



# REQUEST FOR MODIFICATION OF ADOPTION AND GUARDIANSHIP ASSISTANCE AGREEMENT

State Form 56660 (R / 9-24)  
DEPARTMENT OF CHILD SERVICES

### INSTRUCTIONS:

1. The adoptive/guardian parent requesting to modify the Adoption or Guardianship Assistance Agreement (Agreement) will complete this form and provide documentation to support the request for the modification.
2. The request for modification may not be made prior to twelve (12) months following the original Agreement, or, if applicable, the most recent modification.

The Indiana Department of Child Services (DCS) will review the **Request for Modification of Adoption and Guardianship Assistance Agreement**, and all documentation submitted to determine if circumstances exist to qualify for a modification of the current adoption or guardianship subsidy being received. Submission of this paperwork does not guarantee a modification of the Agreement; all cases are reviewed individually, and determinations are made based on specific circumstances. Adoptive parents/guardians should return the completed **Request for Modification of Adoption and Guardianship Assistance Agreement** and supporting documentation to the DCS Central Eligibility Unit (CEU) via mail, email or fax at:

Mail: 100 N Senate Ave., IGCN Rm N848, MS 48, Indianapolis, IN 46204  
 Email: [Centralized.Eligibility@dcs.in.gov](mailto:Centralized.Eligibility@dcs.in.gov)  
 Fax: 317-234-4547

Name of Child	Date of Birth of Child (month, day, year)
Name of adoptive parent/guardian A	Name of adoptive/guardian parent B
Parent/Guardian's Phone Number	Parent/Guardian's Email Address

Our child currently receives \$\_\_\_\_\_ per day in periodic payments as adoption or guardianship assistance per the enclosed agreement. Below is a description of the change in circumstances of the child and/or our family that was not known or able to be specifically identified at the time the current periodic payment was negotiated, and which circumstance(s) we submit as a basis for a modification of the current periodic payment amount:

Anticipated End Date for Modification:

The documentation listed below is submitted in support of this request for modification:

ADOPTIVE PARENT/GUARDIAN ACKNOWLEDGEMENT	
1. I/We, the undersigned, hereby request a modification to the current amount of periodic payment received from DCS as it pertains to the child named above. 2. I/We authorize DCS to conduct an independent examination of the circumstances which are being submitted in support of this request and we understand that additional documentation may be required and requested by DCS in order to review this request for modification. 3. The statements and circumstances set forth in this application and documentation submitted related thereto are accurate and true.	
Signature of Parent/Guardian A	Date (month, day, year)
Printed name of Parent/Guardian A	
Signature of Parent/Guardian B	Date (month, day, year)
Printed name of Parent/Guardian B	
Parent/Guardian's Address	