**Adoption Assistance Rate Determination and Application for Tribal or Customary Adoptions**

**Use of form:** Tribal agencies must submit this form to the Department of Children and Families (DCF) to determine eligibility and apply for Adoption Assistance (AA) prior to the finalization of a customary or tribal adoption through tribal court. 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 this application in two parts. First, complete sections 1 through 4 and submit those completed sections along with applicable attachments to the DCF AA Eligibility Specialist. The Eligibility Specialist will review sections 1–4, make an AA eligibility determination in section 5, and return the form. After receiving an approval determination, the tribal worker should complete sections 6, 7 and 8. Return the complete form and all applicable attachments to the DCF AA Eligibility Specialist for final approval. Additional forms can be found at <https://dcf.wisconsin.gov/forms>.

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| **SECTION 1: BASIC INFORMATION** |
| **Tribal Agency**  |
| Name – Tribal Worker      | Name – Tribal Agency      |
| Telephone Number – Tribal Worker      | Email Address – Tribal Worker      |
| **Pre-Adoptive Child** |
| Name – Child (Last, First, Middle)       | Birthdate – Child (mm/dd/yyyy)      |
| Address – Child (Street, City, State, Zip Code)      | Sex – Child[ ]  M [ ]  F |
| Race – Child      | Ethnicity – Child      | Social Security Number – Child      |
| **Pre-Adoptive Parent 1** |
| Name – Pre-Adoptive Parent 1 (Last, First, MI)       | Birthdate – Parent 1 (mm/dd/yyyy)      |
| Address – Parent 1 (Street, City, State, Zip Code) [ ]  Same as Child      | Telephone Number – Parent 1      |
| Race – Parent 1      | Ethnicity – Parent 1      |
| **Pre-Adoptive Parent 2** |
| Name – Pre-Adoptive Parent 2 (Last, First, MI)       | Birthdate – Parent 2 (mm/dd/yyyy)      |
| Address – Parent 1 (Street, City, State, Zip Code) [ ]  Same as Child      | Telephone Number – Parent 2      |
| Race – Parent 2      | Ethnicity – Parent 2      |
| **Adoption Information** |
| Type of Adoption:[ ]  Tribal Adoption (Termination of Parental Rights/TPR)[ ]  Customary Adoption (Suspension of Parental Rights/SPR) | Tribal Court Terminating/Suspending Rights and Completing Adoption:       | Anticipated Adoption Date (mm/dd/yyyy):      |

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| County Currently Paying Foster Care Rate: | County Has Agreement to Continue Paying Foster Care Rate post TPR/SPR: |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Termination/Suspension of Parental Rights – Birth Mother: | Termination/Suspension of Parental Rights – Birth Father: |
| [ ]  TPR Date (mm/dd/yyyy):      [ ]  SPR Date (mm/dd/yyyy):      [ ]  Has not occurred – scheduled date (required):       | [ ]  TPR Date (mm/dd/yyyy):      [ ]  SPR Date (mm/dd/yyyy):      [ ]  Has not occurred – scheduled date (required):       |
| Date tribal agency assumed guardianship of the child post TPR/SPR (mm/dd/yyyy):       |

