

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**ADOPTION SUBSIDY AND NON-RECURRING ADOPTION EXPENSES AGREEMENT**

**Upgrade or Substantive Amendment**

This is an amendment of the final Adoption Subsidy and Non-Recurring Adoption Expenses Agreement (a copy of which is attached) entered into between:

Adoptive Parent/Legal Guardian or Custodian/Representative Payee _____	(NAME)
Adoptive Parent/Legal Guardian or Custodian/Representative Payee _____	(NAME)
and _____ Social Services District or Voluntary Authorized Agency regarding the adoption of _____	
/ /	NAME OF CHILD
DOB (MONTH/DAY/YEAR)	DATE ADOPTION WAS FINALIZED
Legal Guardian/Custodian/Representative Payee/Adoptee (if applicable)**	
<p><b>**Note:</b> Legal Guardian/Custodian refers to a <u>court</u> appointed guardian or custodian following the death of an adoptive parent(s). The adoptee (18 to 21) and Representative Payee must be appointed by the social services district. A request for a change to a previously amended Agreement also requires a copy of the previous amendment to the Agreement.</p>	

The adoptive parent(s), or legal guardian(s)/custodian(s)/representative payee/adoptee, and the social services district or OCFS hereby agree to amend the following noted section(s) – effective only if checked.

**Section I**

<input type="checkbox"/> Deceased Parent(s)/Appointment of Legal Guardian(s) or Custodian(s)/Representative Payee/Adoptee (age 18 to 21).		
<p><b>SECTION I</b> of the Adoption Subsidy and Non-Recurring Adoption Expenses Agreement is hereby amended to reflect the appointment of Legal Guardian(s) or Custodian by court order or appointment of the Representative Payee or Adoptee by the social services district following the death of the adoptive parent(s) for the purpose of payment of adoption subsidy pursuant to the attached Adoption Subsidy and Non-Recurring Adoption Expenses Agreement. <b>Note: This child's eligibility is changed to State Subsidy and Medicaid/COBRA or State Medical Subsidy.</b></p>		
The Legal Guardian(s), or Custodian(s)/Representative Payee/Adoptee is/are:		
NAME(S): _____		
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
<p>The Legal Guardian(s) or Custodian(s) or Representative Payee or Adoptee agrees to comply with the terms and conditions of the Adoption Subsidy and Non-Recurring Adoption Expenses Agreement and Amendment. All terms and conditions of the Adoption Subsidy and Non-Recurring Adoption Expenses Agreement not otherwise amended herein shall otherwise remain in effect.</p>		

**Section II**  
**Purpose of the Amendment**

Both Federal and State law require that payments for an adoption subsidy and non-recurring adoption expenses must be made in accordance with a written agreement. Once the Agreement is completed and signed by the adoptive parent(s) and the appropriate social services district and receives final approval by the Office of Children and Family Services (OCFS), or by the social services district if OCFS has authorized the district to give final approval to the Agreement, it constitutes a contract between the adoptive parent(s) and the social services district or OCFS subject to the laws of the State of New York and the regulations of OCFS.

A request for a change(s) in the Agreement following finalization of the adoption requires the modification of the Agreement to reflect the approved change(s) to the original provisions. All other terms and conditions of the Agreement not otherwise amended shall remain in effect.

The adoptive parent(s), legal guardian(s)/custodian(s), representative payee, or adult adoptee will be given a copy of the approved Amendment and should retain their copy along with the copy of the original approved Agreement and Summary of New York's Adoption Subsidy and Non-Recurring Adoption Expenses Programs.

