

Amend Section 35000(r)(3) to read:

35000 DEFINITIONS (Continued) 35000

(r) ~~(31)~~ "~~Recertification~~ Reassessment" means the process by which the agency and the adoptive parent determine whether there are any changes in either the child's needs or the adoptive parent's circumstances which affect ~~eligibility for and/or~~ duration of and/or amount of adoption assistance payments.

~~(12)~~ "Receiving Agency in the Independent Adoptions Program" (Continued)

~~(23)~~ "Receiving Agency in the Relinquishment Adoptions Program" (Continued)

Authority cited: Sections 10553, 10554, and 16118, Welfare and Institutions Code; Section 1530, Health and Safety Code; and Sections 8608, 8621, and 8901, Family Code.

Reference: Sections 10800, 16000, 16100, 16115, 16118, 16119, 16120, 16120.1 and 16121, Welfare and Institutions Code; Sections 3014, 6500, 7002, 7601, 7602, 7610, 7611, 7612, 7660, 7661, 7662, 7663, 7664, 7665, 7666, 7669, 7802, 7807, 7808, 7820, 7821, 7822, 7823, 7824, 7825, 7826, 7827, 7828, 7829, 7890, 7892, 7893, 8502, 8503, 8506, 8509, 8512, 8515, 8518, 8521, 8524, 8527, 8530, 8533, 8539, 8542, 8545, 8600, 8706, 8714, 8714.7, 8801(b), 8802, 8817, 8909, and 9202, Family Code; Section 1502, Health and Safety Code; Sections 1502(a)(9) and (10), and 13290, Government Code; 8 USC 1101(b)(1)(F); 25 USC 1901, 1903(2), (3), (4), (5), (6), (8), (9), (11), and (12); 42 USC 673 and 675; Section 11105(a)(2), Penal Code; and 28 CFR Section 16.31; and 45 CFR 1356.41(i).

Post-Hearing Modification: Amend Section 35001 to read:

35001 DEFINITIONS - FORMS

35001

The following forms, which are incorporated by reference, apply to the regulations in Title 22, Division 2, Chapter 3 (Adoption Program Regulations).

- (a) (1) "AAP 1" (~~6/04~~ 9/09) means the form entitled, "Request for Adoption Assistance Program Benefit."
- (2) "AAP 2" (~~3/97~~ 7/11) means the form entitled, "Payment Instructions - Adoption Assistance Program."
- (3) "AAP 3" (~~6/04~~ 7/11) means the form entitled, "Reassessment Information - Adoption Assistance Program."
- (4) "AAP 4" (~~7/97~~ 7/11) means the form entitled, "Eligibility Certification - Adoption Assistance Program."
- (5) "AAP 6" (7/11) means the form entitled, "Adoption Assistance Program - Negotiated Benefit Amount and Approval."
- (6) "AAP 8" (7/11) means the form entitled, "Adoption Assistance Program - Nonrecurring Adoption Expenses Agreement."

Current Sections 35001(a)(5) through (a)(84) are renumbered to (a)(7) through (a)(86) respectively.

(~~857~~) "AD 4320" (~~4/04~~ 5/11) means the form entitled, "Adoption Assistance Program Agreement." (Continued)

Current Sections 35001(a)(86) and (87) are renumbered to (a)(88) and (89) respectively.
(Continued)

- (f) (8) "FC 8" (~~6/94~~ 7/11) means the form entitled, "Federal Eligibility Certification for Adoption Assistance Program." (Continued)
- (10) "FC 10" (~~12/88~~ 8/09) means the form entitled, "Income and Property Checklist for Federal Eligibility Determination - Adoption Assistance Program." (Continued)

Authority cited: Sections 10553, 10554, 16118, and 16120 Welfare and Institutions Code; and Section 8621, Family Code.

Reference: Sections 16105, 16118, and 16120.05, Welfare and Institutions Code; Sections 8500 et seq., 8600 et seq., 8700 et seq., 8800 et seq., 8900 et seq., 9100 et seq., and 9200 et seq., Family Code.

Amend Section 35325 to read:

Post-hearing: Amend Sections 35325 to read:

35325 REQUEST FOR ADOPTION ASSISTANCE (Continued)

35325

- (c) ~~The public agency responsible for determining AAP eligibility and initial and subsequent payments shall be:~~

The responsible public agency refers to the department or licensed county adoption agency responsible for determining a child's AAP eligibility and initial and subsequent payment amounts. The income maintenance division of each county welfare department is responsible for federal eligibility determination and payment of AAP benefits.

