_\_ How? \_\_\_\_\_ Why? \_\_\_\_\_  
Duration of labor: 1<sup>st</sup> stage \_\_\_\_\_ 2<sup>nd</sup> stage \_\_\_\_\_ 1<sup>st</sup> or 2<sup>nd</sup> stage oxytocic \_\_\_\_\_  
Membrane ruptured: Spontaneously \_\_\_\_\_ artificially \_\_\_\_\_ # hours before delivery \_\_\_\_\_  
Presentation \_\_\_\_\_ Position \_\_\_\_\_ Type delivery \_\_\_\_\_  
Reasons if operative \_\_\_\_\_  
Analgesia (type and time before delivery) \_\_\_\_\_ Total Amount \_\_\_\_\_  
Anesthesia (type and duration before labor) \_\_\_\_\_ Amount \_\_\_\_\_  
Placenta: Normal \_\_\_\_\_ Abnormal (describe) \_\_\_\_\_

Complications of delivery:

---

Infant Record:

Breathed Spontaneously (time) \_\_\_\_\_ Resuscitation required? \_\_\_\_\_  
Eye prophylaxis \_\_\_\_\_ Blood type \_\_\_\_\_ RH \_\_\_\_\_ P K U Date \_\_\_\_\_ Results \_\_\_\_\_  
T4 Date \_\_\_\_\_ Results \_\_\_\_\_ Sickle(s) Hgb. Date \_\_\_\_\_ Results \_\_\_\_\_  
HIV Screen Date \_\_\_\_\_ Results \_\_\_\_\_  
APGAR Score \_\_\_\_\_ One Minute; \_\_\_\_\_ Five minutes  
Describe complications (tone, color, cry, injuries, malformations)



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Birth weight \_\_\_\_\_ Birth length \_\_\_\_\_ Chest circ. \_\_\_\_\_ Head circ. \_\_\_\_\_

---

Neonatal Course in Hospital:

Feeding: Breast only \_\_\_\_\_ Formula only \_\_\_\_\_ Breast and Formula \_\_\_\_\_

Content of formula \_\_\_\_\_

Progress in nursery (include weight gains or losses, feeding or sleeping difficulties, diarrhea, respiratory distress, rashes, or other significant details)

Discharge: Date \_\_\_\_\_ Weight \_\_\_\_\_ Length \_\_\_\_\_ General condition \_\_\_\_\_

Impressions and Recommendations:

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ADOPTION SERVICES**

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**Appendix C**

**Form MDHS-SS-459-A**

Mother's Statement Naming Father of Child

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

THIS DAY personally came and appeared before me, the undersigned Notary Public, in and for the aforesaid jurisdiction the within named \_\_\_\_\_ (Mother's full name) who, first having been by me duly sworn, on oath states the following;

That I, \_\_\_\_\_ (Mother's full name), am the biological mother of \_\_\_\_\_ (Full name of child as on birth certificate), a female/male child born on the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_, and that \_\_\_\_\_ (Name of putative father) is the biological father of said child, whose last address known to me was \_\_\_\_\_ (Street) \_\_\_\_\_ (City/ State/ Zip)

That \_\_\_\_\_ (Name of putative father) and I are not now nor have we ever been married.

After having been fully advised that the making of false statement of identity under oath is punishable as perjury, I, the undersigned affiant, state that the matters and fact as herein set forth are true and correct, and I do hereby make this affidavit of my own free will and accord.

\_\_\_\_\_  
Mother's Signature

SWORN TO AND SUBSCRIBED before me on this, the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

**ADOPTION SERVICES**

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**Appendix D**

**Form MDHS-SS-459-B**

Mother's Statement About Unknown Father

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

THIS DAY personally came and appeared before me, the undersigned Notary Public, in and for the aforesaid jurisdiction the within named \_\_\_\_\_ (Mother's full name) who, first having been by me duly sworn, on oath states the following;

That I, \_\_\_\_\_ (Mother's full name), am the biological mother of \_\_\_\_\_ (Full name of child as on birth certificate), a female/male child born on the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_, and I do not know the identity of said child's biological father is because at or about the time the said child was conceived (Reason)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After having been fully advised that the making of false statement of identity under oath is punishable as perjury, I, the undersigned affiant, state that the matters and fact as herein set forth are true and correct, and I do hereby make this affidavit of my own free will and accord.

\_\_\_\_\_  
Mother's Signature

SWORN TO AND SUBSCRIBED before me on this, the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_

## **ADOPTION SERVICES**

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### **Appendix E**

#### **Comprehensive Child Assessment Format**

##### Identifying Information

- Name
- Race
- Birthplace
- Current placement
- Physical description of child/youth
- Age (identify developmental issues that may have affected or are affecting this child/youth).

##### Legal Status

- State the reason the child/youth was removed from the birth family
- Describe efforts to be made or that have been made to reunite the child/youth with birth family.
- Identify why efforts are not being made or were not made to reunify the child/youth with the birth family. (per ASFA)
- Describe, if relevant, events leading to TPR/permanent wardship.

