STATE OF NORTH CAROLINA
APPLICATION FOR REIMBURSEMENT OF NON-RECURRING ADOPTION COSTS

CONFIDENTIALITY STATEMENT: The personal information requested on this form will be used to determine entitlement to non-recurring adoption costs under the Title IV-E Adoption Assistance Program administered by the North Carolina Department of Health and Human Services. All personal information on this form will be treated as confidential pursuant to N.C.G.S. 48-9-102.

COUNTY OFFICE USE ONLY		
Case Number	Date of Application	Received By

SECTION 1 – APPLICATION INFORMATION

Name of Adoptive Parent 1 *(first, middle, last)*			Social Security Number
Name of Adoptive Parent 2 *(first, middle, last)*			Social Security Number
Address *(house number, street, city, ZIP code)*			County
Name of child for whom application is being made *(first, middle, last)*	Date of Birth	Sex ☐ Male ☐ Female	Social Security Number

SECTION II – ELIGIBILITY DETERMINATION

We (I), the undersigned, apply for reimbursement of non-recurring costs directly related to the adoptive placement of the above named child who has been determined as "a child with special needs". We (I) understand that reimbursement is limited to a maximum of $2,000.00. We (I) understand that approval of our (my) request is based on meeting the following three (3) eligibility requirements:

A. The child must meet all three (3) of the requirements listed below to be determined as "special needs".

☐ 1. It has been determined that the child cannot or should not be returned to the home of his/her parents.

☐ 2. One or more of the following factors or conditions must exist and be documented in order for the "applicable child" to be eligible for IV-E adoption assistance (*check all that apply*):

- ☐ a. The child is six years of age or older;
- ☐ b. The child is two years of age or older **and** a member of a minority race or ethnic group;
- ☐ c. The child is a member of a sibling group of three or more children to be placed in the same adoptive home;
- ☐ d. The child is a member of a sibling group of two children to be placed in the same adoptive home, in which the sibling meets at least one of the other criteria for special needs;
- ☐ e. The child has a medically diagnosed disability which substantially limits one or more major life activity, requires professional treatment, assistance in self-care, or the purchase of special equipment;
- ☐ f. The child is diagnosed by a qualified professional to have a psychiatric condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires professional services;
- ☐ g. The child is diagnosed by a qualified professional to have a behavioral or emotional disorder characterized by inappropriate behavior which deviates substantially from behavior appropriate to the child's age or significantly interferes with child's intellectual, social and personal adjustment;
- ☐ h. The child is diagnosed to be intellectually disabled or to have an intellectual disability by a qualified professional;
- ☐ i. The child is at-risk for a diagnosis described above in terms e through h, due to prenatal exposure to toxins, a history of abuse or serious neglect, or genetic history. Note: If the child qualifies only under this criteria, the child **must** be placed in the potential category where they will receive Medicaid but will receive a zero amount monthly payment until a diagnosis is made.
- ☐ j. The child meets all of the medical and disability requirements for Supplemental Security Income (SSI).

☐ 3. It has been determined that reasonable, but unsuccessful, efforts to place the child for adoption with appropriate adoptive parent(s) without providing adoption assistance have been made, except when it would not be in the best interest of the child to make these efforts.

B. If an interstate placement was made, it was done in accordance with Federal, State and local laws and in compliance with the Interstate Compact on the Placement of Children or any other applicable state law regarding the interstate placement of children. ☐ Yes ☐ No

EXPENSES INCURRED BY ADOPTIVE PARENT(S)

(Reimbursement shall not exceed $ 2,000.00 per child. Attach verifying documents)

Expense	Amount	Expense	Amount
Attorney Fees	**$**	Adoption Agency Fees	**$**
Psychological Examination	**$**	Court Fees	**$**
Lodging (subject to State guidelines)	**$**	Meals *(subject to State guidelines)*	**$**
Birth Certificate	**$**	Mileage *(subject to State guidelines)*	**$**
Medical Examination	**$**	Other Adoption related expenses *(specify. Use additional paper to list expenses, if necessary)*	**$**

We (I) verify that the expenses listed above are reasonable and necessary adoption costs which were directly related to the legal adoption of the above named child with special needs. The reported expenses were incurred by the adoptive parent(s) and are not in violation of state or federal law. No reimbursement has been made from other sources or funds. We (I) claim reimbursement for the total amount of $_____in completing this adoption.

_____

Signature of Adoptive Parent 1 | Social Security Number of Adoptive Parent 1 | Date

_____

Signature of Adoptive Parent 2 | Social Security Number of Adoptive Parent 2 | Date

Authorized Payee(s)_____

_____

_____

COUNTY OFFICE USE ONLY

I do affirm to the best of my knowledge that _____ ☐ **has** ☐ **has not** met eligibility requirements and
Name of Child

☐ **has** ☐ **has not** been determined as a child with "special needs".

_____

Signature of Social Worker | Title

_____

Adoption Agency | Date

DISPOSITION OF REIMBURSEMENT CLAIM

☐ Approval of claim reimbursement ☐ Denial of claim reimbursement

Reason for denial of claim reimbursement: _____

_____

_____ _____

Signature of Agency Representative | Date

FOR ADOPTIVE PARENT REIMBURSEMENT

MAIL COMPLETED FORM AND VERIFICATION DOCUMENTS TO:

(Affix DSS Address Mailing Label or Complete Information)

_____ Department of Social Services

_____

Mailing Address

_____

City State Zip Code

Adoptive Parent(s) may qualify for the Adoption Tax Credit if eligible expenses were paid related to the adoption of youth in foster care. Adoptive Parent(s) may contact a tax preparer or the Internal Revenue Service (IRS) at 800-829-1040 or via website at http://www.irs.gov/taxtopics/tc607.html.