



REQUEST FOR ADMINISTRATIVE REVIEW INDIANA ADOPTION PROGRAM

State Form 54348 (R3 / 11-14)
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
- Fill out all of the requested information.
 - Select the type of Review **and submit the following documentation:**
 - Final Eligibility Determination** – Submit Final Eligibility Determination Notice and documentation to show eligibility, including eligibility for Non-Recurring Adoption Expenses.
 - Adoption Assistance Agreement periodic payment amount** – Submit final offer letter and documentation to support the request.
 - Modification/Termination/Suspension** before the child becomes eighteen (18) – Submit termination letter, denial letter or final offer letter, as well as the adoption assistance agreement, Adoption Decree, and other documentation to support the request.
 - Continuation of Adoption Assistance Agreement** (after age eighteen (18)) – Submit denial letter, adoption assistance agreement, Adoption Decree, medical and/or school documentation.
 - This completed form must be mailed within fifteen (15) days of the date on the Final Eligibility Notification or the date of any letter notifying you of the decision for which you are requesting review.
 - You must notify us if you hire an attorney to assist with this review, after you have filed a request.
 - You must notify us if your address changes after you submit this request for review.
 - Send the completed form and **include a copy of the DCS decision** that you are requesting DCS to review to the following address: **Department of Child Services
Hearings and Appeals, Administrative Review – MS47
302 West Washington Street, Room E306
Indianapolis, IN 46204**
 - Please allow forty-five (45) to sixty (60) days for a response to your request.

Printed name of child		Date of birth (month, day, year)							
County of adoption	Name of family case manager	Child identification number	Case identification number of child						
Printed name of adoptive parent(s)		Telephone number ()							
Address of adoptive parent(s) (number and street, city, state, and ZIP code)									
Printed name of attorney (if applicable)		Telephone number ()							
Address of attorney (number and street, city, state, and ZIP code)									
Check the reason for your request for administrative review: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Final Eligibility Determination.</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Adoption assistance agreement original periodic payment amount</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Modification/Termination/Suspension before the child becomes 18.</td> <td style="border: none;"><input type="checkbox"/> Other (please explain): _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Denial of Continuation of Adoption Agreement (AFTER age 18).</td> <td style="border: none;"></td> </tr> </table>				<input type="checkbox"/> Final Eligibility Determination.	<input type="checkbox"/> Adoption assistance agreement original periodic payment amount	<input type="checkbox"/> Modification/Termination/Suspension before the child becomes 18.	<input type="checkbox"/> Other (please explain): _____	<input type="checkbox"/> Denial of Continuation of Adoption Agreement (AFTER age 18).	
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<input type="checkbox"/> Denial of Continuation of Adoption Agreement (AFTER age 18).									
State in detail why you disagree with the decision (attach additional paper if needed).									
Signature of adoptive parent A		Date (month, day, year)							
Signature of adoptive parent B		Date (month, day, year)							

FOR OFFICE USE ONLY