**Section III**  
**Type of Subsidy Condition**

**The Child is eligible for subsidy based on the selected category.**

**A  Handicapped Child (Select all that apply):**

A child who possesses a specific physical, mental or emotional condition or disability of such severity or kind, which in the opinion of OCFS, would constitute a significant obstacle to the child's adoption. Such conditions entitle the child to an adoption subsidy. Those conditions include but are not limited to the following:

1  A medical or dental condition which will require repeated or frequent hospitalization, treatment or follow-up care;

**OR**

2  A physical handicap, by reason of physical defect or deformity, whether congenital or acquired by accident, injury or disease, which makes or may be expected to make a child totally or partially incapacitated for education or for remunerative occupation, as described in sections 1002 and 4001 of the Education Law or makes or may be expected to make a child handicapped, as described in section 2581 of the Public Health Law;

**OR**

3  A substantial disfigurement, such as the loss or deformation of facial features, torso or extremities;

**OR**

4  A diagnosed personality or behavior problem, psychiatric disorder, serious intellectual incapacity or brain damage which seriously affects the child's ability to relate to his/her peers and/or authority figures, including mental retardation or developmental disability.

**Child Diagnosis:**

**Note: Documentation of the above stated diagnosis as required by OCFS must be submitted.**

**B  Hard-to-Place: A child other than a handicapped child (Select all that apply):**

1  who is one of a group of two siblings (including half-siblings) who are free for adoption and it is considered necessary that the group be placed together pursuant to 18NYCRR 421.2(e) and 421.18(d);

**AND**

a.  at least one of the children is five years old or older;

**OR**

b.  at least one of the children is a member of a minority group, which is substantially over-represented in New York State foster care in relation to the percentage of that group to the State's total population;

**OR**

c.  at least one of the children is otherwise eligible for subsidy;

**OR**

2  who is the sibling or half-sibling of a child already adopted by a family and it is considered necessary that such children be placed together pursuant to 18NYCRR 421.2(e) and 421.18(d);

**AND**

a.  the child to be adopted is five years old or older;

**OR**

b.  the child is a member of a minority group which is substantially over-represented in New York State foster care in relation to the percentage of that group to the State's total population;

**OR**

c.  the siblings or half-siblings already adopted are eligible for subsidy or would have been eligible for subsidy if an application had been made at the time of or prior to adoption;

**OR**

3  who is one of a group of three or more siblings (including half-siblings) who are free for adoption and it is Considered necessary that the group be placed together pursuant to 18NYCRR 421.2(e) and 421.18(d);

**OR**

4  who is eight years old or older and is a member of a minority group which is substantially over-represented in New York State foster care in relation to the percentage of that group to the State's total population;

**OR**

5  who is 10 years old or older;

**OR**

6  who is hard to place with parent(s) other than his/her present foster parent(s) because he/she has been in care with the same foster parent(s) for 12 months or more prior to signing of the adoption placement agreement by such foster parent(s) and has developed a strong attachment to his/her foster parent(s) while in such care and separation from them would adversely affect the child's development;

**OR**

7  who has not been placed for adoption within six months from the date a previous adoption placement terminated and the child was returned to the care of the social services official or voluntary authorized agency; **[State Subsidy Only]**

**OR**

8  who has not been placed for adoption within six months from the date his or her guardianship and custody were committed to the social services official or voluntary authorized agency. **[State Subsidy Only]**

**Section IV  
Eligibility for Federal Adoption Assistance**

The child's eligibility for federally funded adoption assistance (known in New York as adoption subsidy) was determined at the time the child entered care, and he/she was determined to be a child with special needs prior to finalization of the adoption.

- The child is eligible for federal adoption assistance under Title IV-E of the Social Security Act.
- The child is not eligible for federal adoption assistance under Title IV-E of the Social Security Act.

