COLORADO DEPARTMENT OF HUMAN SERVICES

	County Department of Services, Colorado	
	ADOPTION ASSISTANCE AGREEMENT (For Use With Fair Hearing)	
(Agency Address) zip code This agreement has been	entered into, by and between the County Department of	
	the "Department" and, hereafter called the "Adoptive	
Parent(s) of	(Name of Adoptive Parent(s)) DOB:	

PROVISIONS OF AGREEMENT

(Name of Adopted Child)

This document is the initial adoption assistance agreement. The finalization of the adoption for the child named above has already occurred. The Office of Administrative Courts has ordered the Department to provide IV-E adoption assistance Medicaid and/or payments and/or services for the adopted child under Titles XIX and XX of the Social Security Act from the date indicated on the Order. A copy of the Order issued by the Office of Administrative Courts is attached to this agreement.

The Department will partially assist in expenses related to supporting the adoptive placement.

Additional assistance is not provided to cover inpatient psychiatric services, day treatment, and any type of out-of-home placement in any type of facility or educational services such as private schooling or tutoring.

I. ASSISTANCE

A. Non-recurring Adoption Expenses

The Department agrees to reimburse the adoptive parent(s) for expenses that are reasonable and necessary for the adoption to occur, subject to a maximum of \$800. 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

Reimbursement may only be requested after adoption finalization or when the Department has been ordered to provide IV-E adoption assistance for the adopted child. The request for reimbursement must be submitted within one (1) year after the date of adoption finalization or upon signing this agreement.

☐(1) Legal Fees	\$
(2) Adoption Fees	\$
(3) Other Expenses as specified	\$

B. MONTHLY ADOPTION ASSISTANCE

The amount of the monthly adoption assistance is based on the needs of the adopted child and the circumstances of the adoptive parent(s) and has been determined by mutual agreement between the adoptive parent(s) and the Department. The amount of adoption assistance shall not exceed the foster care maintenance minus the respite care payment for the adopted child, if

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he/she was in a foster home in the state of Colorado today. Adjustments in the monthly adoption assistance amount may be made, **only**, with the concurrence of the adoptive parent(s) based on the needs of the child that were identified at the time the original adoption assistance agreement was signed by the adoptive parent(s), or changes in the maximum allowable monthly adoption assistance. The county department shall not add additional needs for adoption assistance after this agreement has been signed. Documentation of changes in the adopted child's needs or family circumstances may be required. If it is determined by the Department that an overpayment has been made to the adoptive parent(s), the Department shall have authority to collect the overpayment through a mutual agreement with the adoptive parent(s). If this results in an unsuccessful collection, the Department shall have authority to pursue other collection efforts.

MAINTENANCE: (select one Adoption Assistance below)

DAILY RATE:

Note: Adoption assistance payment amounts must not exceed the foster care rate minus the respite payment.

Time Limited: (Identify time limit)
Approximate date of Termination of Agreement
Reason for time limit
(1) Medicaid Only*
(2) Long Term: (Ongoing)

*"Medicaid only" adoption assistance means no payment is provided at this time; however, due to the previously described special needs, there exists the potential need for services. If this is a Medicaid only adoption assistance agreement, it will be reviewed as the child ages or the family's circumstances change. (Type "0" on the line)

C. STATE FUNDED ADOPTION ASSISTANCE PROGRAM

Adoption Case Services*

☐One Time:

JOne Time:	
(1) Transportation (purpose)	\$
(2) Other (specify)	\$
□Ongoing*:	
(1) Transportation (purpose)	\$
(2) Other (specify)	\$
(3) Medical Assistance Benefits (if non-Medicaid) Annual Limit	\$

D. MEDICAL CARE

Medical and dental services will be provided through the Medicaid Program (Title XIX of the Social Security Act). If the family moves to a state that is not reciprocal with the Medicaid program, the county providing the adoption assistance is financially responsible and shall arrange with the family for medical coverage for the child. Psychiatric and other counseling services **must be pre-authorized**, if not using Medicaid. If a needed service identified in the Agreement is not available in the new state of residence, the county making the original adoption assistance payment remains financially responsible for providing the needed service.

E. 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

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

available regardless of the state of residence. Families moving out-of state will be provided with a contact in the new state using the Interstate Compact on Adoption and Medical Assistance (ICAMA) 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.

F. OTHER

- (1) If the family receives 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.
- (2) ADOPTION ASSISTANCE PAYMENTS DO NOT COVER INPATIENT PSYCHIATRIC SERVICES, DAY TREATMENT, ANY TYPE OF OUT-OF-HOME PLACEMENT IN ANY TYPE OF FACILITY, OR, EDUCATIONAL SERVICES.
- (3) ALL ADOPTION ASSISTANCE AGREEMENTS ARE REVIEWED EVERY THREE YEARS.
- (4) Interstate Compact on Adoption Medical Assistance (ICAMA) If the family moves out-of-state after the finalization of the adoption, the family must contact their county adoption worker to access medical assistance services in the new state. The county should be contacted 60 days prior to moving out-of-state.

