**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](mailto:DCFAdoptionAssistance@wisconsin.gov) or toll-free at (866) 666-5532. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Return completed form to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | DCF / DSP / BPOHC  Adoption Assistance Program  P.O. Box 8916  Madison, WI 53807-8916 | | | | | | | | | | | **Email:** | | | | | DCFAdoptionAssistance@wisconsin.gov | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Fax:** | | | | | (608) 422-7170 | | | | | | | | | | | | | | | | | | | | | | | |