**Adoption Assistance Agreement**

**Use of Form**: This form establishes an agreement between the Wisconsin Department of Children and Families (DCF) and (an) adoptive parent(s) for the purpose of receiving adoption assistance upon legal adoption of a minor. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions**: The agency representative will enter all applicable information. The agency representative will then review the agreement with the adoptive parent(s) and obtain signature(s) from the adoptive parent(s). The agency representative will then sign and submit the agreement to DCF for review and signature prior to adoption finalization.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADOPTED PERSON INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| Adopted Person Birth Name (First, MI, Last) | | | | | | | | | | | | | | | | | Birthdate (mm/dd/yyyy) | | | | | Age at Adoption | |
| Check if adoption is occurring when the adopted person is age 16 or 17. | | | | | | | | | | | | | | | | | | | | | | | |
| **ADOPTION ASSISTANCE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| Adoption Assistance Eligibility (check all that apply): | | | | | | | | | | | | | | | | Effective Date (mm/dd/yyyy or “at adoption finalization”) | | | | | | | |
|  | Child is 7 years or older | | |  | Member of minority group | | |  | 5 or more moderate or intensive needs | | | | | | |
|  | Sibling group of 2 or more | | |  | Indian child | | |  | High risk | | | | | | | Monthly Subsidy Amount  $ | | | | | | | |
| The following agreement has been entered into by and between the Wisconsin Department of Children and Families, Division of Safety and Permanence (hereinafter called the department) and | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (and) | | | |  | | | | | | | | | |
| Adoptive Parent 1 Full Name (First MI Last) | | | | | | | | | | Adoptive Parent 2 Full Name (First MI Last) | | | | | | | | | |
| (adoptive parent(s)) for the purpose of facilitating the legal adoption of | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (adopted person) born on | | | | | | | |  | | | | | . |
| Adopted Person Birth Name (First MI Last) | | | | | | | | | | Birthdate (mm/dd/yyyy) | | | | |
|  | This document is the initial adoption assistance agreement. The adoptive parent(s) agree that they intend to adopt the adopted person. The adoptive parent(s) signed this document before adoption finalization for the purposes of receiving adoption assistance for the adopted person under Titles XIX and XX of the Social Security Act. | | | | | | | | | | | | | | | | | | | | | | |
|  | This agreement is a redetermination of the adoption assistance rate as previously established between the adoptive parent(s) and the department concerning the adopted person. This agreement replaces the initial adoption assistance agreement that was entered on       and/or a previous redetermination of the initial adoption assistance agreement that was entered on      . The adoptive parent(s) agree that they intend to adopt the adopted person. The adoptive parent(s) signed this document before adoption finalization for the purposes of receiving adoption assistance for the adopted person under Titles XIX and XX of the Social Security Act. | | | | | | | | | | | | | | | | | | | | | | |
|  | This is the initial adoption assistance agreement. The court has already entered the final adoption order for this adopted person. The Department of Hearings and Appeals (DHA) has ordered the department to provide adoption assistance for the adopted person under Titles XIX and XX of the Social Security Act to start on      . A copy of the DHA order is attached to this agreement. | | | | | | | | | | | | | | | | | | | | | | |
|  | This document replaces the initial adoption assistance agreement. The court has already entered the final adoption order for this adopted person. The Department of Hearings and Appeals (DHA) has ordered the department to provide an adoption assistance payment in an amount different than the amount indicated on the original adoption assistance agreement from the date indicated on the DHA order. A copy if the DHA order is attached to this agreement. | | | | | | | | | | | | | | | | | | | | | | |
| **PROVISIONS OF AGREEMENT** | | | | | | | | | | | | | | | | | | | | | | | |
|  | Adoption Assistance | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Monthly Adoption Assistance Payment | | | | | | | | | | | | | | | | | | | | | |
