

## ADOPTION ASSISTANCE AGREEMENT

The following agreement has been entered into by and between the Wisconsin Department of Children and Families, Division of Safety and Permanence (hereinafter called the "department"), and

\_\_\_\_\_  
Name – Adoptive Mother (First, Middle Initial, Last)

\_\_\_\_\_  
Name – Adoptive Father (First, Middle Initial, Last)

(hereinafter called the "adoptive parent(s)"), for the purpose of facilitating the legal adoption of

\_\_\_\_\_  
(hereinafter called the "adopted person"),

\_\_\_\_\_  
Birth Name – Child (First, Middle Initial, Last)

born on \_\_\_\_\_ and to aid the adoptive family in providing proper care for the adopted person.  
(mm/dd/yyyy)

- This document is the initial adoption assistance agreement. The adoptive parent(s) agree that he / she / they intend to adopt the child named above and have signed this document prior to finalization of the adoption for the purposes of receiving adoption assistance payments and / or services for the adopted person under Titles XIX and XX of the Social Security Act from the time of adoptive placement.
- This document replaces the initial adoption assistance agreement signed. It represents a redetermination of the adoption assistance rate. The adoptive parent(s) agree that he / she / they intend to adopt the child named above and have signed this document prior to finalization of the adoption for the purposes of receiving adoption assistance payments and / or services for the adopted person under Titles XIX and XX of the Social Security Act from the time of adoptive placement.
- This document is the initial adoption assistance agreement. The finalization of the adoption for the child named above has already occurred. The Department of Hearings and Appeals has ordered the department to provide adoption assistance payments and / or services for the adopted person under Titles XIX and XX of the Social Security Act from the date indicated on the Order. A copy of the Order issued by the Department of Hearings and Appeals is attached to this agreement.
- This document replaces the initial adoption assistance agreement. The finalization of the adoption for the child named above has already occurred. The Department of Hearings and Appeals has ordered the department to provide an adoption assistance payment other than the amount indicated on the original Adoption Assistance Agreement from the date indicated on the Order. A copy of the Order issued by the Department of Hearings and Appeals is attached to this agreement.

### PROVISIONS OF AGREEMENT

#### I. Assistance

##### A. Monthly Adoption Assistance

The amount of the monthly adoption assistance shall total \$ \_\_\_\_\_ per month.

The amount of this monthly adoption assistance is based on the needs of the adopted person and the circumstances of the adoptive parent(s) and has been determined by mutual agreement between the adoptive parent(s) and the department. The amount of adoption assistance shall not exceed the foster care maintenance payment for the adopted person if he / she was in a foster home in the state of Wisconsin. Adjustments in the monthly adoption assistance amount may be made with the concurrence of the adoptive parent(s) based on the needs of the child, or changes in the maximum allowable monthly adoption assistance. Documentation of changes in the adopted person's needs or family circumstances may be required. If it is determined by the department that an overpayment has been made to the adoptive parent(s), the department shall have authority to collect the overpayment through a mutual agreement with the adoptive parent(s). If this results in an unsuccessful collection, the department shall have authority to pursue other collection efforts.

##### B. Medical Care

1. Medical benefits as provided under Title XIX of the Social Security Act (Medicaid) will be available to the adopted person in accordance with the procedures of the state in which the adopted person resides. The benefits provided through Medicaid will vary from state to state and are subject to change based on federal and state legislation. If the adopted person is not eligible for Medicaid in the state of residence, Wisconsin will provide Medicaid.
2. Medicaid provides benefits when other insurance does not provide coverage. Documentation of changes in health and other insurance may be required.

## C. Nonrecurring Adoption Expenses

The department agrees to reimburse the adoptive parent(s) for expenses that are reasonable and necessary for the adoption to occur, subject to a maximum of \$2,000. The expenses must: 1) directly relate to the legal adoption; 2) not be in violation of state or federal law; and, 3) not have been reimbursed from other sources of funds. Reimbursement may only be requested after adoption finalization. The request for reimbursement must be submitted within two years after the date of adoption finalization.

## D. Social Services

Social services provided under Title XX of the Social Security Act will be available to the adopted person in accordance with the procedures of the state in which the adopted person resides.

## E. Moving Out-Of-State

The adoptive parent(s) should notify the department of their new address. Any monthly adoption assistance will continue from the State of Wisconsin. The department will refer the adopted person to the new residence state for eligibility to receive Medicaid under Title XIX of the Social Security Act. The interests of the adopted person are protected through Wisconsin's participation in the Interstate Compact on Adoption and Medical Assistance.

