



**THE PRIVATE ADOPTION AGENCY REIMBURSEMENT PROGRAM (PAARP)
FULL TIME EQUIVALENT**

1. PROVIDER NAME	2. PROGRAM NAME	3. FISCAL PERIOD
4. Average Actual cost per Adoption <i>(Based on the Annual Expenditures per Child Rate for Actual period, Form D, Line 17.)</i>		
5. Final PAARP Reimbursement Rate <i>(Enter the amount from Line 4 above. If that amount is greater than \$10,000, enter the maximum reimbursement rate of \$10,000.)</i>		
6. Provisional Rate Per Adoption <i>(Based on the Annual Expenditures per Child Rate for Provisional Period, Form B, Line 17.)</i>		
7. Excess of PAARP Rate per Average Adoption <i>(If Line 5 is less than Line 6, subtract Line 5 from Line 6. This is the amount owed to the State per adoption.)</i>		
8. Deficit of PAARP Rate per Average Adoption <i>(If Line 5 is more than Line 6, subtract Line 6 from Line 5. This is the amount owed to the provider per average adoption rate.)</i>		
9. Actual Number of Completed Adoptions <i>(Based on the Number of Completed Adoptions on Annual Expenditures per Child Rate for Actual Period, Form D, Line 14.)</i>		
10. Total Owed to State <i>(Multiply Line 7 by Line 9.)</i>		
11. Total Owed to Provider <i>(Multiply Line 8 by Line 9.)</i>		