DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

Adoption Support Worksheet

If more space is needed for your answers, please use the back of this form.

NAME OF CHILD	NAME OF ADOPTIVE PARENTS	DATE

Section 1. Child's Special Need and Related Expenses

CHILD'S SPECIAL NEEDS AND RELATED EXPENSES	MONTHLY EXPENSE	AMOUNT PROVIDED BY PARENT	AMOUNT ASSISTANCE REQUESTED
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$

Section 2. Family and Community Resources

Please list resources your family is currently accessing, or those services that are available, to offset the additional costs related to caring for the child. Examples are listed below.

SOURCE	AMOUNT
☐ Number of people supported by income: ______ Gross monthly income:	$
☐ Supplemental Security Income (SSI), Social Security (SSA) / Veterans Benefits	$
☐ Child Support (for other children in the home)	$
☐ Working Connections Child Care Co-pay:	$
☐ Other:	$

☐ Family Medical Insurance List provider:

☐ Developmental Disability Administration and/or Medicaid Personal Care

☐ Birth to Three / Early Head Start / ECEAP / Developmental Preschool

Section 3. Average Expenses

MONTHLY EXPENSES	AMOUNT	MONTHLY EXPENSES	AMOUNT
Housing	$	Medical	$
Utilities / phone	$	Child Support	$
Food	$	Loans (not mortgage or rent)	$
Car	$	Credit card payments	$
Insurance	$	Dependent care	$
Family Medical insurance	$	Child care	$
Educational expenses	$	Other:	$

Section 4. Requested Benefits

Can you adopt this child without the assistance of the adoption support program? ☐ Yes ☐ No

☐ Monthly Cash Payment $____________________ (amount requested) ☐ Counseling ☐ Medical

☐ Non-Recurring Costs $______________________ (amount listed on application)

ADOPTIVE PARENT'S SIGNATURE	DATE
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