

OFFICE OF CHILDREN AND FAMILY SERVICES  
ADOPTION SUBSIDY AGREEMENT COVER SHEET

**NOTE:** This cover sheet is to be submitted with the Agreement and supporting documentation for approval. This cover sheet is not part of the official agreement and is not to be given to the adoptive parent(s).

**CHILD INFORMATION**

Child's Full Name: \_\_\_\_\_  
LAST FIRST

Child's CIN #: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_  
(MONTH/DAY/YEAR)

**THIS APPLICATION IS FOR A CHILD WHO IS:**

Hard to Place       Handicapped

**PRE-ADOPTIVE PARENT(S) INFORMATION:**

Adoptive Mother: \_\_\_\_\_

Adoptive Father: \_\_\_\_\_

**LOCAL DISTRICT INFORMATION:**

District Name: \_\_\_\_\_

Worker's Name: \_\_\_\_\_

Worker's Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

**AGENCY INFORMATION:**

Agency Name: \_\_\_\_\_

Worker's Name: \_\_\_\_\_

Worker's Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

**FOR INITIAL APPLICATIONS ONLY, CHECK THE CURRENT FOSTER CARE BOARD RATE:**

Basic       Special       Exceptional       N/A

**FOR UPGRADE AMENDMENTS ONLY, CHECK LAST SUBSIDY APPROVAL BY NYSAS:**

(1) Hard to Place       Or      (2) Handicapped  Basic  Special  
date approved \_\_\_\_\_      date approved \_\_\_\_\_