ADOPTION ASSISTANCE VENDOR PAYMENT REQUEST FORM

Child's Adoptive Name:	Adoptive Parent Na	ame:
Please provide documentation that identifies the child's diagnosis, special needs related to the diagnosis, how is the service related to the special needs, what are the goals the service is to accomplish and how will achievement of goals be measured. Please include the projected duration of treatment or service and the projected total cost.		
Name of professional providing documentation:	Professional Title:	Date:
Signature of Professional:	Contact Information:	1

Use of Form: Documentation for approval of vendor payments is required each State Fiscal Year. This form may be used to supplement documentation from a provider requesting payment, as documentation is not sufficient if it is solely from the provider of the service. This form may also be used when the adoptive parent is requesting the vendor payment as a reimbursement. This form is to be provided to adoptive parents to acquire needed documentation each year.