


**Confirmation of Needs**

I fully concur with the information provided by \_\_\_\_\_ on the Request for Adoption Assistance  
Amendment Form (CFS-2092), for \_\_\_\_\_ dated \_\_\_\_\_ regarding the nature of and level of the  
needs indicated below.




Emotional

Behavioral

Physical and Personal Care

Signed: \_\_\_\_\_  Date: \_\_\_\_\_

Association With Child: \_\_\_\_\_  

ed: \_\_\_\_\_  \_\_\_\_\_ b: \_\_\_\_\_

Association With Child: \_\_\_\_\_