- ~~(1) The Department or the licensed county adoption agency responsible for the child or,~~

- ~~(2) If the child is the responsibility of a licensed private adoption agency, the Department or licensed county adoption agency providing agency adoption services in the county that would provide adoption assistance benefits on behalf of the child.~~

If the child has been voluntarily relinquished for adoption to a California licensed public or private adoption agency and placed with a California prospective adoptive family. The prospective adoptive parents shall submit the completed AAP 1 and supporting documentation to the responsible public agency representing their county of residence. The financially responsible county shall be the county in which the relinquishing parent resides.

- ~~(A) If the child has been voluntarily relinquished for adoption to a licensed private adoption agency, the financially responsible county shall be the county in which the parent who has physical custody of the child resides at the time the relinquishment document is signed.~~

- ~~(B)~~ (Continued)

- (2) If a child is relinquished to a private adoption agency in another state and placed with a prospective adoptive family in California, the prospective adoptive family's county of residence is financially responsible. The prospective adoptive parents shall submit the completed AAP 1 and supporting documentation to the responsible public agency representing their county of residence.

- (3) If a child is relinquished to a private adoption agency in California and placed with a prospective adoptive family in another state, the public child welfare agency in the adoptive parents' state of residence is responsible for determining the child's eligibility and for all AAP payments.

HANDBOOK BEGINS HERE

~~(d) The county responsible for providing AAP financial aid and for determining the child's Federal eligibility status is specified by Welfare and Institutions Code Section 16118(e).~~

~~(1) Welfare and Institutions Code Section 16118(e) states:~~

~~"For purposes of this chapter, the county responsible for determining the child's Adoption Assistance Program eligibility status and for providing financial aid in the amount determined in Sections 16120 and 16120.1 shall be the county that at the time of the adoptive placement would otherwise be responsible for making a payment pursuant to Section 11450 under the CalWORKs program or Section 11461 under the Aid to Families with Dependent Children Foster Care program if the child were not adopted. When the child has been voluntarily relinquished for adoption prior to a determination of eligibility for such a payment, the responsible county shall be the county in which the relinquishing parent resides. The responsible county for all other eligible children shall be the county where the child is physically residing prior to placement with the adoptive family."~~

HANDBOOK ENDS HERE

~~(d) (2) Once established, the county of responsibility shall remain unchanged for the duration of adoption assistance payments for that child.~~

~~(e) The responsible public agency shall determine whether the child meets the eligibility requirements as specified in Section 35326. (Continued)~~

~~(3) If the responsible public agency determines that the child is eligible for AAP benefits, the agency shall:~~

~~(A) Submit the Federal Eligibility Certification for Adoption Assistance Program form (FC 8) to the county responsible for payment.~~

~~1. The child's name prior to adoption (birth name) shall be used on the FC 8.~~

~~2. The child's adoptive name shall not be used on the FC 8.~~

~~(B) Apply for Supplemental Security Income (SSI) benefits on the child's behalf prior to the completion of an AD 4320 if:~~

~~1. The FC 8 returned by the county responsible for payment indicates that the child is not eligible for the Federal AAP and;~~

~~2. The child appears potentially eligible for the SSI program.~~

- ~~(C) Determine the initial amount and duration of payment as specified in Section 35333.~~
- ~~1. If another agency assessed the prospective adoptive family as specified in Sections 35180 through 35183.1 and/or a private adoption agency is responsible for the child, these agencies shall be consulted before the amount and duration of payment is determined.~~
- ~~(D) Complete an Adoption Assistance Program Agreement (AD 4320) as specified in Section 35337.~~
- ~~1. The AD 4320 shall be signed by the responsible public agency and the adopting parent(s) prior to the granting of the final decree of adoption.~~
 - ~~2. In adoptive placements which involve more than one agency, all agencies shall sign the initial AD 4320.~~
 - ~~(i) Subsequent amendments to the AD 4320 may be signed by the responsible public agency alone.~~
 - ~~3. If AAP assistance is to be provided after the adoptive placement but prior to the final decree, the AD 4320 shall be signed prior to the granting of assistance.~~
 - ~~4. The child's adoptive name shall be used on the AD 4320.~~
 - ~~5. If the adoptive family elects not to apply for AAP benefits, the agency shall encourage the family to sign a deferred Adoption Assistance Program Agreement (AD 4320).~~
- ~~(E) If the agency and the adoptive family are unable to agree on AAP benefits, the agency will complete the AAP 2 as described in Section 35343(b)(4)(A).~~
- ~~(F) Authorize payment as specified in Section 35341.~~

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code and Section 1530, Health and Safety Code.

