

ADOPTION PROMOTION FUND

NAME OF COUNTY/AGENCY	NAME OF PREPARER	PREPARER'S TELEPHONE ()	PREPARER'S EMAIL
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CHILD'S INFORMATION			SIS IDENTIFICATION NUMBER										DATE OF DECREE OF ADOPTION	IF SHARED, GIVE NAME OF OTHER AGENCY	AMOUNT OF PAYMENT RECEIVED FROM OTHER SOURCE(S)	AMOUNT OF PAYMENT REQUESTED	CHILD'S SPECIAL NEEDS	
Name	Age	Race																
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		

CERTIFICATION

I certify that the above adoption services were provided in compliance with Adoption Promotion Program Fund guidelines and have been documented as required.

Signature of Authorized Official: _____ Print Name: _____

Title: _____ Date: _____

INSTRUCTIONS FOR COMPLETING DSS-1571 - ADOPTION PROMOTION FUND

County/Agency	Enter the name of the agency requesting reimbursement.
Preparer	Enter the name of the individual preparing the Adoption Promotion Form.
Preparer's Telephone Number	Enter the area code and telephone number of the individual preparing the Adoption Promotion Form.
Preparer's Email Address	Enter the email address of the individual preparing the Adoption Promotion Form.
Name	Enter the adoptive name of the child for whom you are requesting payment.
Age	Enter the age of the child for whom you are requesting payment.
Race	Enter one of following codes: AI – American Indian; AN – Alaskan Native; A – Asian; AA --- African American; NH – Native Hawaiian or Pacific Islander; W – White, U --- Unable to Determine
SIS Identification Number	Enter the child's SIS identification number from the DSS-5095.
Date of the Decree of Adoption	Enter the date the Decree of Adoption (DSS-1814) was filed.
Shared Placement	If two agencies worked together to complete this adoption, give the name of the other agency.
Amount of Payment Received From Other Source(s)	Enter the amount of payment you received from other sources for the provision of adoption services to facilitate this adoption.
Amount of Payment Requested	Enter the amount of payment being requested under the Adoption Promotion Program Fund. NOTE: Total payments received from ALL sources cannot exceed to payment level for the child under this program.
Child's Special Needs	Enter child's special needs.