



**INDIANA ADOPTION PROGRAM APPLICATION
TITLE IV-E ADOPTION ASSISTANCE PROGRAM (AAP)
OR STATE ADOPTION SUBSIDY (SAS)**

State Form 54351 (R2 / 1-23)
DEPARTMENT OF CHILD SERVICES

For central office use only – CEU will complete	
Person ID	Case ID

INSTRUCTIONS: Within ten (10) days of filing the petition for adoption, or earlier, return this form to the child's family case manager who will submit it, along with the qualifying results of the background check completed in the past twelve (12) months, to the Central Eligibility Unit for final eligibility determination.

Current name of child		Legal name of child after adoption	
Date of birth of child (month, day, year)		Age of child	
Name of adoptive parent A (If approved, payments will be made to adoptive parent A.)		Telephone number ()	
Address of adoptive parent A (number and street, city, state, and ZIP code)			
Name of adoptive parent B		Telephone number ()	
Address of adoptive parent B (number and street, city, state, and ZIP code)			
Date of final adoption hearing, if known (month, day, year)			
<p>I/We request the following types of adoption assistance:</p> <input type="checkbox"/> AAP or SAS Payment <input type="checkbox"/> Non Recurring Adoption Expenses \$ _____ (maximum of \$2,000 per child) <input type="checkbox"/> To be paid to adoptive parents <input type="checkbox"/> To be paid to attorney representing adoptive parents in adoption. The adoptive parents hereby authorize the DCS to pay non recurring adoption expenses directly to the following attorney of record in their adoption proceeding: _____ <input type="checkbox"/> Medicaid – Medical Benefits under Title XIX of Social Security Act. If child to be adopted is only eligible for SAS, documentation must be submitted identifying the child's medical, physical, mental, or emotional condition in order for the child to be determined eligible for Medicaid. Child to be adopted is eligible for Medicaid if eligible for AAP. (Submit documentation with application.)			

OTHER SIBLINGS WHO ARE BEING ADOPTED AT THE SAME TIME (add additional page if necessary)			
Name	Date of birth (month, day, year)	Name	Date of birth (month, day, year)

LIST ALL ADOPTIVE FAMILY HOUSEHOLD MEMBERS (excluding children listed above)		
Name	Relationship	Date of birth (month, day, year)

