

**ADOPTION ASSISTANCE PROGRAM  
NONRECURRING ADOPTION EXPENSES AGREEMENT**

Adoptive parents may be reimbursed for nonrecurring adoption expenses of up to \$400 per adoption of a special needs child pursuant to Welfare and Institutions Code (W&IC) Section 16120.1. The term "nonrecurring adoption expenses" is defined as the reasonable and necessary adoption fees, court costs, attorney fees and other expenses which are directly related to the legal adoption of a child with special needs, which are not incurred in violation of State or Federal law, and which have not been reimbursed from other sources or funds.

Other allowable costs of the adoption incurred by or on behalf of the parents and for which parents carry the burden for payment, may include: the adoption homestudy, health and psychological examinations, supervision of the placement prior to the adoption, transportation and reasonable costs of lodging and food for the child and/or the adoptive parents when necessary to complete the adoption process.

To be eligible for nonrecurring adoption expenses the child must meet the three part special needs determination and be a United States citizen or qualified alien as stated in W&IC Section 16120 (a) through (c) and (l).

Financially Responsible County: \_\_\_\_\_ Adoptive Placement Date: \_\_\_\_\_  
Name

☐ I/We, \_\_\_\_\_ and \_\_\_\_\_, have  
Name of Parent Name of Parent  
entered into an agreement with the \_\_\_\_\_ for the Nonrecurring  
Responsible Public Agency  
Adoption Expense Reimbursement Amount of \$ \_\_\_\_\_ for \_\_\_\_\_  
Name of Child

Claim for payment including receipts and all related nonrecurring adoption expenses documentation is attached.

Or

☐ I/We, \_\_\_\_\_ and \_\_\_\_\_, have been notified that we  
Name of Parent Name of Parent  
may be eligible to receive these funds and the claim for payment including receipts and all related  
nonrecurring adoption expenses documentation will be submitted to \_\_\_\_\_  
Responsible Public Agency  
no later than two years from date of finalization.

\_\_\_\_\_  
Adoptive Parent\_\_\_\_\_  
Date\_\_\_\_\_  
Adoptive Parent\_\_\_\_\_  
Date\_\_\_\_\_  
Child's Agency Representative\_\_\_\_\_  
Date\_\_\_\_\_  
Child's Agency Name