**Section V  
Medical Assistance/Medical Subsidy**

**For the purposes of this adoption, Medical Assistance including MA/COBRA and/or Medical Subsidy is based on the item(s) selected below:**

- Child is **handicapped and Title IV-E eligible**, and will be covered by Medical Assistance from the date of approval by OCFS official up to age 18; or up to age 21 if the handicapping condition warrants continuation of assistance. If Title IV-E eligibility is discontinued at age 18, the child will be covered by MA/COBRA up to age 21, or if not eligible for MA/COBRA, by NYS Medical Subsidy from age 18 to age 21 providing that the adoptive parent(s) remains legally responsible for the support of the child or provides any support for the child.
- Child is **handicapped but not Title IV-E eligible**, and will be covered by Medical Assistance MA/COBRA from the date of approval by OCFS official up to age 21, providing that the adoptive parent(s) remains legally responsible for the support of the child or provides any support for the child.
- Child is **handicapped but not Title IV-E eligible** and not otherwise eligible for Medical Assistance including MA/COBRA, he/she will be covered by NYS Medical Subsidy from the date of approval by OCFS official up to age 21, providing that the adoptive parent(s) remains legally responsible for the support of the child or provides any support for the child.
- Child is **hard-to-place and Title IV-E eligible** and will be covered by Medical Assistance from the date of approval by OCFS official up to age 18. Child will thereafter be covered by MA/COBRA from age 18 to age 21. If the child is being adopted by a person within five years of mandatory retirement or age 62 or over and at age 18 he/she is ineligible for Medical Assistance including MA/COBRA, the child will be covered by NYS Medical Subsidy from age 18 to age 21, providing that the adoptive parent(s) remains legally responsible for the support of the child or provides any support for the child.
- Child is **hard-to-place but not Title IV-E eligible** and will be covered by MA/COBRA from the date of approval by OCFS official up to age 21, providing that the adoptive parent(s) remains legally responsible for the support of the child or provides any support for the child.
- Child is **hard-to-place but not Title IV-E eligible** and he/she is ineligible for Medical Assistance including MA/COBRA and he/she is being adopted by a person within five years of mandatory retirement or age 62 or over, the child will be covered by NYS Medical Subsidy from the date of legal adoption up to the age of 21, providing that the adoptive parent(s) remains legally responsible for the support of the child or provides any support for the child.
- Child is not eligible for either Medical Assistance (MA/COBRA) or Medical Subsidy.

**Section VI  
Maintenance Subsidy Calculations**

**Current Board Rate/Subsidy Request**

Current Foster Care Board Rate:  Basic  Special  Exceptional

Requested Board Rate for Adoption Subsidy:  Basic  Special  Exceptional

Minor Parent/Infant:  YES  NO

Effective Date of Amended Subsidy Rate:  Date amended subsidy approved by district or

\_\_\_\_\_  
(MONTH/DAY/YEAR)

Other (Provide Date and Explanation):

\_\_\_\_\_  
(MONTH/DAY/YEAR)

**Section VI  
Maintenance Subsidy Calculations - Continued**

**Part A – Parent(s) Income Not Used in Calculating Subsidy**

Monthly payments for the care of the child to be adopted (maintenance subsidy) will be paid if the child is eligible regardless of the adoptive family's income.

Total Per Diem Rate: \_\_\_\_\_

**Note: Total Per Diem Rate Includes Per Diem Subsidy Board Rate, Per Diem Clothing Rate, Diaper Allowance (if applicable), and Per Diem Rate for a child of a minor parent (if applicable).**

**Part B- Parent(s) Income Used in Calculating Subsidy**

The monthly payment will be calculated based in part on a per diem rate and will therefore slightly vary from month to month depending on the number of days in a month.

- A. Parents annual income: \$ \_\_\_\_\_
- B. Family Size including Child to be adopted: \_\_\_\_\_
- C. Income at which 100% Subsidy is required: \$ \_\_\_\_\_
- D. Ratio of Family Income to Income requiring 100% Subsidy: \_\_\_\_\_
- E. Percent of Board Rate to be paid: \_\_\_\_\_
- F. Total Per Diem Rate: \$ \_\_\_\_\_

**Note: Total Per Diem Rate Includes: Per Diem Subsidy Board Rate, Per Diem Clothing Rate, Diaper Allowance (if applicable), and Per Diem Rate for a child of a minor parent.**

