



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES
 ADOPTION SUPPORT PROGRAM
 TOLL FREE HOTLINE: 1-800-562-5682

Adoption Support Agreement Review

- Complete each section below that applies.
- Use back side of form for more room, if needed.
- Return to Adoption Support Program in the enclosed pre-paid envelope

PARENT #1		PARENT #2		
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER				
MEDICAL INSURANCE COMPANY'S NAME				
LIST ALL CHILDREN FOR WHOM YOU ARE RECEIVING ADOPTION SUPPORT SERVICES				
1. _____		3. _____		5. _____
2. _____		4. _____		6. _____
<input type="checkbox"/> 1. Total number in household: <input type="checkbox"/> 2. We no longer need Adoption Support for <input type="checkbox"/> 3. We would like Adoption Support to continue with <u>NO CHANGES.</u> <input type="checkbox"/> 4. We are requesting <u>CHANGES</u> to our agreements for				
CHILD'S NAME	CHANGE REQUESTED		REASON FOR REQUEST	
5. PLEASE DESCRIBE ANY CHANGES IN YOUR CHILD'S CIRCUMSTANCES OR CONDITIONS THAT MAY AFFECT THE ADOPTION SUPPORT AGREEMENT. IF ADDITIONAL SPACE IS NECESSARY, PLEASE ATTACH A PIECE OF PAPER OR USE THE BACK SIDE OF THIS FORM.				
6. PLEASE DESCRIBE ANY CHANGES IN YOUR FAMILY'S CIRCUMSTANCES OR CONDITIONS THAT MAY AFFECT THE ADOPTION SUPPORT AGREEMENT. IF ADDITIONAL SPACE IS NECESSARY, PLEASE ATTACH A PIECE OF PAPER OR USE THE BACK SIDE OF THIS FORM.				
We understand and agree that a copy of our (my) federal income tax return (IRS 1040) shall be sent to the Adoption Support Program upon request as long as we (I) continue to receive support services.				
PARENT #1 SIGNATURE		DATE	PARENT #2 SIGNATURE	

DISTRIBUTION: White – Adoption Support Program Yellow – Adoptive Family