**Adoption Assistance Agreement Amendment**

**Payment Reduction / Termination**

**Use of Form:** Use of this form is voluntary and shall be completed upon request of the adoptive parent(s). Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Upon request of the adoptive parent(s) to reduce or terminate the monthly subsidy agreed to in the Adoption Assistance Agreement (DCF-F-CFS0074-E), an authorized department representative will complete Section I and II of this amendment to the Adoption Assistance Agreement. The adoptive parent(s) and authorized department representative must review and sign Section III of the amendment. The signed amendment to the Adoption Assistance Agreement will be in effect until discontinuation of the original Adoption Assistance Agreement unless termination of the amendment is requested by the adoptive parent(s). A signed copy of the amendment must be provided to the adoptive parent(s) and maintained in the adoptive home case.

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| **SECTION I. ORIGINAL AGREEMENT INFORMATION** | | | | |
| Child Full Name | | | | Child Birthdate (mm/dd/yyyy) |
| Adoptive Parent 1 Full Name | | | | |
| Adoptive Parent 2 Full Name | | | | |
| **SECTION II. AMENDMENT PROVISIONS** | | | | |
| This amendment to the original Adoption Assistance Agreement, DCF-F-CFS0074-E, is entered into by and between the Department of Children and Families, Division of Safety and Permanence (hereinafter called the department), and       as an amendment to the agreement related to the adoption of      .  The adoptive parent(s) and the department agree that the original adoption assistance monthly subsidy amount of $     , as agreed to in the Adoption Assistance Agreement (DCF-F-CFS0074-E), shall be (select one): | | | | |
| reduced to $      effective       (mm/dd/yyyy) | at the request of the adoptive parent(s). | | | |
| terminated effective       (mm/dd/yyyy) |
| The adoption assistance monthly subsidy rate may be reinstated to the amount indicated in the original Adoption Assistance Agreement in the future, if requested by the adoptive parent(s). As provided herein, the adoption assistance would be reinstated, effective in the month requested and would not be for prior months.  Notwithstanding this amendment to the Adoption Assistance Agreement, medical benefits as provided under title XIX of the Social Security Act (Medicaid) will continue to be provided until any of the conditions for discontinuation in the original Adoption Assistance Agreement occur or as otherwise provided by law. | | | | |
| **SECTION III. CONFIRMATION OF AMENDMENT** | | | | |
| The effective date of this amendment shall be the date of the signature of the last of the parties of the agreement. All parties confirm that they understand and agree to the terms of this amendment to the Adoption Assistance Agreement. | | | | |
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| **SIGNATURE** – Adoptive Parent 1 | |  | Date Signed | |
|  | |  |  | |
| **SIGNATURE** – Adoptive Parent 2 | |  | Date Signed | |
|  | |  |  | |
| **SIGNATURE** – Authorized Department Representative | |  | Date Signed | |