**Adoption Assistance Changes and Requests**

**Use of form:** Completion of this form is voluntary and meets the requirements of Wisconsin Administrative Code DCF 50.15. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)m), Wisconsin Statutes. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay.

**Instructions**: Complete all of Section I and Section VIII. For all other sections, complete only what is applicable. If reporting an address change, list the names of all your children under Section I; if you need additional space, use Section VII. Report all other changes using one form per child. Additional forms may be obtained at https://dcf.wisconsin.gov/forms or by calling the toll-free Adoption Assistance line, (866) 666-5532.

|  |
| --- |
| CHILD AND PARENT INFORMATION |
| Child Full Name (Last, First MI)      | Child Birthdate (mm/dd/yyyy)      | Social Security Number      |
| Parent 1 Full Name (Last, First MI)      | Daytime Telephone Number      | Email Address      |
| Parent 2 Full Name (Last, First MI)      | Daytime Telephone Number      | Email Address      |
| CHANGE IN PARENT ADDRESS |
| Physical Address (Street Address)      | Effective Date of Address (mm/dd/yyyy)      |
| City      | State   | ZIP Code      |
| Mailing Address (Street Address)  | [ ]  Same as Physical Address | Effective Date of Address (mm/dd/yyyy)      |
|       |
| City      | State   | ZIP Code      |
| CHANGE IN CHILD PLACEMENT |
| [ ]  | My child is no longer living with me. My child left home on (mm/dd/yyyy):  |       |  |
| Child’s Current Living Arrangement (check one): |
| [ ]  | Runaway | [ ]  | With relative(s) | [ ]  | Living independently | [ ]  | Foster home | [ ]  | Residential facility |
| [ ]  | Other (please specify):  |       |  |
| Child’s Current Address (Street, City, State, ZIP Code):  |       |  |
| [ ]  | I do not have monthly expenses for the child named in Section I. I understand that the Adoption Assistance benefits for this child will end. If I begin supporting my child again, I will notify the division.  |
| PAYEE CHANGES |
| [ ]  | The payee of the Adoption Assistance check should be changed to:  |       |  |
|  | *If removing a name due to the death of an adoptive parent, attach a copy of the death certificate.* *If removing a name for any other reason, both parents must sign this form in Section VIII to agree to the change or a court order must be attached.* |
| OTHER CHANGES IN CIRCUMSTANCE |
| Check all that apply for the child named in Section I. |
| [ ]  | My child died on (mm/dd/yyyy):  |       |  |
| [ ]  | My parental rights were terminated on (mm/dd/yyyy):  |       |  |
| [ ]  | My child has a new guardian(s), effective (mm/dd/yyyy):  |       |  |
|  | Full Name(s) of the guardian(s):  |       |  |
| [ ]  | My child entered the military on (mm/dd/yyyy):  |       |  |
| [ ]  | My child was married on (mm/dd/yyyy):       |
| REQUESTS |
| Check all that apply. |
| [ ]  | I am requesting a replacement Adoption Assistance check for the month / year:  |       to       |  |
| My check was (check one):  | [ ]  Not Received | [ ]  Lost | [ ]  Stolen | [ ]  Other (please specify): |       |
| *If I find the original check, I agree to return it to the address on page 2 of this form. I will not cash it.* |
| [ ]  | I am requesting a new ForwardHealth / Medicaid card for this child. |
| [ ]  | I am requesting information about post-adoption resources.  |
| [ ]  | I am requesting information regarding a possible amendment to increase my Adoption Assistance subsidy. |
| ADDITIONAL INFORMATION |
|       |
| AUTHORIZATION |
| I hereby certify that the information I have provided is true to the best of my knowledge. |
| Person Completing Form/Parent 1 Full Name      | Relationship to Child      |
| Person Completing Form / Parent 1 SIGNATURE      | Date – Form Signed (mm/dd/yyyy)      |
| Person Completing Form / Parent 2 Full Name      | Relationship to Child      |
| Person Completing Form / Parent 2 SIGNATURE      | Date – Form Signed (mm/dd/yyyy)      |
| If you have questions, contact the Adoption Assistance Program at DCFAdoptionAssistance@wisconsin.gov or toll-free at (866) 666-5532. |
| Return completed form to: |
| **Address:** | DCF / DSP / BPOHCAdoption Assistance ProgramP.O. Box 8916Madison, WI 53807-8916  | **Email:** | DCFAdoptionAssistance@wisconsin.gov |
|  | **Fax:** | (608) 422-7170 |