



# Declaration of Financial Status for Adoption Support Application

FOR CHILD PLACED INTO PRIVATE AGENCY CUSTODY OR WITH A NON-IV-E AGENCY

## Section I – To be Completed by Private Agency Social Worker

PRIVATE AGENCY		CHILD	
1. PRIVATE AGENCY NAME  <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-profit		4. CHILD'S BIRTH NAME	
2. PRIVATE AGENCY SOCIAL WORKER'S NAME		5. CHILD'S PRESUMPTIVE ADOPTIVE NAME (IF KNOWN)	6. CHILD'S BIRTH DATE
3. PRIVATE AGENCY SOCIAL WORKER'S PHONE		7. CHILD'S SOCIAL SECURITY NUMBER	8. CHILD'S PERSON ID NO.

### Eligibility Month

**Note:** The Eligibility Month is the month in which the court action that resulted in the removal of the child from the parent(s) was initiated. This would be the month in which the petition for removal of the child from the biological parent(s)' care was filed. If no petition or other initiating document, use the date of the very first court order removing the child from the parent(s) to determine the Eligibility Month.

9. ELIGIBILITY MONTH FOR THIS CASE IS: (MM/YYYY)



**The remainder of this form is to be completed by the parents concerning their circumstances in this Month and Year only.**

10. When did the child last live under the care and responsibility of one or both parents? REMOVAL DATE (MM/DD/YYYY)

## Section II – To be Completed by the Parent(s)

1. MOTHER'S FULL NAME  <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> 6. We are currently living together, beginning: _____ MONTH / YEAR  <input type="checkbox"/> 7. We do not currently live together, but lived together from: _____ MONTH / YEAR to _____ MONTH / YEAR  <input type="checkbox"/> 8. We have <u>never</u> lived together.
2. I AM THE BIRTH MOTHER OF:	
3. THE CHILD WAS BORN ON: (MM/DD/YYYY)	
4. THE CHILD'S BIRTHPLACE WAS: CITY _____ STATE _____ COUNTRY _____	
5. FATHER'S FULL NAME  <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	

### Persons Living in the Home

9. Complete the following information for all adults (**age 18 and over**), including yourself, living at your address in the Eligibility Month. The Eligibility Month is: \_\_\_\_\_ (from Section I, number 9).  
MM/YYYY

NAME	SOCIAL SECURITY NUMBER	BIRTH DATE	RELATIONSHIP TO ME (SON, MOTHER, FRIEND, ETC.)	U.S. CITIZEN		QUALIFIED ALIEN	
				YES	NO	YES	NO
a.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Complete the following information for all adults (**age 17 and under**) living at your address in the Eligibility Month. The Eligibility Month is: \_\_\_\_\_ (from Section I, number 9).  
MM/YYYY

NAME	SOCIAL SECURITY NUMBER	BIRTH DATE	RELATIONSHIP TO ME (SON, MOTHER, FRIEND, ETC.)	U.S. CITIZEN		QUALIFIED ALIEN	
				YES	NO	YES	NO
a.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Earned Income**

11. Complete the following information for yourself and all household members working (including self-employment) in the Eligibility Month. The Eligibility Month is: \_\_\_\_\_ (from Section I, number 9).  
MM/YYYY

NAME	EMPLOYER	GROSS MONTHLY INCOME AMOUNT	HOURS PER MONTH	DATE(S) PAID
a.				
b.				
c.				
d.				
e.				
f.				

12. If not working in the Eligibility Month, complete the following information for yourself and all household members who have worked (including self-employment) at any time during the last 24 months.

NAME	DATE LAST WORKED	DATE LAST PAID	CURRENT SOURCE OF INCOME
a.			
b.			
c.			
d.			
e.			
f.			

