COLORADO DEPARTMENT OF HUMAN SERVICES

_____ County Department of _____ Services

NON TITLE IV-E ADOPTION ASSISTANCE REVIEW FORM

_____
Agency Address and zip code

_____ has been adopted by _____on _____
(Adopted Name of Child) (Adoptive Parent(s) Name) (Finalization Date)

Age of Child _____ Date of Birth: _____ SSN# _____
Trails ID# _____ State ID# _____

_____
Family's Current Address and Zip Code

Current Phone Number _____
Current Grade in School _____ Year Child Will graduate _____

PROVISION OF AGREEMENT:

Section I

Monthly Cash Payment
☐ $_____ Daily Rate + Medicaid
☐ Long Term (Ongoing)
☐ Time-Limited
Approximate date of Termination of Agreement_____
Reason for time limitat _____

☐ This is a dormant Adoption Assistance Agreement.

Section II*

State/County Funded Adoption Assistance Program

☐ None

☐ Adoption Case Services Paid Out
(1) One Time
(a) Transportation (purpose) _____ $_____
(b) Other (specify) _____ $_____
(2) Ongoing
(a) Transportation (purpose) _____ $_____
(b) Other (specify) _____ $_____
(c) Medical Assistance Benefits (if non-Medicaid) Annual Limit $_____

*The family must contact their adoption assistance worker to receive permission **PRIOR** to commencing the services to be paid by case services dollars.

Written permission of the Colorado Department of Human Services, Division of Child Welfare is required to modify this form.

Section III

Does your son/daughter continue to live with you? ☐ Yes ☐ No

If no, please indicate where the child resides _____.
Do you continue to be financially responsible for your son/daughter? ☐ Yes ☐ No
Do you continue to be legally responsible for your son/daughter? ☐ Yes ☐ No
Have your family's circumstances changed since the last review? ☐ Yes ☐ No
If yes, please provide explanation and documentation.
Has your child reached the age of compulsory school attendance? ☐ Yes ☐ No
If yes, is he/she:

- enrolled in an institution that provides elementary or secondary education, as determined under the law of the State or other jurisdiction in which the institution is located; OR,
- instructed in elementary or secondary education at home in accordance with a home school law of the State or other jurisdiction in which the home is located; OR,
- in an independent study elementary or secondary education program in accordance with the law of the State or other jurisdiction in which the program is located, which is administered by the local school or school district; OR,
- incapable of attending school on a full-time basis due to the medical condition of the child, which incapability is supported by regularly updated information in the case plan of the child
- Documentation of one of these four circumstances must be provided every three (3) years when the adoption assistance agreement is reviewed.

☐ **Education documentation has been received.**
☐ **Education documentation is not required at this time.**

Section IV

The Original/Amended Agreement signed on _____ shall remain in effect regardless of the State in which the adoptive parent(s) are residents. The Original/Amended Agreement will expire on the child's 18th birthday or on the child's 21st birthday, or on _____ (Date) unless termination occurs as a result of one or more of the conditions set forth in Section V.

Section V

Termination of the Adoption Assistance Agreement will occur in any of the following circumstances upon fifteen (15) days written notice to the adoptive parent(s), by certified mail or other method of service. Termination shall be based upon verified information.

1. The child has attained the age of eighteen (18), or graduated from high school, or, attained the age twenty-one (21), if the county determines that the child has a mental or physical disability, which would warrant continuation of assistance; or,
2. The adoptive parent(s) are no longer legally responsible for the support of the child; or,
3. The adoptive parent(s) are no longer providing any support to the child; or
4. Upon the child's death; or
5. Upon the death of the parent(s) of the child (one parent in a single parent household and both parents in a two-parent family.); or
6. Upon the adoptive parent(s)' written request.

SIGNATURES (must be signed and dated by all parties)

_____ _____
SIGNATURE of Adoptive Parent Date signed

_____ _____
SIGNATURE of Adoptive Parent Date signed

_____ _____
SIGNATURE of Caseworker Date signed

_____ _____
SIGNATURE of County Director or Designee Date signed

RIGHT OF APPEAL AND FAIR HEARING

If you believe your county department 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 county department or by the Colorado State Department of Personnel and 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 county action was a proper one.

First, you should be sure the county department is fully aware of and understands all the circumstances of your case and that you understand the county department's reasons before requesting an appeal. Often questions can be settled by discussing the matter between yourself and your worker or other staff people at the county department. If after the preliminary talks with your county department you feel the county department is wrong, you should write a letter to the:

Colorado Department of Personnel and Administration
Office of Administrative Courts
633-17th Street, Suite 1300
Denver, Colorado 80202-3613
Phone: 303-866-2000
Fax: 303-866-5909

Be sure your letter includes the statement: "I want to appeal" and why. If you need help in writing your letter to the State Department for appeal, you can ask anyone you desire to help you, or talk to a legal aid office, or ask your worker at the county department to help you. You must send your letter to appeal no later than 15 days after the county department has given you the decision with which you disagree.

If you believe you have been discriminated against because of race, color, sex, age, religion, political beliefs, national origin or handicap, you have the right to file a complaint with:

(1) Colorado Department of Human Services
1575 Sherman
Denver, CO 80203

(2) Office of Civil Rights
Federal Office Building -Region VIII
1961 Stout St
Denver, CO 80294-3538