



EXPLANATION OF INDIANA ADOPTION ASSISTANCE PROGRAM (AAP & SAS) AND BACKGROUND INFORMATION

State Form 54352 (R5 / 12-21)
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:** *The Family Case Manager (FCM) will:*
1. Review this form with the prospective adoptive parent;
 2. Obtain the signature of each prospective adoptive parent, to verify the prospective adoptive parent has reviewed and understands the form;
 3. Sign the completed form;
 4. Upload the completed form into the case management system; and
 5. Send a copy of the form along with the adoption assistance application to the Central Eligibility Unit (CEU) at centralized.eligibility@dcs.in.gov.

See policy 14.06 Indiana Adoption Assistance Program Overview (AAP and SAS) for additional guidance.

Name of prospective adoptive parent A		
Name of prospective adoptive parent B		
Name of foster child	Child's date of birth (<i>month, day, year</i>)	Identification number

I am a prospective adoptive parent with whom the Indiana Department of Child Services (DCS) has placed or intends to place a child who may become available for adoption. I assert that DCS has reviewed the following information about the potential adoption with me:

1. The foster child named above may be eligible for benefits under the Indiana Adoption Program, which includes the Title IV-E Adoption Assistance Program (AAP), Medicaid, Non-Recurring Adoption Expenses (NRAE), and the State Adoption Subsidy (SAS).
2. I have been given an Indiana Adoption Program Application.
3. I have been provided an opportunity to review the case file of the foster child named above, any social summary, and the medical passport. DCS has made information available to me regarding the child's social, behavioral, educational, psychological, and medical background, unless the information has been determined to be confidential under state or federal law.
4. I have been informed that I may qualify for a federal adoption tax credit if I choose to adopt the child listed above.

DCS has also informed me that if I choose to adopt a child in the care or custody of DCS, that Post-Adoption Services (PAS) are available to me as an adoptive parent of a foster child under the age of eighteen (18). Families may call their regional Adoption Consultant to be referred to a PAS provider within the region. I understand the Adoption Consultant contact information may be found on the DCS website at <http://www.indianaadoptionprogram.org/pas/> or by calling 1-888-25-ADOPT. Services will begin with a comprehensive strength-based assessment with the child and family. Based on the family's assessment and individual needs, the services provided may include behavioral health care services, support groups, respite, and/or other services as identified. I have been informed that more information about PAS Coordination may be found on the DCS website at <http://www.indianaadoptionprogram.org/pas/>.

I understand DCS may forward my contact information to the PAS provider for the purpose of calling and/or writing with information on how our family might benefit from these services.

By signing this form, I acknowledge that DCS has made information available to me and afforded me an opportunity to ask questions that I may have about services available through DCS or the child who is or has been placed in my care. By signing this form, I acknowledge that DCS has made available to me all sufficient material information necessary to make an informed decision about whether to adopt this child, including the availability of any subsidies and the availability of PAS.

This form must be signed by each prospective adoptive parent.

Signature of prospective adoptive parent A	Date (<i>month, day, year</i>)
Signature of prospective adoptive parent B	Date (<i>month, day, year</i>)
Signature of Family Case Manager	Date (<i>month, day, year</i>)