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| **SECTION 2: ADOPTION ASSISTANCE RATE ELIGIBILITY** |
| Does the child meet eligibility criteria for an Adoption Assistance Subsidy? |
| [ ]  **Yes**, the child meets criteria for a subsidy (one required, check all that apply): |
|  | [ ]  The child is 7 years of age or older.[ ]  The child is a member of a sibling group of 2 or more children that must be placed together.[ ]  The child exhibits exceptional needs characteristics that are moderate or intensive under Ch. DCF 50 Admin Code.[ ]  The child belongs to a minority race and cannot be readily placed due to a lack of appropriate placement resources.[ ]  The child is an Indian child: |
|  | [ ]  The child is a member of an Indian tribe **OR**[ ]  The child is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe. |
| [ ]  **No**, the child is **only** at high risk of developing a moderate or intensive level of exceptional adoption needs under s. DCF 56.11(3). **Skip to Section 4: High Risk Determination.** |
| **SECTION 3: ADOPTION ASSISTANCE SUBSIDY RATE DETERMINATION** |
| **If the child is not eligible for an Adoption Assistance Subsidy under Section 2, skip Section 3 and proceed to Section 4: High Risk Determination.**I hereby acknowledge that the Adoption Assistance Rate for the above child has been determined according to the Department’s Uniform Foster Care Rate Setting Policy. The following are attached and I approve the proposed rate for the Adoption Assistance Initial Rate Determination for the above proposed adoptive parents:[ ]  CANS Results 0-5 (DCF-F-2612-E) **OR** CANS Results 5-21 (DCF-F-2611-E)[ ]  Foster Care Uniform Rate Setting (DCF-F-CFS834) |
|  |  |  |       |  |
|  | **SIGNATURE** – Representative of the Tribal Agency |  | Date Signed |  |
| **Skip to Section 5: Department Rate/High Risk Approval.** |
| **SECTION 4: HIGH RISK DETERMINATION** |
| **If the child is eligible for an Adoption Assistance Subsidy under Section 2 and Section 3 is completed, skip to Section 5: Department Rate/High Risk Approval.**I hereby acknowledge that the High Risk Determination for the above child has been completed and the following is attached:[ ]  Determination of “High Risk” Status for Adoption Assistance (DCF-F-5284-E) [ ]  Applicable supporting documentation as required on the Determination of “High Risk” Status form |
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|  | **SIGNATURE** – Representative of the Tribal Agency |  | Date Signed |  |
| **SECTION 5: DEPARTMENT ELIGIBILITY AND RATE/HIGH RISK APPROVAL** |
| **This form must now be submitted to the DCF AA Eligibility Specialist for review and decision prior to moving on to the next Sections of this form.** Please send this form with the above completed and applicable attachments to the Department of Children and Families Adoption Assistance Eligibility Specialist by mail or email: |
| Mailing address: Adoption AssistanceDCF/DSPP.O. Box 8196Madison, WI 53703-8196 | Email: DCFAAEligibility@wisconsin.gov  |
| **To be completed by the Department of Children and Families Adoption Assistance Eligibility Coordinator:** |
| The above application for the determination of the Adoption Assistance rate is hereby:  |
|  [ ]  Approved  | Amount Approved: | $      | [ ]  High Risk only, no subsidy |
|  [ ]  Not Approved | Reason Not Approved:       |
|  |  |  |       |  |
|  | **SIGNATURE** – DCF AA Eligibility Specialist |  | Date Signed |  |

**ATTENTION: THE FOLLOWING SECTIONS MAY NOT BE COMPLETED UNTIL THE DCF AA ELIGIBILITY SPECIALIST HAS REVIEWED AND SIGNED SECTION 5 OF THIS FORM AND RETURNED IT TO THE TRIBAL AGENCY.**

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| **SECTION 6: REVIEW AND APPEAL RIGHTS** |
| **The pre-adoptive parent(s) must review this section to understand review and appeal rights for the decision regarding the Adoption Assistance eligibility/rate decision in section 5.** |
| If you are dissatisfied with the decision regarding your application for Adoption Assistance, you have the right to request a review or to appeal the decision PRIOR TO THE ADOPTION FINALIZATION, except in specific, limited, extenuating circumstances under Ch. DCF 50.17(3) Admin Code.You may request a review or an appeal of the denial of eligibility for Adoption Assistance or the amount of the monthly adoption assistance payment the Department has offered.To request a review, write to the Division Administrator, Division of Safety and Permanence, P.O. Box 8916, Madison, WI 53708-8916. To request an appeal hearing before the division of hearings and appeals, write to the Division of Hearings and Appeals, P.O. Box 7875, Madison WI 53707**We (I) understand my review and appeal rights as stated above.** |
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|  | **INITIAL** – Adoptive Parent 1 |  | Date |  | **INITIAL** – Adoptive Parent 2 |  | Date |