|  |  | The total monthly adoption assistance payment is comprised of a basic rate, supplemental rate, and exceptional rate. The basic rate is a standardized amount based on the adopted person’s age at the time of adoption finalization, as outlined in Wis. Stat. § 48.62(4). The supplemental rate is variable rate calculated based on an assessment of the adopted person’s needs at the time of adoption finalization, as outlined in Wis. Admin. Code § DCF Ch. 50.11(1)(b)2.b. The exceptional rate is a variable rate based on specific care needs of the adopted person at the time of adoption finalization, as outlined in Wis. Admin. Code § DCF Ch. 50.11(1)(b)3.b. | | | | | | | | | | | | | | | | | | | | | |
|  |  | Total Monthly Adoption Assistance Payment: $       per month | | | | | | | | | | | | | | | | | | | | | |
|  |  | The monthly adoption assistance payment is mutually agreed to between the adoptive parent(s) and the department. The total monthly adoption assistance payment cannot exceed the foster care maintenance payment for the adopted person if they were in a foster home in the state of Wisconsin. The total monthly adoption assistance payment will not exceed the maximum monthly foster care payment established by a child welfare agency or the department.  An amendment to the total monthly adoption assistance payment may be requested by the adoptive parent(s) based on a substantial change in the emotional, behavioral, and/or physical needs of the adopted person, or if the federally allowable maximum monthly adoption assistance amount changes. The department may require documentation of changes in the adopted person’s needs to determine eligibility and if applicable, the amended rate. The department and adoptive parent(s) must agree to the amended rate proposed by the department.  If the department determines that there was an overpayment or error in the amount of the total monthly adoption assistance payment, the adoptive parent(s) agree that the department has the authority to modify monthly adoption assistance payments to reflect the correct payment amount and/or to collect overpayments, when applicable. If the adoptive parent(s) decline(s) to return overpayments voluntarily, the department has the authority to pursue any legal remedies to collect overpayment. | | | | | | | | | | | | | | | | | | | | | |
|  |  | Medical Assistance | | | | | | | | | | | | | | | | | | | | | |
|  |  | Medical benefits under Title XIX of the Social Security Act (Medicaid) are available to the adopted person according to the procedures of the state in which the adopted person resides. The benefits provided by Medicaid vary between states. Benefits may change based on federal and state legislation. If available, the adoptive parent(s) insurance will be the adopted person’s primary coverage. Title XIX Medicaid will be the adopted person’s secondary coverage.  If the adopted person is a resident of Wisconsin, Wisconsin will provide medical benefits through the Wisconsin Medicaid Program regardless of the adopted person’s Title IV-E Eligibility Status. If the adopted person moves to another state, the adopted person’s Title IV-E Eligibility status may impact their ability to receive Medicaid in the new state.  Title IV-E Eligibility: If the adopted person is eligible for an adoption subsidy and/or medical assistance under Title IV-E eligibility criteria, the adopted person is entitled to Medicaid in all states for the duration of the adoption assistance agreement. Upon notification of the move, the department will cancel Wisconsin Medicaid and submit a referral for Medicaid in the new residence state on behalf of the adopted person via the Interstate Compact on Adoption and Medical Assistance (ICAMA).  Non-Title IV-E Eligibility: If the adopted person is not eligible for an adoption subsidy and/or medical assistance under Title IV-E eligibility criteria, the adopted person may or may not be eligible for Title XIX Medicaid in the new residence state, depending on the policies of that state. If the new residence state will not provide Medicaid through ICAMA, the adopted person may remain enrolled in Wisconsin Medicaid if requested by the adoptive parent(s).  Title IV-E Eligibility status is not determined until after adoption finalization. Adoptive parent(s) can contact the Wisconsin ICAMA Program (866-666-5532) at any time to learn the adopted person’s Title IV-E Eligibility status and whether they would be eligible to receive Medicaid in another state. Regardless of the Title IV-E Eligibility status, Title XIX Medicaid is not transferable outside of the United States.  If an adopted person returns to Wisconsin after living elsewhere, the ICAMA program will re-enroll the adopted person in Wisconsin Medicaid once the department has been notified of the new address in Wisconsin. The adoptive parent(s) should not apply for Wisconsin Medicaid for the adopted person. | | | | | | | | | | | | | | | | | | | | | |
|  |  | Nonrecurring Adoption Expenses | | | | | | | | | | | | | | | | | | | | | |