Reference: Sections 16118, 16119, 16120, and 16121, ~~and 16121.5~~, Welfare and Institutions Code; 45 CFR 1356.40; and 42 USC 673 and 675.

Amend Section 35326 to read:
Post-hearing: Amend Section 35326 to read:

35326 AAP ELIGIBILITY

35326

- (a) ~~In order for a child to be eligible for Adoption Assistance Program (AAP) benefits, the conditions specified at Welfare and Institutions Code Section 16120 shall be met.~~

HANDBOOK BEGINS HERE

- (1) ~~Welfare and Institutions Code Section 16120 states:~~

~~"A child shall be eligible for Adoption Assistance Program benefits if all of the conditions specified in subdivisions (a) through (g) are met or if the conditions specified in subdivision (h) are met.~~

- (a) ~~The child has at least one of the following characteristics that are barriers to his or her adoption:~~

(1) ~~Adoptive placement without financial assistance is unlikely because of membership in a sibling group that should remain intact or by virtue of race, ethnicity, color, language, age of 3 years older, or parental background of a medical or behavioral nature that can be determined to adversely affect the development of the child.~~

(2) ~~Adoptive placement without financial assistance is unlikely because the child has a mental, physical, emotional or medical disability that has been certified by a licensed professional competent to make an assessment and operating within the scope of his or her profession. This paragraph shall also apply to children with a developmental disability pursuant to subdivision (a) of Section 4512 including those determined to require out-of-home nonmedical care as defined in Welfare and Institutions Code Section 11464.~~

- (b) ~~The need for adoption subsidy is evidenced by an unsuccessful search for an adoptive home to take the child without financial assistance as documented in the case file of the prospective adoptive child. The requirement for this search shall be waived when it would be against the best interest of the child because of the existence of significant emotional ties with prospective adoptive parents while in the care of these persons as a foster child.~~

- (c) ~~The child is the subject of an agency adoption as defined in Section 8506 of the Family Code and was any of the following:~~

- (1) Under the supervision of a county welfare department as the subject of a legal guardianship or juvenile court dependency,
 - (2) Relinquished for adoption to a licensed California private or public adoption agency, or the department, and would otherwise have been at risk of dependency as certified by the responsible public child welfare agency, or
 - (3) Committed to the department pursuant to Section 8805 or 8918 of the Family Code.
- (d) The child is under 18 years of age, or under 21 years of age and has a mental or physical handicap which warrants the continuation of assistance.
 - (e) The adoptive family is responsible for the child pursuant to the terms of an adoptive placement agreement or a final decree of adoption and has signed an adoption assistance agreement.
 - (f) The adoptive family is legally responsible for the support of the child and the child is receiving support from the adoptive parent.
 - (g) The department or the county responsible for determining the child's Adoption Assistance Program eligibility status and for providing financial aid, and the prospective adoptive parent, prior to or at the time the adoption decree is issued by the court, have signed an adoption assistance agreement that stipulates the need for, and the amount of, Adoption Assistance Program benefits.
 - (h) A child shall be eligible for Adoption Assistance Program benefits if the child received Adoption Assistance Program benefits with respect to a prior adoption and the child is again available for adoption because the prior adoption was dissolved and the parental rights of the adoptive parents were terminated or because the child's adoptive parents died."
- (2) Title 45 CFR 1356.40(c) states:

"There must be no income eligibility requirement (means test) for the prospective adoptive parent(s) in determining eligibility for adoption assistance payments."

HANDBOOK ENDS HERE

- (b) A child meeting the requirements of Welfare and Institutions Code Section 16120(h) shall be eligible for AAP benefits if subsequently adopted through either an independent adoption or an agency adoption.