**II. Notification of Change**

## A. It is the responsibility of the adoptive parent(s) to immediately notify the department for the duration of this agreement of the following:

- |  |   |
|--|---|
| 1. Change in family's address                    | 6. Date of death of adopted person  |
| 2. Change in the adopted person's legal guardian | 7. Date of completion of high school  |
| 3. Date adopted person enters military           | 8. Change in health insurance benefits  |
| 4. Date of marriage of adopted person            | 9. Date adoptive parents are no longer supporting adopted person or are no longer legally responsible to support adopted person |
| 5. Date adopted person is no longer in the home  |   |

Notification of any of the above circumstances should be provided to the department at:

Adoption Assistance Accountant  
Division of Safety and Permanence  
P.O. Box 8916  
Madison, WI 53708-8916

Toll Free Telephone Number: (866) 666-5532

Fax Number: (608) 264-6750

- B. Biannually, the department shall send written notification to adoptive parent(s) referencing the post-adoption responsibilities specified in II. A. Notification shall include families who have moved out-of-state.
- C. The department shall send written notification to adoptive parent(s) of changes in adoption assistance or other program requirements implemented as a result of state or federal law or policy change.

**III. Discontinuance**

Discontinuance shall occur in any of the following circumstances:

- A. This agreement shall discontinue upon the conclusion of the terms of this agreement.
- B. This agreement shall discontinue upon request of the adoptive parent(s).
- C. Adoption assistance shall discontinue when the adopted person reaches the age of 18, with the following exceptions:
- Adoption assistance may continue up to age 19 if the adopted person is a full-time student in high school or the equivalent.
  - Adoption assistance may continue up to age 21 if **all** of the following is met: a) the adopted person is a full-time student in high school or the equivalent; b) the department determines that the adopted person has a mental or physical handicap which warrants the continuation of assistance under 42 USC 673; c) the adopted person is not eligible for other benefits (e.g., SSI, SSA, VA); and, d) the adopted person otherwise lacks adequate resources to continue in high school or the equivalent.

- D. This agreement shall discontinue upon the adopted person's death, marriage, or entry into military service.
- E. This agreement shall discontinue upon the death of the adoptive parent in a single parent family or the death of both adoptive parents in a two parent family.
- F. This agreement shall discontinue at the cessation of legal responsibility of the adoptive parent(s) for the adopted person.
- G. This agreement shall discontinue if the department determines that the adopted person is no longer receiving support from the adoptive parent(s).
- H. This agreement shall discontinue if the agency having guardianship of the child removes the prospective adopted person from the home of the prospective adoptive parent(s) prior to the finalization of the adoption.
- I. This agreement shall discontinue if adoption finalization does not occur prior to the child reaching the age of 18.

**IV. Appeal**

The adoptive parent(s) may appeal the department's decision to change, reduce or terminate adoption assistance in accordance with rules and procedures of the State's fair hearing and appeal process. Send a request for review of a decision to: Administrator, Division of Safety and Permanence, P.O. Box 8916, Madison, WI 53708-8916

A request for a fair hearing should be addressed to: Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875

**V. Special Provisions**

This agreement shall remain in effect regardless of the state in which the adoptive parent(s) reside at any given time.

Under no circumstances shall the department use the provision of adoption assistance as a cause for monitoring family functioning after the adoption is finalized.

The parties to this agreement certify that the information provided is true and complete to the best of their knowledge and belief. The adoptive parent(s) understand that he / she / they may be asked to provide proof of eligibility for benefits and that giving false information may result in discontinuance of adoption assistance and / or prosecution for fraud.

The adoptive parent(s) confirm that he / she / they have read and understand the terms of this agreement.

\_\_\_\_\_  
Initials of adoptive parent(s)

<b>SIGNATURE</b> – Adoptive Mother	Date Signed	<b>SIGNATURE</b> – Adoptive Father	Date Signed
<b>SIGNATURE</b> – Agency Representative	Date Signed	<b>SIGNATURE</b> – Authorized Department Representative	Date Signed

The name(s) / address of the parties to this agreement shall be released to the Foster Care and Adoption Resource Center in Wisconsin, Adoption Resources of Wisconsin and to the appropriate post adoption resource center in Wisconsin. This will allow the party / parties to this agreement to receive notification of new programs, available training, upcoming events or information about post placement services. (Names / addresses **will not** be released to any other source.) **If this is not agreeable, the party / parties to the agreement must sign here.** \_\_\_\_\_

The agency representative provided an original signed copy of this agreement to the adoptive parent(s) on \_\_\_\_\_.  
(mm/dd/yyyy)