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| **SECTION 7: PARENT AGREEMENT TO THE RATE** |
| **Section 7 must be reviewed and signed by the pre-adoptive parent(s)** prior to submission for approval. **PLEASE NOTE:** **THIS IS NOT THE ADOPTION ASSISTANCE AGREEMENT**. |
| The AA Eligibility Specialist has reviewed and approved your Adoption Assistance Rate Determination at the following rate: |
| Amount Approved:  | $        |  [ ]  High Risk only, no subsidy |
| We (I) understand and agree that a determination of the eligibility for Adoption Assistance at the above rate will be made by the Department of Children and Families, following the filing of this application and submission of this form and applicable documents, based on information currently available regarding the child, and criteria pursuant to Ch. DCF 50 Admin. Code. |
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|  | **SIGNATURE** – Adoptive Parent 1 |  | Date Signed |  |
|  |  |  |       |  |
|  | **SIGNATURE** – Adoptive Parent 2 |  | Date Signed |  |
| **SECTION 8: ADDITIONAL ELIGIBILITY INFORMATION** |
| **Section 8 must be completed by the adoption agency:**  |
| The tribal agency has determined that the child cannot or should not return to the child’s parents for the following reasons: |
| The tribal agency has made an adoptive placement of the child following the termination or suspension of parental rights: |
| [ ]  Yes. Date of adoptive placement:        | [ ]  No. Explanation:       |
| The tribal agency has guardianship of the child post termination or suspension of parental rights: |
| [ ]  Yes. Date assumed guardianship:        | [ ]  No. Explanation:       |
| Did the agency inform the family of the adoption assistance program and ask if the proposed adoptive family is willing to adopt without adoption assistance? A request for adoption assistance shall not be a basis for removing a child from an adoptive home. |
| [ ]  Yes. | [ ]  No. Explanation:       |
| Will the adoptive parent(s) add the child to their private health insurance plan? |
| [ ]  Yes. If yes, the Health Insurance Information Form (F-10115) **MUST** be included with this form.  | [ ]  No. |
| Did the agency make reasonable efforts to place with the best available family without adoption assistance (placement for adoption)? |
| [ ]  Yes, efforts were made per Ch.50.09(2)(a) Admin. Code by (check all that apply): [ ]  Considering a number ofsuitable families, including relatives.[ ]  Contacting other adoptionagencies, photo-listed the child, and worked with the adoption information exchange.Registration Date:       |  **OR** | [ ]  No, an exception to efforts was made because (check all that apply):[ ]  The child has developed significant emotional ties with the child’sfoster family and all the following conditions are met:* The child identifies as a member of the family.
* The child is regarded by the foster parents, foster siblings, community and school as belonging to the family.
* The child has diminished probability of forming new attachments.

[ ]  The proposed adoptive parents request adoption assistance fora child placed in a proposed adoptive parents’ home for adoption without adoption assistance if the child demonstrates a special need before the adoption is finalized. |
| The adoption agency has attached the following forms: |
| [ ]  Order for Termination or Suspension of Parental Rights[ ]  Health Insurance Information Form (F-10115), if applicable as noted above[ ]  Adoption Assistance Agreement (DCF-F-CFS0074-E) signed by the proposed adoptive parent(s) and adoption agency |
| **Tribal Agency Supervisor**I have reviewed the information on this form and confirm that it accurately reflects the child and family identified as it relates to Adoption Assistance. All applicable documents are attached. |
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|  | **SIGNATURE** – Tribal Agency Supervisor |  | Date Signed |  |
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| **SECTION 9: DEPARTMENT APPROVAL** |
| **This form must now be submitted to the DCF AA Eligibility Specialist for review and approval of the Adoption Assistance Agreement.** Please send this form with the above completed and applicable attachments to the Department of Children and Families Adoption Assistance Eligibility Specialist by mail or email: |
| Mailing address: Adoption AssistanceDCF/DSPP.O. Box 8196Madison, WI 53703-8196 | Email: DCFAAEligibility@wisconsin.gov |
| **To be completed by the Department of Children and Families Adoption Assistance Eligibility Specialist:**In compliance with applicable state and federal law, I authorize Adoption Assistance in the amount of $      per month. It shall be effective       and I hereby verify that the Adoption Assistance rate does not exceed the last foster care monthly rate paid, if applicable, of $      . I have attached the signed Adoption Assistance Agreement. The family may proceed with adoption. Please send a copy of the finalized Adoption Order with the adoption date and the child’s full adopted name. |
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|  |  |  |       |  |
|  | **SIGNATURE** – DCF AA Eligibility Specialist |  | Date Signed |  |
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**ATTENTION: AFTER THE DCF AA ELIGIBILITY SPECIALIST HAS APPROVED THIS FORM, SIGNED THE ADOPTION ASSISTANCE AGREEMENT, AND THE CHILD HAS BEEN ADOPTED, THE ADOPTION AGENCY MUST PROVIDE THE SIGNED ADOPTION ORDER WITH THE DATE OF FINALIZATION AND THE CHILD’S FULL ADOPTIVE NAME TO THE DCF AA ELIGIBILITY SPECIALIST.**