G. EDUCATION REQUIREMENT

AS SOON AS THE CHILD HAS REACHED THE AGE OF COMPULSORY SCHOOL ATTENDANCE, ACCORDING TO COLORADO LAW, THE FAMILY MUST PROVIDE DOCUMENTATION THAT HE/SHE IS:

- 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.
- THIS DOCUMENTATION MUST BE PROVIDED EVERY THREE (3) YEARS WHEN THE ADOPTION ASSISTANCE AGREEMENT IS REVIEWED.

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Education	docume	ntation h	nas been	received.	
Education	docume	ntation i	s not rea	uired at this	time.

II. NOTIFICATION OF CHANGE

The adoptive parent(s) will immediately notify the Department, in writing, of any of the following events:

- ♦ change of address
- ♦ child's death, marriage, entry into the military service
- ♦ if they are no longer legally responsible for the support of the child
- ♦ if the child is removed from the home and placed into out-of-home care
- they are no longer providing any support to the child

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III. AMENDMENT

This Agreement may be amended or cancelled at any time by mutual agreement of the Department and the adoptive parent(s), in writing as provided in Department rules and no oral modifications made by any employee or agent of the Department or any party to this agreement shall have any effect.

IV. REVIEW

This Agreement will be reviewed **every three years** by the adoptive parent(s) and the Department.

V. ASSESSMENT OF PARENTAL FEES FOR PLACEMENT OUT OF THE HOME

For children receiving Title IV-E adoption assistance:

- If the adoptive parents are receiving Title IV-E adoption assistance and the child is under the custody of the Department and placed in out-of-home for a duration of over thirty (30) calendar days, the Department and the family have two options:
 - o To assess a placement fee from the family not to exceed the amount of the adoption assistance payment they are receiving under their adoption assistance agreement.
 - To execute an amended agreement, which would reduce the adoption assistance payment to \$0 and place it on Medicaid-only status until such time that the child returns to the custody of the parent(s).
- The parental fee will **not** be discontinued because the child returns to the home of the adoptive parents for holidays or visits while the child is under the custody of the Department.
- During the time the adoption assistance payment is in dormant status, the parent(s) will not be assessed a parental share fee for the child's out-of- home placement costs.

VI. TERMINATION

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 18, or 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) is (are) no longer legally responsible for the support of the child; or,
- (3) The adoptive parent(s) is (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 in a two-parent family); or
- (6) Upon the adoptive parent(s) written request.

VII. DURATION (to be completed by county department staff)

(Print yo	our full name)
SIGNAT	TURE of Adoptive Parent Date signed
	TIMONY WHEREOF, THE PARTIES HERETO HAVE EXECUTED THE WITHIN AND OING INSTRUMENT, TO BE EFFECTIVE AS OF
The ado	optive parent(s) confirm that he/she/they have/has read and understand this ent.
This agreeme	eement must be signed and dated by all parties prior to the effective date of this ent.
X. SIGN	ATURE AND DATES ARE REQUIRED BY ALL PARTIES
CLAIM T EXPENS	IAVE BEEN INFORMED AND UNDERSTAND THAT I (WE) AM (ARE) ELIGIBLE TO THE ADOPTION TAX CREDIT EVEN IF I (WE) HAVE NOT INCURRED ANY ADOPTION SES. I (WE) UNDERSTAND THAT I (WE) NEED TO SPEAK TO MY (OUR) TAX RER FOR FURTHER INFORMATION.
true, acc that if I (obtain as	leting and signing this agreement, I (we) certify that the information supplied herein is curate, and complete to the best of my (our) knowledge. In addition, I (we) am (are) aware we) make a willfully false statement or representation, or use other fraudulent methods to ssistance to which I (we) am (are) not entitled, or greater than that, to which I (we) am titled, I (we) can be found guilty of a felony or misdemeanor under appropriate state or aw.
IX. ACK	NOWLEDGEMENT
	reement shall remain in effect in the event the child and adoptive parent(s) reside in, or , another county, state or country.
assistan appeal p	e parent(s) may appeal the agency's decision to reduce or terminate the adoption ce. Such appeal will be in accordance with Rules and Regulations of the Department's process. The Department will advise the parent(s) in writing, of their right to appeal ion can be obtained from your local Department of Human/Social Services office.
VIII. API	PEAL
OR	A time-limited duration expiration date will be:
	(Date child turns 21) he child has been diagnosed as MR-Mentally Retarded; PH-Physically Handicapped)
OR	☐On the child's 21st birthday
	ation", this Agreement will expire: On the child's 18th birthday (Date child turns 18)
	ermination occurs as a result of one or more of the conditions set forth in Section VI

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SIGNATURE of Adoptive Parent	Date signed
(Print your full name)	
SIGNATURE of Caseworker	Date signed
(Print your full name)	
SIGNATURE of Supervisor	Date signed
(Print your full name and title)	
SIGNATURE of County Director or Designee	Date signed
(Print your full name and title)	
Name of Agency	