



## Revised Adoption Support Agreement

This agreement is between \_\_\_\_\_,  
(adoptive parent(s)) and the Washington State Department of Children, Youth, and Families (DCYF), for the benefit of  
the following child, \_\_\_\_\_, born on \_\_\_\_\_. This child  is  is not eligible  
for Federal IV-E Adoption Assistance benefits.

The state has determined that this child meets the definition of special needs in accordance with 42 USC 673 (c).

This agreement replaces and supersedes the previous Adoption Support Agreement between the adoptive parents and  
the DCYF dated \_\_\_\_\_.

### A. GENERAL PROVISIONS OF AGREEMENT

The monthly cash payment, if any, provided under this agreement is a negotiated amount that cannot exceed the  
maximum foster care maintenance payment the child would receive if the child were in a foster family home. The  
parties agree that if circumstances of the family or needs of the child change, this agreement may be reviewed and  
modified by mutual agreement of the parties.

All children who participate in the adoption support program are eligible for medical assistance through Medicaid. If the  
family resides outside of Washington State and is receiving Federal IV-E Adoption Assistance benefits, Medicaid is paid  
by the state of residence. If the child is **not eligible** for Federal IV-E Adoption Assistance benefits Medicaid benefits  
will be provided directly from Washington State or the state of residence if that state has reciprocal Medicaid coverage.  
Medicaid benefits included in Washington's Medicaid Plan but excluded or limited by the resident state's Medicaid Plan  
remain available through Washington State's Medicaid program. Upon request, Washington State Adoption Support  
Program staff will facilitate contact with the resident state to assist in obtaining Medicaid coverage. Medicaid coverage  
from Washington State will continue until coverage is extended by the resident state.

The state is required to verify that children receiving federally subsidized adoption support are enrolled full-time in an  
elementary or secondary school, in an authorized independent study program, or home-schooled, in accordance with  
the compulsory school attendance requirements of the state where the child resides; or that the child has a  
documented medical condition and is incapable of attending school full-time because of a medical condition.

The Adoption Support Program is prohibited from reimbursing parents for the cost of residential treatment for a child  
(RCW 74. 13A.020(4)(e)). However, child welfare services, including residential care, may be available through other  
DCYF programs. Adoptive parents can contact their adoption support program manager for information about how to  
access such services.

### B. DCYF AGREES TO:

1.  Provide medical and dental services through the Title XIX Medicaid program;
2.  Provide additional medical assistance at Adoption Support Program rates for outpatient psychiatric and  
other counseling;
3.  Pay a monthly cash payment of \$\_\_\_\_\_ per month beginning \_\_\_\_\_; and
4.  The DCYF will reassess the needs and circumstances of the child and the family upon request of the  
family.

<b>PARTIES INITIALS:</b>	PARENT 1	PARENT 2	PROGRAM MANAGER
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CHILD'S NAME	CHILD'S DATE OF BIRTH
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**C. ADOPTIVE PARENT AGREES TO:**

1.  Notify the Adoption Support Program immediately and in writing, if the child is no longer living in the home; **OR** if the parent is no longer financially responsible for the child;
2.  Notify the Adoption Support Program immediately and in writing, when there is a change in:
  - Permanent address or payment address
  - Custody of child
3.  Reimburse DCYF for any payments received from the Adoption Support Program in excess of the amount agreed upon or in violation of the terms of this agreement, or after this agreement is terminated.
4.  Disclose to the Adoption Support Program if payments are being received (on behalf of the adopted child) from the Social Security Administration.
5.  The benefits under this agreement will end on the child's 18<sup>th</sup> birthday unless, **prior** to the child's 18<sup>th</sup> birthday the adoptive parent provides:
  - A written request to continue adoption support and
  - Documentation that the child is attending:
    - High school full time in a curriculum leading to a high school diploma or
    - An instructional program leading to a G.E.D.
6.  The parties agree that the monthly cash payment is based on family circumstances that are expected to change on \_\_\_\_\_. On this date, the adoptive parent(s) agree that the cash payment will be reduced to \$\_\_\_\_\_, unless a request for renegotiation of this agreement is made before that time.
7.  Other:

**D. SUSPENSION OF THE ADOPTION SUPPORT AGREEMENT MAY OCCUR**

1. Upon request of the adoptive parent(s);
2. If the child is no longer living in the adoptive parents' home; or
3. If the adoptive parent is no longer financially responsible for the child.  
Prior to suspending the adoption support payment, the DCYF will notify the adoptive parent(s) and provide an opportunity to explain the need for continued support.

**E. TERMINATION OF THE ADOPTION SUPPORT AGREEMENT WILL IMMEDIATELY OCCUR**

1. When the child reaches the age of 18; (Eligibility may continue if the child is under 21 years of age and meets the following conditions: (a) the child is attending high school full time in a curriculum leading to a high school diploma or is attending an instructional program leading to a G.E.D., and (b) a request for continued adoption support is made by the adoptive parents before the child's eighteenth (18<sup>th</sup>) birthday) or
2. Upon the child's death, or upon the death of the child's adoptive parent(s); or
3. At the cessation of financial or legal responsibility of the adoptive parent(s) for the child; or
4. If the DCYF determines that the child is not longer receiving support from the adoptive parent.

This Agreement incorporates by reference RCW 74.13A, WAC 110-80-0120 through – 0390, Title IV-E and Title XIX of the Social Security Act and Federal Regulations and Guidelines relating to the adoption support program.

**THIS AGREEMENT IS EFFECTIVE UPON THE DATE OF SIGNATURE OF THE SECRETARY'S DESIGNEE.**

This agreement is effective until a terminating event occurs or until the signing of a revised agreement.

I have read and understand the included terms and provisions in this document.

**ADOPTIVE PARENT(S)**

SIGNATURE	DATE	SIGNATURE	DATE
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**WASHINGTON STATE DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES**

PROGRAM MANAGER'S SIGNATURE	DATE	SECRETARY DESIGNEE'S SIGNATURE	DATE
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