



Disability Verification for Youth Over Age 18

If you are requesting an extension of adoption support beyond your child's 18th birthday, **please return this form with your child's high school enrollment verification.** You will need to provide medical documentation from your child's medical care provider that he/she has a disability.

CHILD'S NAME	DATE OF BIRTH	Does your child to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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A disability means that your child has a chronic disability which results in limitations in three or more of the following areas of major life activities: self care, receptive and expressive language, learning, mobility, self direction, capacity for independent living, economic sufficiency.

	YES	NO
1. Does your child have physical limitations due to injury or disease? If yes, please attach current doctor's report.	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have emotional or behavioral problems? If yes, please attach current therapeutic report.	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child have an IEP or 504 plan? If yes, please attach current school documentation.	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child live in your home? If not, where is your child residing:	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your child receiving Supplemental Security Income (SSI)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you still providing financial support?	<input type="checkbox"/>	<input type="checkbox"/>