



**SUBSIDIZED ADOPTION AGREEMENT**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CHILDREN & FAMILY SERVICES-ADOPTIONS  
 SFN 1803 (9-2022)

<input type="checkbox"/> IV-E Eligible due to PL 110-351	<input type="checkbox"/> Exception
<input type="checkbox"/> IV - E Eligibility	<input type="checkbox"/> Tribal Payment
<input type="checkbox"/> Non IV - E Eligibility	
Case ID Number	

Read the Agreement Procedures that follow before completing this agreement. Submit, with supporting documentation, to the sub-adopt negotiator at the State.

**AGREEMENT INFORMATION**

The following Agreement has been entered into, by and between:

State Agency	Email Address	Telephone Number	
Address	City	State	ZIP Code

herein called the "agency(ies)" and

Adoptive Parent #1 Full Name	Telephone Number	Email Address		
Adoptive Parent #2 Full Name	Telephone Number	Email Address		
Mailing Address	City	State	ZIP Code	County

hereafter called the "adoptive parent(s)", for the purpose of facilitating the legal adoption of

Child's Name (prior to adoption)	Child's Adoptive Name	Date of Birth
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and to aid the adoptive family in providing proper care for this child. This document is the **ADOPTION SUBSIDY AGREEMENT**. The prospective adoptive parent(s) agree that he/she/they intend to adopt the above-named child and agree to the terms and provisions in this document and have signed this document prior to finalization of the adoption for the purposes of receiving subsidized adoption payment and/or services for the child under Titles XIX and XX.

**MEDICAL INSURANCE**

Does the family have a private insurance policy to which the child was or will be added?  No  Yes  
 If yes, provide a copy of the front and back of all current medical cards (health, dental, vision, and prescription) If card is missing contact information, provide below.

Company Name	ID	Telephone Number	
Group Name	Group Number		
Type of Coverage <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> RX <input type="checkbox"/> Court Ordered	Date Child Effective on Policy		
Address	City	State	ZIP Code
Name of Policyholder	Policyholder Number	Effective Date	
Policyholder Address	City	State	ZIP Code

**PROVISIONS OF AGREEMENT**

**I. Assistance**

A. Nonrecurring Adoption Expenses (list specific items and cost of each, attach verification)

Legal Fees	Transportation Costs	Agency Assessment Fees	Medical Expenses	Criminal Clearances
Assessment Tools	Other Fee (specify type)		Other Fee Amount	<b>TOTAL</b>

Specifications
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**PROVISIONS OF AGREEMENT**

**I. Assistance (continued)**

**B. Monthly Payment (See Agreement Procedural Information)**

MONTHLY CASH PAYMENT			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Standard Amount	Excess Maintenance	Childcare	Total Monthly Payment
Effective Date of Payment	Renegotiation Timeframe <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually		Next Review Due Date
Specifications			

**C. Medical Care/Medicaid**

<input type="checkbox"/> In accordance with the procedures of the state in which the adoptive child resides (IV-E).
<input type="checkbox"/> Non IV-E in resident state that offers reciprocity.
<input type="checkbox"/> In accordance with the procedures of the State of North Dakota (Non-IV-E).

**D. Social Services Provisions (See Agreement Procedural Information)**

**E. Subsidy Procedures (See Agreement Procedural Information)**

This Agreement is binding on the parties of the agreement unless termination occurs as a result of one or more of the conditions set forth in Section III, Termination. This Agreement shall remain in effect regardless of the State of which the adoptive parents are residents at any given time.

Adoptive Parent Signature	Date
Adoptive Parent Signature	Date
Authorized State Agency Signature	Date
Effective Date of Adoption Assistance Agreement	
Date signed copy of the Adoption Assistance Agreement given/sent to adoptive parents	

**DISTRIBUTION: Original - HHS      Copies - Adoptive Parents, LCPA**

## AGREEMENT PROCEDURAL INFORMATION

The following information/procedures are provided to assist you in completing the agreement for subsidized adoption which must be used in all subsidized adoption cases. It is important that all the information requested be given in the blanks provided.