|  |  | The department agrees to reimburse the adoptive parent(s) for expenses that are reasonable and necessary for the adoption. Reimbursement cannot exceed the maximum of $2,000 per adopted person. The expenses must: 1) directly relate to the legal adoption; 2) not be in violation of state or federal law; and 3) not have been reimbursed from other sources. The adoptive parent(s) may request reimbursement only after adoption finalization. That request must be submitted in writing within two years of adoption finalization. | | | | | | | | | | | | | | | | | | | | | |
|  |  | Social Services | | | | | | | | | | | | | | | | | | | | | |
|  |  | Social services provided under Title XX of the Social Security Act will be available to the adopted person in accordance with the procedures of the state in which the adopted person resides. Contact the local health and human services department for the county in which the adopted person resides to identify resources and programs for which the adopted person may be eligible. | | | | | | | | | | | | | | | | | | | | | |
|  |  | Independent Living Services | | | | | | | | | | | | | | | | | | | | | |
|  |  | If the adopted person was adopted by the adoptive parent(s) from out-of-home care between the ages of 16 and 18, the adopted person may be eligible for Independent Living Services. | | | | | | | | | | | | | | | | | | | | | |
|  | Notification | | | | | | | | | | | | | | | | | | | | | | |
|  | It is the responsibility of the adoptive parents(s) to notify the department within 30 days if any of the following occur while this agreement is in effect: | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | Adoptive parent(s) address changes | | | | | | | | | | 6. | | | Adopted person enters the military | | | | | | | | |
|  | 2. | Adopted person is no longer living with the adoptive parent(s) | | | | | | | | | | 7. | | | Adopted person attains 18 years of age | | | | | | | | |
| 8. | | | Adopted person acquires new Social Security Number | | | | | | | | |
|  | 3. | Adopted person is no longer receiving any support from the adoptive parent(s) | | | | | | | | | | 9. | | | Adopted person completes high school after attaining 18 years of age | | | | | | | | |
|  | 4. | The parental rights of the adoptive parent(s) have been terminated and they are no longer legally responsible for support of the adopted person | | | | | | | | | | 10. | | | Adopted person was determined eligible for adoption assistance under DCF 50.15(3)(a)3 and no longer has an individual educational program | | | | | | | | |
|  | 5. | Marriage of adopted person | | | | | | | | | | 11. | | | Death of adopted person | | | | | | | | |
|  | Notification of any of these events, including the date they occurred, should be provided to the department at: | | | | | | | | | | | | | | | | | | | | | | |
|  | Mail: | | DCF/DSP/BPOHC Adoption Assistance Program  P.O. Box 8916 Madison, WI 53708-8916 | | | | | | Telephone: | | | (866) 666-5532 (toll free) | | | | | | | | | | | |
| Email: | | | DCFAdoptionAssistance@wisconsin.gov | | | | | | | | | | | |
|  | Discontinuance / Suspension | | | | | | | | | | | | | | | | | | | | | | |
|  | This agreement is between the department and the adoptive parent(s) and cannot be transferred to any other individual. This agreement terminates under any of the following circumstances: | | | | | | | | | | | | | | | | | | | | | | |
|  |  | The adopted person reaches 18 years of age, unless the department is informed in writing and provided with necessary documentation reflecting the applicability of any of the following exceptions: | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1. The adopted person is under 19 years of age, is a full-time student at a secondary school or its vocational or technical equivalent (GED or HSED) and is reasonably expected to complete the program before reaching 19 years of age. Once the adopted person reaches 19 years of age or no longer meets the criteria for this exception, the agreement will terminate. 2. The adopted person is under 21 years, is a full-time student at a secondary school or its vocational or technical equivalent (GED or HSED), has a mental or physical disability that warrants the continuation of assistance, is not eligible for other benefits (e.g., SSI, SSA, VA), and otherwise lacks adequate resources to continue in secondary school or its vocational or technical equivalent. Once the adopted person reaches 21 years of age or no longer meets the criteria for this exception, the agreement will terminate. 3. The adopted person is under 21 years of age, is a full-time student at a secondary school or its vocational or technical equivalent (GED or HSED), an individualized education program (IEP) under s. 115.787 is in effect for the adopted person, and the adoption assistance agreement became effective on or after the adopted person attained 16 years of age. Once the adopted person reaches 21 years of age or no longer meets the criteria for this exception, the agreement will terminate. | | | | | | | | | | | | | | | | | | | | | |