##### Physical Description

- Describe the child/youth's physical appearance, such as height and weight, hair color, eye color, etc.
- Indicate any outstanding or unusual features or birthmarks.
- Describe the child/youth's level of physical functioning and activity.

##### Culture

- What is the child/youth's religion?
- What is the child/youth's cultural background?
- What ethnic/cultural group does the child/youth identify?
- What experiences has the child/youth had with this ethnic/cultural group?
- Which language(s) does the child/youth speak or understand?
- Which cultural traditions, values and beliefs are important to the child/youth?

##### Daily Routine

- Describe the child/youth's daily routine.
- List the child/youth's favorite books, toys and games, foods, possessions, hobbies, interests, and special activities.

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(Appendix E continues)

- Identify any special pet the child/youth has or had.
- Describe the child/youth's level of care of possessions.
- List suggestions that the child/youth's current caregiver has for future caregivers regarding what works best for this child/youth in terms of daily routine.

Placement History (Child/Youth's Placement History Summary)

- List the child/youth out-of-home placements (where, when and the age of the child/youth at the time of placement), including those occurring prior to entry into care (with relatives, hospitalizations etc.)
- Identify significant people and events in the child/youth's life, explaining each relationship and what happened.
- Explain the child/youth's perception of these events and relationships; for example, describe the messages to the child/youth.

Family History (Genogram)

### Birth Family

- Family history information based on interviews with family members, current and prior caregivers, information from records, the initial service plan for the child/youth/family, etc.
- Factual, historical information about family members, including birth dates, physical descriptions, health information, relationship with the child/youth.
- Parents' and siblings' birth dates, ethnicity and last known location.
- Identify extended family members with whom the child/youth has had or has expressed an interest in having ongoing contact.
- Identify any extended family members who may be available for permanency planning or permanency supports.

### Siblings

- Indicate the current status of all siblings. Are they with parents, relatives, in placement, previously adopted, etc.?
- Indicate whether the siblings are in care; placed in same family as the child/youth; or if not placed with this child/youth, why the child/youth and sibling(s) were not placed together and should not be placed together in adoption.
- What are the permanency plans for other children?
- What is or will be the plan for contact between siblings?
- What is the expectation or plan for parental and sibling visitation if the permanent plan for this child/youth is not to return home or be placed with siblings?

## ADOPTION SERVICES

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(Appendix E continues)

- If the child/youth has sibling-like relationships with children/youth who are not related by birth, describe each relationship and the plans for future contact.

### Perception of Birth Family

- Define the child/youth's own understanding of why he/she was removed from the home and the permanent plan made for the child/youth.
- Indicate whether the child/youth currently has contact with the birth family.
- List the child/youth's stated feelings about the birth family.
- List the Worker's impressions of the child/youth's true feelings about the birth family.
- What issues need to be addressed prior to and after the permanent placement, such as closed, open, or semi-open adoption?
- What can adoptive parent(s) or other permanent family expect in terms of the child/youth's attachment to the birth family?
- If not returned to parent(s), what interest does the child/youth have in locating birth parents, either now or in the future?
- If the child/youth has a significant relationship with another family (relative, foster parent, etc.) describe the child/youth's perception of this relationship, possibility of permanency in this relationship, and plans for contact once the permanent plan is implemented (if not with this relationship).

### Relationships

#### Adult

- Describe the child/youth's interaction with birth parents during visits, or the nature of past visits with the parents if there is no contact with them at this time.
- Who are the significant adults in this child/youth's life?
- Are any of the adults someone whom the child/youth considers as a "psychological parent"?
- How does the child/youth relate to the significant adults in his/her life and to strangers?
- How does the child/youth seem to express any significant differences in relating to males or females?
- How does the child/youth relate to authority figures, such as teachers, counselors, therapists, Worker, etc.?

#### Others Living in the Child/Youth's Home

- Indicate the child/youth's interaction pattern with other persons living in the home/residential setting.
- Are there persons to whom the child/youth feels closer to than others?

## ADOPTION SERVICES

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(Appendix E continues)

- Does the child/youth react to other children/youth being placed or leaving the foster home/residential setting? If so, how?

### Peers

- What is the child/youth's interactions with peers:
- Describe any differences between the child/youth's interactions with school and neighborhood peers.
- Does the child/youth relate better to children/youth who are younger, older, or the same age?
- Is there a significant difference in relating to male and females?
- Does the child/youth relate better in large groups, small groups, or one on one?
- Does the child/youth have one or two special friends?
- Does the child/youth make friends easily, or is he/she a loner?

### Community

- Is the child/youth involved in community or social activities such as YWCA/YMCA, Girl/Boy Scouts, sports, band, dance, etc.?
- Does the child/youth identify with a specific community?
- Are there any other special relationships that the child/youth has in the community (church, teachers, etc.)?