### PROVISION OF AGREEMENT

#### I. Assistance

- A. **Non-recurring Adoption Expenses:** (i.e. reasonable and necessary adoption fees, court costs, attorney fees, etc. List specific items and costs of each). Verifications of expenditures must be provided when the agreement is filed with the agency. Total amount may not exceed \$2000 per child.
- B. **Monthly Cash Payment:** The amount of monthly cash payment (subsidy) is based on the needs of the child and the circumstances of the adoptive parent(s) and has been determined by mutual agreement between the adoptive parent(s) and the state agency. The amount of the payment does not exceed the foster care payment if he/she were in a foster family home in the State. Adjustments in cash assistance payments may be made with the concurrence of the adoptive parent(s) based upon changes in the needs of the adoptive child or changes in the circumstances of the adoptive family. Written documentation of changes in the child's needs or family's circumstances are required and should be submitted with request for adjustment.
- C. **Medical Care:** Medical benefits as provided under Title XIX of the Social Security Act (Medicaid) will be available to the adoptive child. When the child is added to the family health insurance policy the adoptive parent(s) shall notify the agency of the names and addresses of the insurers. The family or child's insurance is considered the first source of payment for medical needs.
- D. **Social Services:** Social Services as provided under Title XX of the Social Security Act will be available to the adoptive child in accordance with the procedures of the State in which the adoptive child resides.
- E. **Subsidy Procedures:** This Agreement shall remain in effect regardless of the State of which the adoptive parents are residents at any given time. If a family changes residence or resides in another state, Title XX social services, if available, for eligible children, shall become the responsibility of the new state of residence. Children eligible for or receiving Federal IV-E Adoption Assistance benefits shall be eligible to receive Medicaid benefits from their state of residence. Children not eligible for federally subsidized adoption assistance shall continue to receive Medicaid (Title XIX) benefits directly from North Dakota, unless they are residing in a state that reciprocates Medicaid coverage for children on state-funded adoption assistance. Medicaid benefits included in North Dakota's Medicaid Plan but excluded or limited by the resident state's Medicaid Plan shall remain the responsibility of North Dakota, if specified in the subsidy agreement.

If the adoptive parent(s) move out of North Dakota or already reside outside of North Dakota, instructions will be sent on how to make application through the resident state for Medicaid coverage. The instructions will include a statement regarding the adoptive child's eligibility for Medical Assistance in the resident state. Medicaid coverage from North Dakota will continue until coverage is extended by the resident state. Adoptive parents must locate medical providers in their resident state that will accept North Dakota Medicaid.

#### II. Notification of Change

- A. The adoptive parent(s) shall immediately notify the agency of any payment irregularities/discrepancies from the amount established in this signed agreement.
- B. The adoptive parent(s) will immediately notify the agency, in writing, if they are no longer legally responsible for the support of the child or are no longer supporting the child.
- C. Adjustments in monthly subsidy may be made, if requested by the adoptive parent(s), at the time of periodic review of the Agreement or at any time the needs of the child change. Such requests must be made in writing to the agency.
- D. Parents will notify the agency of changes of address.
- E. The adoptive parent(s) will notify the agency of circumstances which would make them ineligible for payments, or eligible for payments in a different amount (i.e. approval or discontinuance of SSI, SSA or other benefits).
- F. The adoptive parent(s) will immediately notify the agency if their minor child is no longer residing with them and/or has been placed in foster care. The adoptive parent(s) will provide documentation of their continued financial support of the child and will cooperate with renegotiation of the subsidy amount.

### III. Termination

Termination will occur in any of the following circumstances:

- A. This Agreement will terminate upon the conclusion of the terms of this Agreement.
- B. This Agreement will terminate upon the adoptive parent(s)' request.
- C. Subsidy payments will terminate when the child reaches the age of 18. Subsidized adoption may be provided **at State Option** (see below) until the child is 21 years of age. The family's request to continue subsidy must be made in writing prior to the recipient's 18th birthday. Requests for extension and/ or reinstatement must be in writing and verification of school attendance must be submitted. If the subsidy has been suspended for lack of school verification, reinstatement will be as of the date of request and/or when school attendance commences.
- D. This Agreement will terminate upon the child's death.
- E. This Agreement will terminate upon the death of the parent(s) of the child (one in a single parent family and both in a two-parent family).
- F. This Agreement will terminate at the cessation of legal responsibility of the adoptive parent(s) for the child.
- G. This Agreement will terminate if the agency determines that the child is no longer receiving support from the adoptive parent(s).
- H. This Agreement will terminate if the family fails to participate in the renewal process for subsidized adoption.

### IV. Appeal

Adoptive parent(s) may appeal the agency's decision to reduce, change or terminate adoption subsidy in accordance with rules and procedures of the State's fair hearing and appeal process. Information may be requested from the agency.

### STATE OPTION

IV-E Subsidy may continue until the child's twenty first (21) birthday if services are required for a mental and/or physical disability. State subsidy may continue until age 21, if the agency determines the child is a student regularly attending a secondary, post secondary, or vocational school in pursuance of a course of study leading to a diploma, degree, or gainful employment. **Verifications of disability or school attendance are required.** If payment is suspended for lack of school verification, reinstatement will only occur as of the month of the reinstatement request and/or when school attendance commences.