**Note: The adoptive parent(s) must present to the OCFS evidence of income comprising wage stubs, or the most recent W-2, or an employer's statement of wages or, in the case of income other than wages or salary, a copy of the latest federal income tax return. The social security numbers of the adoptive parent(s) should be included in this information provided, however, the submission of the social security number is voluntary and an application for approval of an adoption subsidy will not be denied if a social security number is not provided.**

**Section VII  
Adjustment of Maintenance Payment**

Maintenance payments will be increased whenever \_\_\_\_\_ County increases the room and board rate and/or the clothing replacement allowance. In some situations, a decrease may occur when a child is no longer eligible to receive a diaper allowance.

**Note: Neither this Agreement nor the amount of the maintenance payment will be subject to an annual review. Pursuant to regulations of OCFS, adoptive parent(s) may request a change in the amount paid under this Agreement. A request for an increase in the amount paid must be accompanied by an amended Agreement along with the documentation of the child's disabilities.**

**Section VIII  
Non-Recurring Adoption Expenses**

- The child is eligible for federal adoption assistance under Title IV-E (see Section IV of this Agreement);
- OR**
- The child is not eligible for federal adoption assistance under Title IV-E but is a child with special needs as defined in 18 NYCRR 421.24(a)(2)(i-iv) or 421.24(a)(3)(iii)(a-f); **and** the state has determined that the child cannot be returned to the home of his/her parent(s); **and** a reasonable but unsuccessful effort has been made to place the child with appropriate;
- AND**
- The adoptive parent(s) wishes to apply for Non-Recurring Adoption Expenses.
- The adoptive parent(s) does not wish to apply for Non-Recurring Adoption Expenses.
- The child is not eligible for Non-Recurring Adoption Expenses.

**Payment for non-recurring adoption expenses may not be applied for post-finalization.**

**Other Terms and Conditions**

All other terms and conditions of the attached Adoption Subsidy and Non-Recurring Adoption Expenses Agreement not otherwise amended herein shall otherwise remain in effect.

**Section IX  
Adoptive Parent(s)/Payee Signature**

It is the responsibility of the adoptive parent(s) to inform the social services district or OCFS when they are no longer legally responsible for the support of the child or no longer providing any support to the child.

I/We, the adoptive parent(s)/legal guardian(s)/custodian(s)/representative Payee/Adoptee, have been given the opportunity to examine the Technical Amendment as completed and to discuss it with my/our attorney and have read this Amendment fully and understand the content thereof.	
	/ /
ADOPTIVE PARENT/LEGAL GUARDIAN OR CUSTODIAN //REPRESENTATIVE PAYEE /ADOPTEE SIGNATURE	DATE (MONTH/DAY/YEAR)
	/ /
ADOPTIVE PARENT/LEGAL GUARDIAN OR CUSTODIAN SIGNATURE	DATE(MONTH/DAY/YEAR)

**Section X  
Social Services District Signature**

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
Level of Rate Approved by Social Services District: <input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Exceptional	
	/ /
SOCIAL SERVICES DISTRICT OFFICIAL'S SIGNATURE	DATE (MONTH/DAY/YEAR) (DATE MUST BE SAME DATE OR LATER THAN ADOPTIVE PARENT(S) SIGNATURE)

**Section XI  
Voluntary Authorized Agency Signature**

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
Level of Rate Approved by Social Services District: <input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Exceptional	
	/ /
SOCIAL SERVICES DISTRICT OFFICIAL'S SIGNATURE	DATE (MONTH/DAY/YEAR) (DATE MUST BE SAME DATE OR LATER THAN ADOPTIVE PARENT(S) SIGNATURE)

**Section XII  
New York State Adoption Services**

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
Level of Rate Approved by NYSAS <input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Exceptional	
	/ /
NYSAS OFFICIAL'S SIGNATURE	DATE (MONTH/DAY/YEAR)