- (e) ~~Adoption Assistance Agreements signed prior to October 1, 1992, shall be governed by Welfare and Institutions Code Section 16121.05(b).~~

HANDBOOK BEGINS HERE

- (1) ~~Welfare and Institutions Code Section 16121.05(b) states:~~

~~"(b) Children on whose behalf an adoption assistance agreement had been executed prior to October 1, 1992, shall continue to receive adoption assistance in accordance with the terms of that agreement."~~

HANDBOOK ENDS HERE

To be eligible for Adoption Assistance Program (AAP) benefits, the child must be under the age of 18 and meet the three part special needs determination, citizenship requirements, and Title IV-E (federal) funding requirements or state funding requirements specified in Welfare and Institutions Code Section 16120.

- (a) The three-part special needs determination requires ALL of the following three conditions be met:
- (1) Evidence in the file that the child cannot or should not be returned to the home of his or her parents.
 - (A) Sufficient evidence includes a petition to terminate parental rights, a court order terminating parental rights, a signed relinquishment or a tribal customary adoption order.
 - (2) A specific factor or condition makes it reasonable to conclude that the child cannot be adopted without providing AAP payments.
 - (A) Factors or conditions include a child's ethnic background, age or membership in a minority or sibling group, parental background of a medical or behavioral nature that can adversely affect the development of the child, the presence of a medical condition, or physical, mental or emotional disabilities.
 - (3) An effort to place the child for adoption with appropriate parents without providing adoption assistance unless it is against the best interest of the child.
 - (A) This search for adoptive parents shall be documented in the adoption case record and include the following:
 1. A discussion of potential adoptive parents at a regional adoption agency exchange meeting, or
 2. Registration of the child with the department's photo-listing album.

- (B) A child who develops significant emotional ties with the prospective adoptive parents while in their care as a foster child or if a relative is adopting a child, then it would be in the child's best interest to remain with them and additional efforts to place the child are not required.
1. This search shall not be required when the current foster parents, or other persons with whom the child has been living and has established significant emotional ties, have both:
 - a. Expressed interest in adopting the child, and
 - b. Been determined by the agency to be suitable adoptive parents for the child.
- (b) The child must be a United States citizen or a qualified alien as defined in Title 8 USC section 1641(b).
- (1) If a child is placed with an unqualified alien, the child must be a qualified alien or have lived in the U.S. for five years, if the child entered the United States on or after August 22, 1996.
 - (2) The child is exempt from the five year residency requirement if the child is placed with a U.S. citizen or qualified alien, or the child is a member of one of the excepted groups pursuant to Title 8 USC section 1612(b): refugees, asylees, aliens whose deportation is withheld, veterans and those on active duty (as well as the spouse and unmarried dependent children of that person), Cuban or Haitian entrants and Amerasians from Vietnam.
 - (3) If a child is an unqualified alien and placed outside the United States, the county may use county funds to cover the AAP costs for an otherwise AAP eligible child.
- (c) To be eligible for Title IV-E (federal) funding, one of the following five paths to eligibility OR the definition of an "Applicable Child" and one of the four corresponding eligibility paths must be met:
- (1) At the time the child was removed from the home of a specified relative, the child would have been Aid to Families with Dependent Children (AFDC)-eligible in the home of removal according to July 16, 1996 AFDC standards.
 - (A) In an involuntary situation, when a child's removal from the home is the result of a court action, there must also be a judicial determination that to remain in the home would be contrary to the child's welfare.
 1. The determination must be made in the first court ruling (minute order) that sanctions (even temporarily) the removal.

2. The "contrary to the welfare" finding must be explicit in the first court order.
- (B) For children voluntarily relinquished to a licensed public or private adoption agency, or another public agency operating a Title IV-E program on behalf of the state (Tribes), the following must be obtained within six months of the time the child lived with a specified relative:
 1. A petition to the court to remove the child from the home of a the specified relative within six months of the date the child lived with the relative; and
 2. Subsequent judicial determination that remaining in the home would be contrary to the child's welfare.
- (C) In the case of a voluntary placement agreement between the child's parent/legal guardian and the county agency, at least one Title IV-E foster care maintenance payment must have been made on behalf of the child.
- (2) At least one Title IV-E foster care maintenance payment has been made on behalf of the child's minor parent to cover the cost of the minor parent's child while in the foster parent's home or child care institution with the minor parent.
- (3) A child received AAP benefits with respect to a prior adoption, the prior adoption dissolved, and the child is again available for adoption. To remain eligible the child must meet the following:
 - (A) Three part special needs determination
 - (B) Citizenship requirements
- (4) Prior to the finalization of an agency adoption or an independent adoption, the child has met the requirements to receive federal Supplemental Security Income (SSI) benefits as determined and documented by the federal Social Security Administration (SSA).
- (5) The child is an Indian child and the subject of an order of adoption based on tribal customary adoption of an Indian child, as described in Welfare and Institutions Code Section 366.24.
- (d) An "applicable child" is a child who:
 - (1) Has been in foster care for at least 60 consecutive months, or

