February 21, 2001

MEMORANDUM

TO: County Directors of Social Services of the following counties:

Alamance  Buncombe  Burke
Caldwell  Carteret  Catawba
Chatham  Cleveland  Cumberland
Dare  Durham  Forsyth
Granville  Guilford  Harnett
Mecklenburg  Moore  Orange
Polk  Stanly  Transylvania
Union  Wake  Wayne

Re: SPECIAL CHILDREN ADOPTION INCENTIVE FUND

Thank you for agreeing to participate in the Special Children Adoption Incentive Fund. The system is now in order and we are ready to proceed. As previously indicated, the General Assembly has allocated $500,000 for this fund to financially support eligible adoptions that occur on or after January 1, 2001. This fund will operate on a “first come, first served” basis and you will be notified when funds are no longer available.

In order to standardize the process, we have devised five new forms (attached) that must be completed in order to establish a child’s eligibility for the Special Children Adoption Incentive Fund and to initiate monthly payments. Please adhere to the following guidelines.

1. Submit the following forms to establish the eligibility of the child for monthly payments from the Fund:
   • DSS-5213-Verification of Child’s Need for Daily Supervision
   • DSS-5214-Agency’s Verification of Placement Authority and Child’s Living Arrangement
   • DSS-5215-Verification of Child’s Health Condition
Once these forms are received, you will receive written notification regarding the availability of funds. If funds are available, money for the child will be encumbered for 60 days since we know there are foster parents who will not commit to adoption until they know funds are available. If the Decree of Adoption is not issued within 60 days, a written request for an extension must be submitted to the Division. Otherwise, the child’s name will be dropped from the approved list.

2. Once the Decree of Adoption has been issued, submit the following to initiate monthly payments from the Fund:
   - Copy of DSS-5013-North Carolina Adoption Assistance Agreement
   - DSS-5211-Request for Special Children Adoption Incentive Fund Payment
   - DSS-5212-North Carolina Supplemental Adoption Assistance Agreement for Special Children Adoption Incentive Fund.

When these final documents are received, we will check the 5095 to assure that the child has been entered into the Child Placement and Payment System for the standard adoption assistance rate. Payments cannot be made until the child is entered into the system.

A separate monthly payment from the Special Children Adoption Incentive Fund will be sent to the adoptive parent from the Controller’s office. This will work just as adoption assistance currently works, with the county’s financial participation being drafted from their accounts. The payments will continue until we are notified by the county to terminate the fund, the child reaches his eighteenth birthday, or funds are no longer available from the General Assembly.

Please note that each participating county DSS can decide to support a limited number of adoptions through the Special Children Adoption Fund. Limiting the number based on the availability of local financial resources is reasonable and allowable. If you expect the number of interested and eligible families/children to exceed your fiscal capacity, we strongly encourage you to adopt local agency policy which describes how you select families/children in a non-discriminatory manner (i.e. based on severity of condition of child, etc.).

If you have any questions, please call Esther High at 919-733-4622. Send or fax forms to:

Esther T. High, Special Needs Adoption Coordinator
N. C. Division of Social Services, Children’s Services Section
325 N. Salisbury Street, Room 756
2408 Mail Service Center
Raleigh, NC 27699-2408; fax 919-715-6714
We are very excited about this opportunity and we believe that your interest reflects a sincere commitment to finding safe, permanent families for children with very special needs.

Sincerely,

[Signature]

Charles C. Harris, Chief
Children's Services Section

Attachment

Cc:  Chip Modlin
     Nancy Coston
     Gary Fuquay
     Floyd Bowen
     Paul Lesieur
     Children's Services Team Leaders
     CPRs
     Local Support Managers
     Local Business Liaisons
NORTH CAROLINA SUPPLEMENTAL ADOPTION ASSISTANCE AGREEMENT
FOR SPECIAL CHILDREN ADOPTION INCENTIVE FUND

County Department of Social Services

This Supplemental Adoption Assistance Agreement has been entered into by and between the

County Department of Social Services,

thereafter called the “Agency” and

Adoptive Parent(s)

hereafter called the “Adoptive Parent(s),” for the purpose of facilitating the adoption of

Child’s First Name

born on ______________________, and to aid the adoptive family in providing proper care for this child.

Date

I/We, the prospective adoptive parent(s), agree that I/we intend to adopt ______________________ and

Child’s First Name

have signed this document prior to the finalization of the adoption so that this child can receive a

supplemental payment from the Special Children Adoption Incentive Fund. I/we have already signed the

regular Adoption Assistance agreement on behalf of this child.

