

Agreement Number:

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES

ADOPTION ASSISTANCE AGREEMENT
NON-RECURRING ADOPTION EXPENSES

THIS AGREEMENT, made and entered into as of the 1st day of _____, 2_____, by and between the Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Community Based Services, hereinafter referred to as the Cabinet, and

hereinafter called the "adoptive parents",

WITNESSETH, THAT:

Whereas the Cabinet has determined that the child shall not be returned to the home of the natural parents; the child has been placed for adoption in accordance with the applicable state laws; and that the child was considered "special needs" of the child, pursuant to **922 KAR 1:050**:

NOW THEREFORE, it is hereby and herewith mutually agreed by and between the parties as hereto as follows:

The adoptive parents agree:

To adopt a child whose name (birth and adoptive name) and birth date are as follows:

That the expenses pertaining to the adoption have not been reimbursed by any other source.

The adoptive parents have incurred these expenses, have been billed, and are liable for payment of such charge.

In consideration whereof, the Cabinet agrees to reimburse the adoptive parents for up to the following expenses in a one-time only payment after finalization of the adoption:

- \$ Court costs and attorney fees
- \$ Adoptive Home Study Expenses, including health and psychological examinations
- \$ After placement supervision costs incurred prior to the adoption
- \$ Transportation, foods, and lodging for the child and the adoptive parents when necessary to complete the adoptive placement or the adoption finalization process
- \$ Other

Total reimbursement under this agreement shall not exceed a total of \$ _____.

The adoptive parents may elect to have the Cabinet pay the aforementioned expenses directly.

I elect to have the Cabinet pay the aforementioned expenses directly: YES NO

The adoptive parents agree to submit receipts or notarized statements to the Department for reimbursement within two years of the effective date of this agreement.

THIS INSTRUMENT HAS BEEN EXAMINED AND APPROVED AS TO FORM AND LEGALITY BY THE OFFICE OF LEGAL SERVICES, CABINET FOR HEALTH AND FAMILY SERVICES.

APPROVED:

ADOPTIVE PARENTS:

Authorized Official, Cabinet for Health and Family Services

Adoptive Parent

Date

Date

Adoptive Parent

Date