

CONFIRMATION OF NEEDS Adoption Assistance Amendment

Use of form: This form is completed by an appropriate professional (e.g., physician, therapist, psychologist, school personnel, etc.) after review of the Adoption Assistance Amendment Request, CFS-2092.

Instructions: Check the specific needs being confirmed and sign, date and indicate your relationship to the child. Attach additional documentation (e.g., letters, reports, Individualized Education Program [IEP] summaries). Dates on additional documentation must be within six months of the signing date on this form.

I concur with the information provided by _____ on the
Name - Adoptive Parent(s)

Request for Adoption Assistance Amendment (CFS-2092), for _____
Name - Child

dated _____ regarding the nature of and level of the need indicated below.
Date CFS-2092 Signed by Family

Special needs being confirmed: Emotional Behavioral Physical and personal care

SIGNATURE - Person Confirming Needs of Child

Date Signed

Relationship to Child