



**APPLICATION FOR CONTINUATION OF ADOPTION AGREEMENT
BEYOND AGE EIGHTEEN (18)
For Recipients of State Adoption Subsidy (SAS) or
County Adoption Subsidy (CAS)**

State Form 54714 (R / 8-12)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: *The adoptive parent should complete this application, and obtain the additional required documentation described below. The application and paperwork must be submitted to the Department of Child Services Central Eligibility Unit (CEU) thirty (30) days prior to the child's eighteenth (18th) birthday. The Department will review the submitted documentation to determine if the child qualifies for a continuance of adoption assistance and/or Medicaid beyond the age of eighteen (18). Submission of this paperwork does not guarantee continuation of benefits; all cases are reviewed individually, and determinations are made based on set criteria. Adoptive parents should return the completed application and supporting documentation to CEU by fax at (317) 234-4547, email to Centralized.Eligibility@dcs.IN.gov or mail to: Indiana Department of Child Services – Central Eligibility Unit – MS-48, 100 North Senate Avenue, IGCN Room N848, Indianapolis, IN 46204.*

Name of child	Adoptive identification number of child
Name of adoptive parent A	Name of adoptive parent B

Your child currently receives SAS or CAS adoption assistance and Medicaid benefits. To apply for a continuation of these benefits, you must provide CEU with the following:

- A completed "Application for Continuation of Adoption Agreement Beyond Age Eighteen (18)" (*this document*)
- A letter from a licensed physician, licensed psychiatrist or psychologist, or teacher or school official that states:
 - a. The specific condition of the child and the diagnosis; and
 - b. A description of support and/or treatment required to meet the child's current needs.
- Proof of enrollment in a private or public institution (including high school, college, university, technical school or vocational school). A parent statement is not sufficient; this document must be issued by the institution (e.g., letter from the office/registrar on letterhead, proof of tuition payment, current course schedule, etc.).
- Supporting documentation of medical condition: Submit supporting documentation, if available, such as an Individual Education Plan (IEP) or other documentation that demonstrates the impact of the child's medical condition on daily functioning.
(Note: This item is not required, but may assist in making a determination of eligibility if available to submit with the application.)

I/ We certify that we are legally and financially responsible for the above named child and I / We are entitled to claim the child as a dependent for federal and state income tax purposes during the year(s) requested herein.

I/ We understand that this application for continuation is for a CAS or SAS agreement and if continuation of the adoption agreement is approved we may not receive any payments. If funding is not available, the above named child will be placed on the Adoption Subsidy Waiting List. If this application for continuation is approved, and the above named child is eligible for Medicaid, Medicaid will continue without interruption.

I/ We understand that this application and required documentation must be completed and returned to the DCS at least thirty (30) days prior to the child's eighteenth (18th) birthday.

I/ We hereby apply for continuation of the adoption agreement and Medicaid on behalf of the child listed above and I/We maintain that all statements and attached documents are accurate and true.

Signature of parent A	Date (month, day, year)
Signature of parent B	Date (month, day, year)
Signature of child	Date (month, day, year)
Mailing address (number and street, city, state, and ZIP code)	
Telephone number ()	E-mail address