### Medical History

- Indicate all significant medical information on the child/youth including birth history and a record of the child/youth's immunizations. (*Ensure that medical records are in the child/youth's file.*)
- When was the child/youth's most recent physical examination?
- Are there any medical issues that require follow-up?
- Does the child/youth have any physical conditions requiring ongoing attention?
- Indicate any known family illnesses or history of disease, such as heart problems, high blood pressure, diabetes, sickle cell anemia, etc.
- Describe the child/youth's dental health.
- Are there any dental needs that require follow-up such as braces, filling of cavities, or treatment of gum disease?
- What is the child/youth's level of eyesight, hearing, etc.?
- Is there a need for corrective lenses or hearing aid?
- List all injuries with dates, treatment, and long-term impact.

## **ADOPTION SERVICES**

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(Appendix E continues)

### Developmental History

- Indicate developmental milestones. Were they age appropriate?
- Indicate any developmental delays or reactions to stress.

### Sexual Development

- Indicate age appropriateness of the child/youth's sexual development.
- Is there a known history of sexual abuse?
- Is there a suspicion of sexual abuse?
- Is there a history of sexual acting out? (be specific) If so, has treatment been provided?
- Is there a current pattern of sexual acting out? If so, has treatment been provided?
- What is the child/youth's level of understanding of sexual behavior?
- What have been the child/youth's sexual experiences? Are they age appropriate?
- Are there any sexual identity issues with this child/youth?

### Academic Functioning

#### Educational History

- What is the child/youth's educational history? (Be as specific as possible where and when the child/youth has attended school, starting with preschool. List reasons for changes in school.)
- What was the child/youth's level of scholastic achievement in each grade?
- Has special education ever been recommended? If so, has it been provided?
- What is the reason for special education?
- Is there a copy of a past testing or past IEP in the child/youth's file?

#### Current School Placement

- Indicate the name of the child/youth's school, grade and teacher(s).
- Is there a school social worker involved with the child/youth?
- What are the child/youth's strengths and weaknesses in academic functioning?
- What are the child/youth's academic interest?
- What are the child/youth's most recent report card grades?
- Would the child/youth benefit from academic tutoring?
- If the child/youth has been placed in special education, when was this determination made?
- What was the date of the child/youth's most recent IEP consultation testing?
- What special educational services are needed?
- What special educational services are provided?
- What is the child/youth's level of accomplishment?



## ADOPTION SERVICES

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(Appendix E continues)

- Is there a current IEP in the child/youth's file?

### Testing

- Indicate results of all testing done with this child/youth. (Ensure that copies of test reports are included in the child/youth's record.)
- Who was the examiner? When and where was the testing completed? What were the findings?
- Is there a need for further testing of the child/youth?

### Educational Plan

- What are this child/youth's educational goals or projection for the future?
- What do the child/youth's current family and eventual permanent family need to do to assist the child/youth in meeting educational needs or projections?
- Also, note whether or not the child has developed a strong and positive relationship in the academic environment.

### Emotional Functioning

- Give a brief history of the emotional development of the child/youth.
- How are the child/youth's emotional history and experiences impacting current behavior?
- What might the child/youth's permanent family expect in the future as a result of early experiences in the birth family, such as violence, neglect and the number and types of moves.
- What is the child/youth's self-image?
- What is the child/youth's level of self-esteem?
- Describe times or situations in which the child/youth regresses, is afraid, experiences loneliness, withdraws, is aggressive, or acts out.
- Describe what the child/youth needs from a parent (what type and amount of affection, attention, discipline, need for closeness or distance, bedtime preparation, support during night fears).
- What are the child/youth's relationships with adults and peers?
- Indicate the child/youth's existing attachments.
- With whom or what has the child/youth had a prior emotional attachment?
- How has the child/youth dealt with separation from these people/places/things?
- Is there evidence that the child/youth has difficulty with attachment?
- Which defenses does the child/youth employ to cope with strong feelings of anger, rejection, abandonment, separation/attachment etc.?
- Does the child/youth play appropriately with children/youth of the same age?

## ADOPTION SERVICES

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(Appendix E continues)

- Does the child/youth act out behaviorally in the foster home/residential setting? What is the acting out behavior?
- Is there a history of lying, stealing, fire setting or any destructive behaviors with the child/youth? If so, what has been done to address these behaviors?
- What is the child/youth's sense of right and wrong?
- What is the child/youth's level of cooperation and attention span?
- What controls need to be in place for this child/youth?
- Has the child/youth been in therapy? If so, when and where?
- If the child/youth is or has been in therapy, who is the therapist; and what are the findings and recommendations? (Note any testing, medication, psychiatric history.)
- What does the child/youth need in order to separate from current caregiver, if possible?
- What is the child/youth's level of emotional functioning?

### Attitude Toward and Readiness for Adoption

- What are the child/youth's stated feelings about returning home or another permanent placement?
- Has the child/youth identified any preferences and concerns about placement? If so, what are these?
- Has the child/youth identified any situations and placements that would make her/him most comfortable? If so, what are those?
- What is the child/youth's understanding of permanency options: return home, relative or foster care, adoption and how each of these placement options does or does not provide permanency for him/her?
- What is the child/youth's ability to attach to new parents and at what level can the child/youth attach?
- Which services are needed to prepare the child/youth for placement with a permanent family?