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|  |  | The adoptive parent(s) submit a written request for termination of the agreement. | | | | | | | | | | | | | | | | | | | | | |
|  |  | The adopted person’s death, marriage, or entry into military services. | | | | | | | | | | | | | | | | | | | | | |
|  |  | The death of the adoptive parent in a single-parent family or the death of both adoptive parents. | | | | | | | | | | | | | | | | | | | | | |
|  |  | The parental rights of the adoptive parent(s) were terminated, and they are no longer legally responsible for the adopted person. | | | | | | | | | | | | | | | | | | | | | |
|  |  | The department determines that the adopted person is no longer receiving support from the adoptive parent(s), including but not limited to the legal transfer of guardianship of the adopted person where the adopted person is no longer receiving any support from the adoptive parent(s). | | | | | | | | | | | | | | | | | | | | | |
|  |  | The adopted person is removed from the home of the adoptive parent(s) before the adoption is finalized. | | | | | | | | | | | | | | | | | | | | | |
|  |  | The adoption is not finalized before the adopted person reaches 18 years of age. | | | | | | | | | | | | | | | | | | | | | |
|  | The department shall notify the adoptive parent(s) of termination before the adopted person attains 18 years of age. The department may suspend monthly adoption assistance payments if the adopted person is temporarily not being supported by the adoptive parent(s). | | | | | | | | | | | | | | | | | | | | | | |
|  | Special Provisions | | | | | | | | | | | | | | | | | | | | | | |
|  | A. | This agreement is in effect regardless of the state in which the adoptive parent(s) resides. Under no circumstances may the department use adoption assistance to monitor the family’s functioning after the adoption is finalized. | | | | | | | | | | | | | | | | | | | | | |
|  | B. | Clerical or administrative error(s) in the agreement may be corrected after the Adoption Assistance Agreement is signed by all parties using a form created for this purpose by the department. Any clerical or administrative correction(s) are not intended to make substantive changes to the terms of the agreement. | | | | | | | | | | | | | | | | | | | | | |
| **CONFIRMATION OF ADOPTION ASSISTANCE AGREEMENT** | | | | | | | | | | | | | | | | | | | | | | | |
| The parties to this agreement certify that the information provided is true and complete to the best of their knowledge and belief. The adoptive parent(s) understand that they may be asked to provide proof of eligibility for benefits and that giving false information may result in discontinuance of adoption assistance and/or prosecution for fraud. The adoptive parent(s) confirm that they have read and understand the terms of this agreement. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  |  | | | |  | |  | | | | | | |  |  | | |
| SIGNATURE – Adoptive Parent 1 | | | | | |  | Date Signed | | | |  | | SIGNATURE – Adoptive Parent 2 | | | | | | |  | Date Signed | | |
|  | | | | | |  |  | | | |  | |  | | | | | | |  |  | | |
| SIGNATURE – Agency Representative | | | | | |  | Date Signed | | | |  | | SIGNATURE – Authorized Department Representative | | | | | | |  | Date Signed | | |
| **CONFIRMATION OF RECEIPT OF ADOPTION ASSISTANCE AGREEMENT** | | | | | | | | | | | | | | | | | | | | | | | |
| A department representative provided a signed copy of this agreement to the adoptive parent(s) on: | | | | | | | | | | | | | | | | | | |  | | | | |
| (mm/dd/yyyy) | | | | |
|  | Appeal | | | | | | | | | | | | | | | | | | | | | | |
|  | Before the adoption order is entered, the proposed adoptive parent(s) may seek review or an appeal of an adoption assistance action according to Wis. Admin. Code § DCF 50.17(1) and the rules and procedures of the state’s fair hearing and appeal process. A request for review of the decision should be sent to the Administrator of the Division of Safety and Permanence, PO Box 8916, Madison, WI, 53708-8916. A request for an appeal of the decision should be sent to the Division of Hearings and Appeals, PO Box 7875, Madison, WI, 53707-7875.  After the adoption is finalized, the adoptive parent(s) may appeal certain adoption assistance actions according to Wis. Admin. Code § DCF 50.17(2) & (3) and the rules and procedures of the state’s fair hearing and appeal process. A request for an appeal should be sent to the Division of Hearings and Appeals, PO Box 7875, Madison, WI, 53707-7875. | | | | | | | | | | | | | | | | | | | | | | |