Department of Health & Human Services
DHHS
NEBRASKA

Nebraska Health and Human Services System
DETERMINATION OF CHILD'S ELIGIBILITY FOR SUBSIDIZED ADOPTION NONRECURRING - EXPENSE REIMBURSEMENT

A. IDENTIFYING INFORMATION

Child's Name Prior to Adoption:_____

Child's Adopted Name: _____

Birth Date: _____

Adoptive Parent(s): _____

Address:_____

Phone: _____

If yours was an agency adoption, please state name of agency._____

Worker _____ Phone: _____

Private Adoption? ☐ Yes ☐ No

If the child was placed from another State, which State? _____

Interstate Compact on Placement of Children (ICPC) was in place between the two States? ☐ Yes ☐ No

B. ELIGIBILITY

1. In order to qualify for Subsidy the child must meet all the following criteria.

   a. Age 18 years of age or younger.
   ☐ Yes ☐ No

   b. Is a citizen or legal resident of the United States.
   ☐ Yes ☐ No

   c. Cannot or should not be returned to the biological/legal parent(s).
   ☐ Yes ☐ No

2. In order to qualify for subsidy there must be a determination that the child cannot be placed for adoption without assistance because of one or more of the following specific factors.

   a. ☐ Age 8 years of age or older, or

   b. ☐ Member of a sibling group of three or more placed together

   Name of siblings:_____

   c. Disability: list of diagnosis:

   ☐ Physical _____

   ☐ Behavioral _____

   ☐ Mental/learning _____

   ☐ Emotional/Psychiatric _____

   Attach a report, no more than six months old from a qualified professional giving diagnosis, severity of condition, present and future care and treatment required or likely to be required.

   d. ☐ Determined to be SSI eligible in his/her own right as opposed to receiving SSI due to a parents's disability.

3. Efforts to Place Without Subsidy

In addition to the requirements in Section II and III, there must be documented reasonable but unsuccessful efforts to place the child without providing adoption assistance.

Actions or determination that meet the requirement for efforts to place without subsidy, include but not limited to:

a. ☐ Registration of the child on an established adoption exchange for at least three months. These may include DHHS website, Adopt Us Kids, Heat Gallery.

List exchange(s) and dates. _____

b. ☐ Featuring the child in the media to recruit a family.

List exchange(s) and dates: _____

c. ☐ Determination that the potential family is best able to meet the child's needs after consideration of other families.

List who participated in this determination: _____

d. ☐ Determination that the potential family is the only one to consider because the child is attached to the family, and it would not be in the child's best interest to move her/him to another family that might be able to adopt without subsidy;

List date child was placed with this family: _____

e. ☐ Decision of at least one family who considered the child for adoption but did not accept because of the child's special needs.

List family and details of decision: _____

f. ☐ Child is being adopted by a relative.

List how the family is related to the child: _____

C. LOCALIZATION OF ADOPTION

Subsidy cannot be approved if the adoption has already been finalized.
Has this adoption been finalized?
☐ Yes ☐ No

If yes, list date of finalization: _____

D. SIGNATURES:

In signing this form, we the adoptive parents, attest that the information regarding our child's qualification as a special needs child is true and correct to the best of our knowledge.

Adoptive Parent's (PRINT NAME)	Date	Adoptive Parent's Signature	Date
Adoptive Parent's (PRINT NAME)	Date	Adoptive Parent's Signature	Date

E. APPROVED

☐ Child is determined eligible
☐ Child is determined ineligible

Reason:

☐ Eligibility cannot be determined

Reason:

DHHS Staff Designated to Approve Printed Name

Signature of DHHS Staff Designated to Approve

Date