### Financial Supports for Child Following Adoption

- Child's certification for Adoption Assistance based on special needs
- Social Security benefits (SSDD or SSI)
- Veteran's Benefits

**ADOPTION SERVICES**

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**Appendix F**

Form MDHS-SS-471

**Foster Parents Application to Adopt a Particular Foster Child**

This form is to be completed by licensed foster parents who are interested in being considered as potential adoptive parents for a particular foster child in their home who is legally free for adoption and in the custody of the Mississippi Department of Human Services.

Home Telephone \_\_\_\_\_

His Work Telephone \_\_\_\_\_

Her Work Telephone \_\_\_\_\_

Foster Mother	Foster Father
Name: _____ Birth date: _____ Race: _____ Yearly Income: \$ _____ Indicate any major medical or psychiatric problems you have had in the past five years: _____ _____	Name: _____ Birth date: _____ Race: _____ Yearly Income: \$ _____ Indicate any major medical or psychiatric problems you have had in the past five years: _____ _____

Present address: \_\_\_\_\_ County: \_\_\_\_\_  
Street

\_\_\_\_\_ Years at this address \_\_\_\_\_  
City State Zip

Previous address: \_\_\_\_\_ County: \_\_\_\_\_  
Street

\_\_\_\_\_ Years at this address \_\_\_\_\_  
City State Zip

Own children living in home:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Adopted? \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Adopted? \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Adopted? \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Adopted? \_\_\_\_\_ Date: \_\_\_\_\_

**ADOPTION SERVICES**

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(Appendix F continues)

List all foster children living in home:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ County of Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ County of Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ County of Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ County of Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ County of Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ County of Responsibility: \_\_\_\_\_

Name of Foster Child you are applying to adopt \_\_\_\_\_

Date child was placed in your foster home \_\_\_\_\_

Comments you would like to make about your desire to adopt this child: \_\_\_\_\_

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Date: \_\_\_\_\_ Foster Father's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Foster Mother's Signature: \_\_\_\_\_

**After completion by foster parents, this form is to be given to child's Worker.**

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Recommendation of County of Service

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**ADOPTION SERVICES**

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(Appendix F continues)

Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASWS's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Date Child Freed for Adoption \_\_\_\_\_

Recommendation of County of Responsibility:

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Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASWS's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**After completion by County of Service and County of Responsibility, this form is to be mailed directly to the Adoption Unit.**

## ADOPTION SERVICES

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### Appendix G

#### Adoption Addendum

- Household members, sleeping arrangements, and safety equipment in the home
- Changes since the last home re-evaluation
- Adoption Issues Training
- Adoptee's personality, school adjustments, and emotional ties to the foster family
- Child's Special needs and certification of adoption assistance
- Resource Parents' understanding of the child's special needs and plans to meet these needs permanently
- Resource Parent's realistic goals for the child
- Resource Parent's lifetime commitment and contingency plan
- Resource Parent's monthly income, monthly expenses and etc.
- Resource Parent's need for adoption assistance (Child on SSI?)
- Efforts made to place the child without adoption assistance
- Discipline used by the Resource Parent
- Presentation of the background information on the child to the Resource Parents
- Plan to maintain sibling contact with children who are not placed in this home and with other significant people in the child's life
- Information regarding other children residing in the home, (ages, grade, personality – birth, foster, adopted or relative's children)
- Interaction among all household members
- Interview all children privately
- Feelings of other children in the home about this pending adoption
- Children's description of family rules and discipline
- Adoptee(s) understanding of adoption
- Adoptee(s) feelings about being a part of this family forever
- Changes expected by finalizing this adoption
- Child's understanding of roles of the birth parents/adoptive parents
- Items child has from birth family
- Adoption Specialist's recommendation and ASWS approval

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**ADOPTION SERVICES**

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**Appendix H**

Form DFCS 433

**Application for Adoption Subsidy**

**IV. Child's Information:**

CHILD'S BIRTH NAME \_\_\_\_\_  
LAST FIRST MIDDLE

CHILD'S ADOPTIVE NAME (if previously adopted)

\_\_\_\_\_  
LAST FIRST MIDDLE

CHILD'S SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ RACE/ETHNIC GROUP \_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

**V. Legal Status of Child:**

Father: \_\_\_ Relinquished \_\_\_ Court Terminated Date \_\_\_\_\_

Mother: \_\_\_ Relinquished \_\_\_ Court Terminated Date \_\_\_\_\_

Child legally free for adoption: \_\_\_\_\_ (date)

Section 11-5-91 applies \_\_\_\_\_ Does not apply

Custody of child with authority to consent to adoption: \_\_\_\_\_  
Name of Agency

**VI. Current Foster Care Rate** (based on child's age/special needs) \$ \_\_\_\_\_

Steps taken to place child for adoption without a subsidy unless the child's record documents that the best interest of the child would not be served by such efforts and therefore are not applicable:

\_\_\_ Child has significant emotional ties to foster parent. (This is ONLY intended to document why an exhaustive search was not conducted to find an adoptive family that is willing to adopt without a subsidy.)

