**Acknowledgment: Receipt of Adoption Assistance Information**

Use of form:This form is to be signed by all adoptive parents to acknowledge that the adoption agency has presented the adoptive parents with information regarding Adoption Assistance. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: This signed acknowledgement must be kept in the child’s adoption record and a copy provided to the adoptive parents.

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| **Adoption Agency Acknowledgment** | | | | | |
| Adoption Agency: | | Full Name—Adoption Worker: | | | |
| All facts regarding the child, the child’s biological family, or the child’s background that were relevant to the proposed adoption that are known to the adoption agency were presented to the adoptive parents. | | | | | |
| I have explained the Adoption Assistance program to the proposed adoptive parents and informed the proposed adoptive parents of the child’s eligibility for adoption assistance. | | | | | |
| After discussion with the proposed adoptive parents, I have explained that an application for Adoption Assistance: | | | | | |
| **Will** be submitted to the WI Department of Children and Families (DCF) for consideration  **Will not** be submitted to the DCF for consideration for the following reasons (check all that apply): | | | | | |
| Proposed adoptive parents have not requested an application be submitted on their behalf.  The child is not under the guardianship of an adoption agency.  The child is not under WI responsibility under Ch. 50.09(1)(d) (responsibility of a public child welfare agency in another state).  The child does not have any special needs at the time of the adoptive placement.  The child is not at high risk of developing special needs under Ch. 50.09(1)(b)3. | | | | | |
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|  | **SIGNATURE**—Adoption Worker | |  | Date |  |
| **Proposed Adoptive Parent(s) Acknowledgment** | | | | | |
| Full Name— Proposed Adoptive Parent 1: | | Full Name— Proposed Adoptive Parent 2: | | | |
| I have received and reviewed written information about Adoption Assistance, ***including eligibility criteria and appeal rights*** in Wisconsin Administrative Code, Ch. DCF 50, Public Adoption and Adoption Assistance, and my / our questions about Adoption Assistance have been answered. | | | | | |
| I / we confirm that Adoption Assistance has been discussed with me / us as it relates to: | | | | | |
| Name of Child to be adopted | | | | | |
| I / we understand we can request our adoption agency to submit an application for Adoption Assistance to the WI Department of Children and Families for consideration on our behalf. | | | | | |
| It has been explained and I / we agree that an application for Adoption Assistance: | | | | | |
| ***Will*** be submitted to the DCF for consideration.  ***Will not*** be submitted to the DCF for consideration (see reasons in above section). | | | | | |
| I / we understand that if Adoption Assistance is not authorized and granted ***prior*** to finalization of the adoption, Adoption Assistance may not be available unless appeal criteria, including appeal timeframes, are met under WI Ch. DCF 50 Administrative Code. | | | | | |
| By signing below, I / we acknowledge that I / we have read, understood, and agree with the above statements. | | | | | |
|  | | | | | |
|  | **SIGNATURE**—Proposed Adoptive Parent 1 | |  | Date |  |
|  | | | | | |
|  | **SIGNATURE**— Proposed Adoptive Parent 2 | |  | Date |  |