I/We agree to accept payments from the Special Children Adoption Incentive Fund in the amount of

$________________ per month as a supplement to the standard adoption assistance benefit.

I/we understand that the Special Children Adoption Incentive Fund benefits are not an

entitlement and are subject to the continuing availability of state and county funds.

I/We, the Adoptive Parent(s), and we, the Agency, have read, understand, and agree to the terms and provisions of

this Supplemental Adoption Assistance Agreement.

Adoptive Mother

Adoptive Father

Date

Date

Authorized Agency Director’s Signature

Date

A signed copy of the Supplemental Adoption Assistance Agreement was given/sent to the adoptive

parents(s) or: ________________________________ Date

DSS-5212 (1/01)
Children’s Services

An Equal Opportunity/Affirmative Action Employer
REQUEST FOR SPECIAL CHILDREN
ADOPTION INCENTIVE FUND PAYMENT

COUNTY DSS responsible for adoption assistance ____________________________

SIGNATURE OF COUNTY DSS DIRECTOR ____________________________

NAME OF CHILD ____________________________ SIS ID # ____________________________

PAYMENT AMOUNT __________________________________ BEGIN DATE ____________

(enter amount OVER state’s standard adoption assistance rate
Month/Year)

PAYEE INFORMATION:

First Name MI Last Name Social Security No.

Mailing Address

Submit Form to:

Esther T. High, Special Needs Adoption Coordinator
N.C. Division of Social Services, Children’s Services Section
325 N. Salisbury Street, Room 756
2408 Mail Service Center
Raleigh, NC 27699-2408; fax 919-715-6714

DSS-5211
1/2001

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SPECIAL CHILDREN ADOPTION INCENTIVE FUND

VERIFICATION OF CHILD’S HEALTH CONDITION
(Physician’s Statement)

I certify that the child, ________________________________,

has the following health condition, and this health condition is expected to result in significant impairment in the child’s ability to function in the home, school or community and to endure throughout his/her childhood. The child’s health condition and resulting impairment are:

____________________________________________________
(Physician’s Signature)

____________________________________________________
(Date)

DSS-5215 (1/01)
Children’s Services
STATE OF NORTH CAROLINA

__________________________ COUNTY

SPECIAL CHILDREN ADOPTION INCENTIVE FUND

VERIFICATION OF CHILD'S NEED FOR DAILY SUPERVISION

I certify that I am a licensed health, mental health or developmental disability practitioner directly involved in the care of _____________________________.

Name of Child)

This child has a health condition which requires eight or more hours daily of direct supervision from a foster parent, health professional or special education teacher to meet personal health needs or prevent self-destructive or assaultive behavior. The child's daily supervision needs include the following:

__________________________
(Signature)

__________________________
(Position)

__________________________
(Date)

DSS-5213 (1/01)
Children's Services

An Equal Opportunity/Affirmative Action Employer
STATE OF NORTH CAROLINA

________________________________________ COUNTY

SPECIAL CHILDREN ADOPTION INCENTIVE FUND

AGENCY'S VERIFICATION OF LEGAL CUSTODY AND CHILD'S LIVING ARRANGEMENT FOR PAST SIX MONTHS

I, the undersigned declare that I am (Director of Social Services)
of ___________________________ Department of Social Services, and I verify that

(Name of child for whom incentive fund will be made)

placement authority of the ___________________________ Department of Social Services. I further verify that the said child has resided in the licensed foster home of

(Name of licensed foster parent(s))

(Mailing Address of licensed foster parent(s))

for the previous six consecutive months on a continuous basis and that the foster parent(s) have received monthly cash assistance from a governmental source in excess of the standard board rate established by the General Assembly for the previous six months on a continuous basis. The foster parent(s) have stated a willingness to adopt this child if the monthly cash assistance that they have received as foster parents is not terminated. The amount of monthly cash assistance above the standard board rate established by the General Assembly that is being received by the foster parent(s) is ___________________________.

This is the amount of monthly cash assistance that the parent(s) will receive, subject to continuing legislative authorization, from the Special Children Adoption Incentive Fund above the standard adoption assistance rate established by the General Assembly following the issuance of the Decree of Adoption.

________________________________________
(Signature)

________________________________________
(Date)

DSS-5214 (1/01)
Children’s Services

An Equal Opportunity/Affirmative Action Employer