## ADOPTION SERVICES

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(Appendix H continues)

Child listed with MS Adoption Exchange Registry \_\_\_\_\_  
Date

Child taped for Wednesday's Child: \_\_\_\_\_  
Date

Child presented at Statewide Placement Committee: \_\_\_\_\_  
Date

Child featured on AdoptUSkids website: \_\_\_\_\_  
Date

Eligibility for Assistance: Title IV-E / Foster Care: \_\_\_\_\_ SSI: \_\_\_\_\_  
Title IV-B / Foster Care: \_\_\_\_\_ (State Subsidy only)

- V. GENERAL DIAGNOSTIC STATEMENT:** (Child Assessment – to include a summary of child's history, description of barriers to adoption, justification for proposed subsidy, prognosis of adoption without subsidy and a chronological list of child's placements for foster care and / or adoption.) Attach on a separate sheet.

As with any child placed for adoption, information may become known, issues and problems may arise in the future that are unknown to anyone at this time and could not be reasonably anticipated by the placing agency.

**VI. REASONS SUBSIDY IS NEEDED:**

\_\_\_ Child is one with special needs. (Check all barriers which are present and/or which existed at the time of application or placement for adoption and represent basis for subsidy into an adoptive home.)

___ Physical Disability*	Other Barriers:	Risk Factors:
___ Mental Disability*	___ Age (over 6)	___ Child's Medical History*
___ Emotional Disturbance*	___ Sibling group membership	___ Birth Parents' Background*
___ Developmental Disability**	___ Other (Specify)	

\_\_\_\_\_

**\*Requires a current statement (within a year of certification) signed by a physician, psychiatrist, psychologist or therapist, which describes the condition(s) and includes diagnosis, treatment, and prognosis, to be attached to this form.**



**ADOPTION SERVICES**

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(Appendix H continues)

**\*\*If the child is developmentally delayed resulting in educational delays or has a significant learning processing difficulty, a statement from the school or from a licensed medical / mental health professional needs to be attached. A copy of a current IEP can substitute for the school's written statement.**

Child meets criteria for: (Check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Deferred                     | <input type="checkbox"/> Basic rate of \$ _____             |
| <input type="checkbox"/> Special Needs I \$ _____     | <input type="checkbox"/> Special Needs II \$ _____          |
| <input type="checkbox"/> Therapeutic rate of \$ _____ | <input type="checkbox"/> Medically Fragile rate of \$ _____ |

ADOPTION SPECIALIST _____	DATE _____	RESOURCE ADOPTION ASWS _____
<input type="checkbox"/> Maximum Subsidy approved \$ _____ per month	<input type="checkbox"/> No Subsidy approved	

Reason(s) \_\_\_\_\_

_____ Adoption Unit Director or Designee	_____ Date
---	---------------

**VII. FAMILY RESOURCES AVAILABLE TO MEET THE CHILD'S SPECIAL NEEDS: (To be completed by the adoptive family with the agency worker.)**

**This section is only to evaluate family and community resources available to meet the special needs of the child in order to determine what additional services the child will need. This is not a means test as the child's subsidy will be based solely on the special needs of the child. Please include a copy of family's last year's tax return with this application.**

What is your family's gross monthly income? (Do not include foster or subsidy payment.): \_\_\_\_\_

Number of persons supported by that income: \_\_\_\_\_ Total number of persons in the home: \_\_\_\_\_

List additional financial sources and amounts available to members of the household (i.e. foster care, child support)

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## ADOPTION SERVICES

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(Appendix H continues)

Does anyone in your family have unusual costs, such as medical or educational expenses? If yes, please explain:

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What financial resources, other than your income, are available to meet this child's needs? (Indicate amount by appropriate category.):

\$ \_\_\_\_\_ SSD (disability of parent) include a copy of letter from SSA  
\$ \_\_\_\_\_ SSA (survivors / death of birth parent) include a copy of the letter from SSA  
\$ \_\_\_\_\_ SSI (child's disability) include a copy of the letter from SSA  
\$ \_\_\_\_\_ Child Support (being received by adoptive family)  
\$ \_\_\_\_\_ other

(specify) \_\_\_\_\_

Will this child become eligible for additional benefits based on adoption by you? Indicate kind of benefits and amount:

---

In thinking about the needs of this child and the resources (financial, extended family, community services, etc.) available to you your family, what will be REQUIRED in addition to those resources to continue support of this child in your household? (Attach additional page if necessary.)

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What current services are needed/being provided that will need to continue post finalization? (Day care services, dental services, therapeutic foster care services etc.)

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## ADOPTION SERVICES

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(Appendix H continues)

Will the child named in this application be added to your medical insurance policy?  yes  no  
If yes, please complete the following:

Name of Insurance Company \_\_\_\_\_  
Address (street, city, state, zip) \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_ SS Number: \_\_\_\_\_  
Group/Plan# \_\_\_\_\_ Policy ID # \_\_\_\_\_

**VIII. NEGOTIATION OF PROPOSED SUBSIDY: (Using Section V of this form as the maximum subsidy available, please indicate below the subsidy necessary in order to meet the needs of this child.)**

Please circle the letter if this service is necessary and enter amounts where indicated.

