



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Children and Family Services
Division of Protection and Permanency



Date

Dear Adoptive Parent,

Enclosed you will find the Adoption Assistance Annual Contact Form. Please complete the form in its entirety and **Return to:**

CHFS/DCBS

Name

Address

Email Address

Your prompt response is greatly appreciated. **Please return the form no later than (DATE).**

If you currently receive reimbursement for Extraordinary Medical expenses (daycare, tutoring, etc.), you MUST attach a copy of the front page of your 1040 Federal Income Tax Return for year (20XX) that reflects your adjusted gross income. This is used to determine your co-pay for Extraordinary Medical expenses, if any. **For services such as therapy or special equipment, coverage via private insurance or Medicaid must be exhausted before requests for extraordinary medical expenses can be approved for reimbursement. Please contact your worker to discuss these services prior to making any payments.**

If your child(ren) will turn 18 prior to graduating High School, please submit documentation from the school of their enrollment and expected graduation date to the above address. Without such documentation, your adoption assistance contract will be terminated once they turn 18.

If your child(ren) is currently not placed in your home or you no longer have custody, please notify us immediately. Also, please notify us of any other circumstances which would cause a change in the adoption assistance or discontinuance.

If your child(ren) has been determined disabled by Social Security Administration (SSA) or would be determined disabled by the Cabinet's Medical Review Team (MRT), please contact us when the child is 17½ years old for further information about the determination process for adoption assistance continuation.

If you have questions about billing issues or need to submit receipts for reimbursement, please contact the Adoption Billing Specialist by email at CHFSAdoptionSubsidy@ky.gov.

If you have questions or concerns, please feel free to contact (worker name, phone number, email). You may also contact my supervisor, (name) at (phone number) or (email). We appreciate your prompt attention to this process.

Sincerely,

(Name) and (Title)

Enclosure: Adoption Assistance Yearly Contact Form