ATTACHMENT II

SPECIAL CHILDREN ADOPTION FUND

COUNTY/AGENCY	PREPARER	PREPARER				PREPARER'S TELEPHONE #						PREPARER'S E-MAIL ADDRESS					
Child's Name/Age/Race (Do not use code for race)		DSS 5095 SIS Identification Number						5 n Nu	ımb	er		If partnership, give name of Agency/DSS)	Included in Statewide Contract?		Date of Decree Of Adoption	Amount Requested	Child's Special Needs
1.													YES	NO			
2.																	
3.																	
4.																	
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CERTIFICATION: I certify that the above adoption services were provided in compliance with Special Children Adoption Fund guidelines and have been documented as required.

Signature of Authorized Official