- F. Non-recurring Adoption Expenses  
The Department agrees to pay for expenses that are reasonable and necessary for the adoption to occur, subject to a maximum of \$600. The expenses must:
- 4) Directly relate to the legal adoption; and,
  - 5) Not be in violation of state or federal law; and
  - 6) Not have been reimbursed from other sources of funds

Expenses covered are:

- 5) Attorney Fees
- 6) Court Cost
- 7) Revised Birth Certificate
- 8) Other \_\_\_\_\_

- G. MAINTENANCE: (Select the Adoption Subsidy for which the child is eligible as shown in Section V and enter amount requested)

(Subsidy amount must not exceed the foster care board rate)

- \_\_\_\_\_ Eligible for Title IV-E Federal Adoption Assistance
- \_\_\_\_\_ (1) Medicaid Only (check if appropriate)
- \_\_\_\_\_ (2) Deferred\* (No Medicaid at the time of Adoption)

## ADOPTION SERVICES

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(Appendix H continues)

      (3) Long Term (monthly cash payment)   \$ \_\_\_\_\_  
      (4) No Subsidy Needed

\*Deferred means, no adoption assistance payment is provided at the time of the adoption; however, due to the above documented risk factors in the child's medical history or background, or the medical history or background of the child's biological family; the child is at risk to acquire a medical condition, a physical, mental, developmental or emotional disorder. Current documentation will need to be submitted to the agency if this child develops special needs related to these risk factors.

H. MEDICAL CARE:

Medical and dental services will be provided through the Medicaid Program (Title XIX of the Social Security Act).

I. SOCIAL SERVICES:

Social Services will be provided through the Social Services Block Grant Program Title XX.

The Adoption Assistance payment, Title XIX Medical Services and Title XX Social Services are available regardless of the state of residence. Families moving out-of-state will be provided with a contract in the new state using the Interstate Compact on Adoption and Medical Assistance Program. Title XIX Medical Services and Title XX Social Services vary from state to state and are available to the child in accordance with the procedures of the state in which the child resides.

Interstate Compact on Adoption Medical Assistance (ICAMA)

If your family moves out-of-state after the finalization of the adoption, your family must contact the adoption unit to access medical assistance services in the new state. The adoption unit should be contacted 60 days prior to moving out-of-state.

## **ADOPTION SERVICES**

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(Appendix H continues)

**J.        OTHER:**

If you receive SSI payments for this child, it is the adoptive parent(s)' responsibility to inform the Social Security Administration if the child is also receiving adoption assistance payments.

**APPLICATION STATEMENT**  
**IMPORTANT – READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN**

HAVING BEEN INFORMED TO OUR SATISFACTION OF THE PARENTAL HISTORY AND BACKGROUND FACTS IN CONNECTION WITH THE ABOVE-NAMED CHILD, WE DECLARE OUR DESIRE TO HAVE SAID CHILD PLACED IN OUR HOME FOR THE PURPOSE OF LEGAL ADOPTION.

WE HEREBY APPLY FOR AN ADOPTION SUBSIDY, AS PROVIDED FOR IN THE RULES AND REGULATIONS OF THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES.

IN COMPLETING AND SIGNING THIS APPLICATION, I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN ADDITION, I AM AWARE THAT IF I MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION, OR USE OTHER FRAUDULENT METHODS TO OBTAIN ASSISTANCE TO WHICH I AM NOT ENTITLED TO OR GREATER THAN THAT TO WHICH I AM ENTITLED, I CAN BE FOUND GUILTY OF A FELONY OR MISDEMEANOR UNDER APPROPRIATE STATE OF FEDERAL LAW; AND,

I AM AWARE THAT I HAVE THE RIGHT TO A FAIR HEARING AND / OR STATE APPEAL IN THE EVENT OF A DENIAL, REDUCTION, OR TERMINATION OF MY ASSISTANCE, AND IN OTHER MATTERS FOR WHICH SUCH APPEAL RIGHTS EXIST AND TO RETAIN LEGAL COUNSEL AT MY EXPENSE IN CONNECTION WITH SUCH HEARINGS.

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ADOPTIVE PARENT	DATE	ADOPTIVE PARENT	DATE
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## **ADOPTION SERVICES**

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(Appendix H continues)

### RIGHT OF APPEAL AND FAIR HEARING

If you believe the agency has been unfair or has made a mistake concerning your eligibility, you have the right to appeal. This means you will be given a hearing by the agency's administration at which time you will be given an opportunity to present your case for a review by persons not responsible for the original decision to be sure the agency's action was a proper one.