**Unearned Income**

13. Complete the following section for all household members. I / we received money (unearned income) from the following sources in the Eligibility Month. The Eligibility Month is: \_\_\_\_\_ (from Section I, number 9).  
MM/YYYY

SOURCE	YES	NO	PERSON WITH INCOME	MONTHLY AMOUNT	AMOUNT RECEIVED IN THE ELIGIBILITY MONTH AND DATE(S)
Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>			
Unemployment Compensation (UC)	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security benefits (SSA)	<input type="checkbox"/>	<input type="checkbox"/>			
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>			
Railroad benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Retirement / pension	<input type="checkbox"/>	<input type="checkbox"/>			
Child Support / alimony	<input type="checkbox"/>	<input type="checkbox"/>			
Insurance benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Trust or Annuity	<input type="checkbox"/>	<input type="checkbox"/>			
Money from roomers / boarders/ renters	<input type="checkbox"/>	<input type="checkbox"/>			
Veteran's benefits	<input type="checkbox"/>	<input type="checkbox"/>			

Labor and Industries benefits (L&I)	<input type="checkbox"/>	<input type="checkbox"/>			
Military allotment	<input type="checkbox"/>	<input type="checkbox"/>			
School grants or loans	<input type="checkbox"/>	<input type="checkbox"/>			
Cash prizes (bingo, lottery, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
Money from parents, relatives, friends	<input type="checkbox"/>	<input type="checkbox"/>			
Interest or dividend income	<input type="checkbox"/>	<input type="checkbox"/>			
Tribal Gaming Money	<input type="checkbox"/>	<input type="checkbox"/>			
Other Income	<input type="checkbox"/>	<input type="checkbox"/>			

14. If you have no earned or unearned income, please explain how you met living expenses in the Eligibility Month. The Eligibility Month is: \_\_\_\_\_ (from Section I, number 9).

MM/YYYY

EXPLANATION:

### Resources

15. I / we, including children, owned or had a share in one or more of the following in the Eligibility Month. The Eligibility Month is: \_\_\_\_\_ (from Section I, number 9).

MM/YYYY

If you are the parent, and you are age 17 or under and living with your parent(s), also list the resources of your parent(s) below.

SOURCE	YES	NO	PERSON WITH RESOURCE	TOTAL VALUE	WHERE LOCATED
Money on hand (cash)	<input type="checkbox"/>	<input type="checkbox"/>			
Checking account	<input type="checkbox"/>	<input type="checkbox"/>			
Savings account / Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>			
Credit Union account	<input type="checkbox"/>	<input type="checkbox"/>			
Retirement fund, IRA, KEOGH, etc.	<input type="checkbox"/>	<input type="checkbox"/>			
Money held by others	<input type="checkbox"/>	<input type="checkbox"/>			
Stocks / bonds/ mutual funds	<input type="checkbox"/>	<input type="checkbox"/>			
Trust or annuity account	<input type="checkbox"/>	<input type="checkbox"/>			
Life insurance	<input type="checkbox"/>	<input type="checkbox"/>			
Prepaid funeral plan (not life insurance)	<input type="checkbox"/>	<input type="checkbox"/>			
Money for funeral / burial	<input type="checkbox"/>	<input type="checkbox"/>			
Burial plots	<input type="checkbox"/>	<input type="checkbox"/>			
Sales contract	<input type="checkbox"/>	<input type="checkbox"/>			
Property on which you live	<input type="checkbox"/>	<input type="checkbox"/>			
Property on which you are not living	<input type="checkbox"/>	<input type="checkbox"/>			
Business equipment (tools, machinery)	<input type="checkbox"/>	<input type="checkbox"/>			
Livestock (horses, cattle, sheep)	<input type="checkbox"/>	<input type="checkbox"/>			
Timber / crops	<input type="checkbox"/>	<input type="checkbox"/>			
Other:	<input type="checkbox"/>	<input type="checkbox"/>			

16. I / we own or am (are) buying a car or other vehicle (truck, boat, motor home, snowmobile, motorcycle, etc.) or camper and / or trailer.  Yes  No If yes, list the item(s) even if not in your possession:

ITEM	OWNER OR BUYER	YEAR	MAKE	MODEL	VALUE	AMOUNT OWED

17. I / we use a vehicle for medical purposes.  Yes  No If yes, list vehicle: \_\_\_\_\_

18. I / we use a vehicle for employment.  Yes  No If yes, list vehicle: \_\_\_\_\_

**Signatures**

BIRTH MOTHER'S SIGNATURE DATE

BIRTH FATHER'S SIGNATURE DATE

PRIVATE AGENCY SOCIAL WORKER'S SIGNATURE

DATE