

STATE OF NORTH CAROLINA

_____ COUNTY

SPECIAL CHILDREN ADOPTION INCENTIVE FUND

**AGENCY VERIFICATION OF LEGAL CUSTODY AND
CHILD'S LIVING ARRANGEMENT FOR PAST SIX MONTHS**

I, the undersigned declare that I am _____ of
Director of Social Services

_____ Department of Social Services, and I verify that

_____ is in the legal custody and placement authority
Name of child for whom incentive fund will be made

of the _____ Department of Social Services. I further verify

that the said child has resided in the licensed foster care home of

Name of licensed foster parent(s)

Mailing address of licensed foster parent(s)

City State Zip Code

for the previous six consecutive months on a continuous basis and that the foster parent(s) have received monthly cash assistance from a governmental source in excess of the standard board rate established by the General Assembly for the previous six months on a continuous basis. The foster parent(s) have stated a willingness to adopt this child if the monthly cash assistance that they have received as foster parents is not terminated. The amount of monthly cash assistance **above the standard board rate established by the General Assembly** that is being received by the foster parent(s) is \$ _____.

This is the amount of monthly cash assistance the parent(s) will receive, subject to continuing legislative authorization, from the Special Children Adoption Incentive Fund **above the standard board rate established by the General Assembly** following the issuance of the Decree of Adoption.

Signature

Date