## ADOPTION SERVICES

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### Appendix I

#### Form DFCS 431

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

#### ADOPTION ASSISTANCE AGREEMENT

This agreement is being made and entered into between the Mississippi Department of Human Services, (hereinafter "MDHS/DFCS"), and

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Adoptive Parent(s) Full Name(s)

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Address

Telephone

It is agreed and understood that the MDHS/DFCS will provide:

IV-E Federal Adoption Assistance

IV-B State Adoption Assistance

to assist in the provision of proper care for my / our child, \_\_\_\_\_ ,  
Child's Birth Name

born \_\_\_\_\_ This child is certified for Adoption Assistance based on the following current  
Date of Birth

Special Needs:  Age  Sibling Group Membership

Medical Diagnosis of: \_\_\_\_\_

Psychological: \_\_\_\_\_

Mental Disability: \_\_\_\_\_

Developmental Disability: \_\_\_\_\_

Other: \_\_\_\_\_





## ADOPTION SERVICES

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(Appendix I continues)

Child's "At Risk" Factor \_\_\_\_\_

Documentation \_\_\_\_\_

### **IX. Medical Care**

An Agreement will not be processed if this section is not completed by the adoptive parent(s) and the Adoption ~~worker~~ Specialist. The parent(s) and the adoption worker should initial either A or B.

- A. IV-E - Children who are eligible for Title IV-E Adoption Assistance are automatically eligible for Title XIX Medicaid and Title XX Services in their state of residence under the Consolidated Omnibus Budget Act (COBRA), P.L. 99-272, effective October 1, 1996. Mississippi is a member of the Interstate Compact on Adoption and Medicaid Assistance.
- B. IV-B - Medicaid benefits as provided under Title XIX of the Social Security Act (Medicaid) will be available to the child in accordance with the procedures of the state in which the child resides.

MDHS/DFCS shall provide this financial assistance regardless of the child's state of residence as long as the child was adopted through DHS in the State of Mississippi.

### **X. Notification of Change**

- C. The adoptive parent(s) will immediately notify MDHS/DFCS, in writing, if they are no longer legally responsible for the support of the child or are no longer supporting the child.
- D. MDHS/DFCS will notify the adoptive parent(s) in writing of across-the-board changes in Adoption Assistance payments. Adjustments may be made, if requested in writing by the adoptive parent(s).
- C. MDHS/DFCS may renegotiate an Adoption Assistance Agreement if the adoptive parent(s) request an increase in payments due to a change in their circumstances and a higher foster care rate would have been paid on behalf of the child if the child had still been in foster care, depending on availability of funds.
- D. Adoption Assistance payments made on behalf of a child cannot exceed the amount the child would have received if the child had been in a Resource Family home.
- E. Parents will notify MDHS/DFCS of changes of address in writing.

### **XI. Annual Review/Medicaid Form**

- A. The Annual Review/Medicaid Form is reviewed annually by the adoptive parent(s) and MDHS/DFCS.
- B. MDHS/DFCS shall notify the adoptive parent(s), in writing, 45 days before the renewal and shall supply the adoptive parent(s) with the appropriate forms.

### **XII. Termination**

Termination will occur in any of the following circumstances:

- K. Upon the conclusion of the terms of the Agreement.

**ADOPTION SERVICES**

(Appendix I continues)

- L. Upon the adoptive parent(s)' request.
  - M. Adoption subsidy payments will terminate when the child reaches the age of 18. Adoption subsidy may be provided as a State option until the child is 21 years of age if the child has a mental or physical handicap that warrants continuation. Section 93-17-67 of the Mississippi Code provides subsidy to a child up to age 21 if the DFCS State Office Administrator determines that the treatment or rehabilitation for which payment is being paid is in the best interest of the child.
  - N. The child becomes emancipated as a minor.
  - O. The child enters the military
  - P. The child marries.
  - Q. Upon the child's death.
  - R. It is determined that the adoptive parents are no longer financially supporting the child.
  - S. Legal custody is granted to someone other than the adoptive parents.
  - T. Parental Rights have been terminated or surrendered.
- ~~A. Adoption subsidy payments will terminate when the child reaches the age of 18. Adoption subsidy may be provided as a State option until the child is 21 years of age if the child has a mental or physical disability that warrants continuation. Section 93-17-67 of the Mississippi Code provides subsidy to a child up to age 21 if the DFCS State Office Administrator determines that the treatment or rehabilitation for which payment is being paid is in the best interest of the child.~~
- ~~B. If MDHS/DFCS determines that the adoptive parents are no longer legally responsible (such as they relinquish custody or give custody to someone else).~~
- ~~C. If MDHS/DFCS determines that the adoptive parents are no longer providing support (such as death of a child, the child marries, goes into the military, etc.).~~

MDHS/DFCS may require the repayment of any and all Adoption Assistance payments which the adoptive parents received erroneously.

