



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

State Form 54352 (R4 / 10-18)
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
1. This form must be signed by each pre-adoptive parent. See Policy 10.14, Indiana Adoption Assistance Program Overview (AAP and SAS).
 2. The Family Case Manager (FCM) will:
 - a. Upload the completed document into MaGik,
 - b. Send a copy with the adoption assistance application to the Central Eligibility Unit (CEU) at Centralized.Eligibility@DCS.IN.gov.

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| Name of pre-adoptive parent A | | |
| Name of pre-adoptive parent B | | |
| Name of foster child | Child's date of birth (month, day, year) | Identification number |

I am a potential 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 the DCS has reviewed the following information about 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 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 Liaison to be referred to a post-adopt provider within the region. Adoption Liaison contact information may be found on the DCS website at <http://www.in.gov/dcs/2747.htm> 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. More information about Post Adoption Service Coordination can be found on the DCS website at <http://www.in.gov/dcs/3184.htm>.

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 the Indiana Department of Child Services has made relevant information available to me and afforded me an opportunity to ask questions that I may have about DCS services or the child who is or has been placed in my care. By signing this form I acknowledge that if I decide to adopt this child that DCS has made available to me all relevant and material information necessary to make an informed decision, including the availability of any subsidies and the availability of PAS. **This form must be signed by each pre-adoptive parent.** See Policy 10.14, Indiana Adoption Assistance Program Overview (AAP and SAS).

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| Signature of pre-adoptive parent A | Date (month, day, year) |
| Signature of pre-adoptive parent B | Date (month, day, year) |
| Signature of Family Case manager | Date (month, day, year) |