## Ohio Department of Job and Family Services TITLE IV-E ADOPTION ASSISTANCE APPLICATION

Ohio Administrative Code Chapter 5101:2-49 requires that an application be completed for each child for whom adoption assistance is requested. Note: If adoption assistance is provided on behalf of a child who is receiving SSI it will be the responsibility of the adoptive parents to advise the Social Security Administration regarding the child's receipt of Title IV-E adoption assistance. This application must be completed by the adoptive parent(s).

SECTION I: ADOPTIVE PARENT(S) INFORMATION				
Name of Adoptive Mother (first and last)	Name of Adoptive Father (first and last)		Telephone Number	
Address				
City, State, Zip				
SECTION II: AGENCY INFORMATION				
Name of Custodial Agency		Name of Caseworker		
Address				
City, State, Zip		Telephone Number		
SECTION III: CHILD'S INFORMATION	1 1 1 1 1 1 1 1 1		· 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Name of Adoptive Child (First, Middle, Last)		Date of Birth (mm/dd/yyyy)	Male	] Female
COMPLETE IF CHILD WILL BE ATTENDING SCHOOL				
Name of School		School District		Grade
What are the child's special needs?				
SECTION IV: STATEMENT TO WAIVE ADOPTION ASSISTANCE				
I affirm that I understand that my child may be eligible for Title IV-E Adoption Assistance, but I do not wish to receive any payment or benefits as it relates to the adoption of the above named child. By signing my name on the line below, I waive my right to adoption assistance for my adoptive child.				
(Adoptive Mother)		(Adoptive Father)		
SECTION V: HEALTH INSURANCE				
If the child is or will be covered by health, accident, or hospital insurance, complete the following				
Policy Holder	·	Policy Number		
Name of Insurance Company Effective Date				
Benefits to be paid Hospital		Person Insured		
Identify any limitations/riders affecting the coverage for the child				
Adoptive Mother's Signature	Date	Adoptive Father's Signature		Date