**VII. Appeal**

Adoptive parent(s) may appeal MDHS/DFCS's decision to reduce, change or terminate Adoption Assistance in accordance with rules and procedures of the Administrative Grievance Hearing and Appeal process. Information may be requested from MDHS/DFCS. Mail request to: **Mississippi Department of Human Services, Division of Family and Children's Services, Adoption Unit, Post Office Box 352, Jackson, Mississippi, 39205-0352.**

This agreement will expire on the child's 18<sup>th</sup> birthday: \_\_\_\_\_  
(Specify date of 18<sup>th</sup> birthday)

Effective date for Titles XIX and XX: \_\_\_\_\_

Effective date of Adoption Assistance Payment: \_\_\_\_\_

Adoptive Mother's Signature	Date	Adoptive Father's Signature	Date
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Authorized MDHS/DFCS Representative's Signature	Title	Date
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## **ADOPTION SERVICES**

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(Appendix I continues)

Adoption Assistance Agreement approved by  
Adoption Area Social Work Supervisor on:

\_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Adoption Area Social Work Supervisor

Signed copy of the Adoption Assistance Agreement given / sent to adoptive parent(s):

\_\_\_\_\_ Date

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## ADOPTION SERVICES

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### Appendix J

**Form DFCS 431-B**

#### **Application for Extension of Adoption Assistance beyond Age 18**

Adoptive Parent(s):

\_\_\_\_\_

Child: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Parent(s)' written request for an extension of Adoption Assistance beyond child's 18<sup>th</sup> Birthday:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature:

\_\_\_\_\_

1. \_\_\_ Child will be 18 years of age on \_\_\_\_\_ and is still in high school

***Documentation needed to support the above request:***

Documentation showing the child currently enrolled and in good standing in high school (i.e. current report card, class schedule, current IEP, letter from school). This documentation must be submitted for each semester of school up until graduation.

2. \_\_\_ Child will be 18 years of age on \_\_\_\_\_ and is in GED program

***Documentation needed to support the above request:***

Current documentation showing the child is enrolled in and attending a GED Program. Only one extension for a 4 month period of time (1 semester) can be granted for youth in GED Program.

## ADOPTION SERVICES

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(Appendix J continues)

3. \_\_\_ Child will be 18 years of age on \_\_\_\_\_ and has a diagnosed disability.

***Documentation needed to support the above request:***

Current (within 6 months) medical and/ or mental health documentation showing that youth has a mental or physical disabling condition along with proof that an application for SSI has been filed. On-going documentation of the progress in securing SSI approval must be submitted every 3 months after initial extension.

**NOTE:** Youth can NOT receive both Adoption Assistance AND Supplemental Security Income. Adoption Assistance must be reported to Social Security office at the time of application.

Child's Name: \_\_\_\_\_

*MDHS Staff completes Below this Line*

---

**Post-Adoption Specialist Recommendation:**

\_\_\_ Approve, child meets standards for an extension.

\_\_\_ Deny, child does not meet standards for an extension.

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Post-Adoption Specialist

Date: \_\_\_\_\_

**Adoption Unit Director Decision:**

\_\_\_ Approve, child meets standards for an extension.

\_\_\_\_\_  
Contract Start Date

\_\_\_\_\_  
Contract Thru Date

\_\_\_IV-E

\_\_\_IV-B

\_\_\_ Deny, child does not meet standards for an extension.

**ADOPTION SERVICES**

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(Appendix J continues)

Comments:

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Signature: \_\_\_\_\_  
Adoption Unit Director

Date: \_\_\_\_\_

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## ADOPTION SERVICES

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### Appendix K

Form DFCS 431-A

#### Application for Re-negotiation of Adoption Assistance

Adoptive Parent(s): \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Child's Birth Name (if different): \_\_\_\_\_

Parent(s)' written request: (Amount of subsidy requested based on child's specific special needs) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Reason for Request: (check one)**      **Date of Request:** \_\_\_\_\_

1. \_\_\_ Child's subsidy was deferred and there is now documentation of special needs

***Documentation needed to support the above request:***

Medical and / or mental health diagnosis within the last 6 months provided by physician or mental health counselor.

2. \_\_\_ Child's special needs are more severe than at the time of adoption finalization

***Documentation needed to support the above request:***

Medical and /or mental health documentation that child has multiple diagnoses or a single diagnosis that causes impairment in multiple settings. Documentation of current and on-going treatment related to the diagnoses.

**ADOPTION SERVICES**

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(Appendix K continues)

**MDHS Employees complete second page.**

**Child's Name** \_\_\_\_\_

**Child's current subsidy:**  IV-E  IV-B

Deferred  Basic  Other **Current amount:** \$ \_\_\_\_\_

**Post-Adoption Specialist Recommendation:**

\_\_\_\_ Approve, child meets standards for: (check one)

basic rate  Special Needs I

Special Needs II  therapeutic rate  medically fragile rate

Recommended New Monthly Payment Amount: \$ \_\_\_\_\_

\_\_\_\_ Deny, child does not meet standards for a higher rate.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Post-Adoption Specialist

**Adoption Unit Director Decision:**

\_\_\_\_ Approve, child meets standards for a higher rate.

\_\_\_\_\_  
Contract Start Date

\_\_\_\_\_  
Contract Thru Date

IV-E  IV-B **New Monthly Amount:** \$ \_\_\_\_\_

\_\_\_\_ Deny, child does not meet standards for a higher rate.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Adoption Unit Director