

## Adoption Assistance Amendment Request – Option to Continue Current Rate

**Use of form:** This form is used to request a subsequent amendment to an existing adoption assistance agreement under s.48.975(4)(b) when the adoptive parent(s) believe there has been a substantial change in the special care needs of the child since adoption finalization. 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:** Review the Adoption Assistance Amendment Request form (DCF-F-CFS2092-E) previously completed and confirm that the characteristics continue to exist.

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### Adoptive Child

Name – Child (Last, First, MI)

Birthdate (mm/dd/yyyy)

Social Security Number

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### Adoptive Parent 1

List all Legal Names Since Placement of Adoptive Child

Address (Street, City, State, Zip Code)

Address – Mailing (if different)

Telephone Number – Daytime

Birthdate (mm/dd/yyyy)

Social Security Number

Counties of Residence Since Child Placement – Indicate Specific Years.

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### Adoptive Parent 2

List all Legal Names Since Placement of Adoptive Child

Address (Street, City, State, Zip Code)

Address – Mailing (if different)

Telephone Number – Daytime

Birthdate (mm/dd/yyyy)

Social Security Number

Counties of Residence Since Child Placement – Indicate Specific Years.

I declare I have reviewed the emotional, behavioral and physical / personal care characteristics indicated on the Adoption Assistance Request form (DCF-F-CFS2092-E) provided to me that I previously submitted to the Department of Children and Families. I confirm that the characteristics indicated are not age appropriate and continue to exist.

Questions regarding completion of this form should be directed to the Social Services Specialist at (866) 666-5532.

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**SIGNATURE** – Adoptive Parent 1

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**SIGNATURE** – Adoptive Parent 2

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Date Signed

Return completed form to:  
Adoption Assistance  
DCF/DSP – Suite 101  
P.O. Box 8916  
Madison, WI 53708-8916