- (2) Is a sibling of an "applicable child," if both are placed in the same prospective adoptive home, or
- (3) Meets the applicable age requirement anytime before the end of the Federal Fiscal Year (FFY).
 - (A) FFY is October 1st through September 30th.
 - (B) A child who has or will attain the stated age or is older than the stated age in (d)(3)(B)(1) through (d)(3)(B)(8) by the end of the corresponding current FFY is considered to be an "applicable child":
 - (1) In FFY 2010, the applicable age is 16 years.
 - (2) In FFY 2011, the applicable age is 14 years.
 - (3) In FFY 2012, the applicable age is 12 years.
 - (4) In FFY 2013, the applicable age is 10 years.
 - (5) In FFY 2014, the applicable age is 8 years.
 - (6) In FFY 2015, the applicable age is 6 years.
 - (7) In FFY 2016, the applicable age is 4 years.
 - (8) In FFY 2017, the applicable age is 2 years or younger.
- (e) The "applicable child" must meet one of the four eligibility paths:
 - (1) The child is in the care of a public or private child placement agency or Indian tribal organization and is the subject of either one of the following:
 - (A) An involuntary removal from the home in accordance with a judicial determination that continuation in the home would be contrary to the welfare of the child;
 - (B) A voluntary placement agreement or voluntary relinquishment.
 - 1. A Title IV-E foster care maintenance payment does not have to be made on behalf of an "applicable child," or
 - 2. Judicial determination that continuation in the home would be contrary to the welfare of the child.

- (2) The child has met all medical or disability eligibility requirements for federal supplemental security income (SSI) benefits.
- (3) The child was residing in a foster family home or child care institution with the child's minor parent.
- (4) The child received AAP with respect to a prior adoption that dissolved.
- (f) To be eligible for State funding, the child is the subject of an agency adoption and at the time of adoptive placement, the child met one of the following requirements:
 - (1) Under the supervision of a county welfare department as the subject of a legal guardianship or juvenile court dependency.
 - (2) Relinquished to a licensed California private or public adoption agency, or another public agency operating a Title IV-E program on behalf of the state, and would have otherwise been at risk of dependency as certified by the responsible public child welfare agency.
 - (3) Committed to the care of the department or county adoption agency pursuant Family Code Sections 8805 or 8918.
- (g) There shall be no means test used to determine AAP eligibility.
- (h) The prospective adoptive parent and any other adult living in the prospective adoptive home has completed the criminal background check requirements pursuant to Title 42 USC Section 671(a)(20)(A) and (C).

Authority cited: Sections 10553, 10554, and 16118(a), Welfare and Institutions Code.

Reference: Sections 16118, 16119, 16120, and 16121.05, Welfare and Institutions Code; and 42 USC 671 and 673.

Repeal Section 35327 to read:

35327 SEARCH FOR PARENTS NOT REQUIRING ADOPTION ASSISTANCE 35327

- ~~(a) Prior to the selection of adoptive parents requiring adoption assistance payments, the agency shall seek adoptive parents who do not require such assistance.~~
- ~~(1) This search for adoptive parents shall be documented in the adoption case record and shall include the following:~~
- ~~(A) Discussion of potential adoptive parents at a regional adoption agency exchange meeting, or~~
 - ~~(B) Registration of the child with the department's photo listing album.~~
- ~~(2) This search shall not be required when the current foster parents, or other persons with whom the child has been living and has established significant emotional ties, have both:~~
- ~~(A) Expressed interest in adopting the child, and~~
 - ~~(B) Been determined by the agency to be suitable adoptive parents for the child.~~

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code.

Reference: Sections 16118 and 16120, Welfare and Institutions Code; 42 USC 671 and 673.

Amend Section 35329 to read:

35329 EFFECT OF ADOPTIVE PARENT'S LEGAL RESIDENCE 35329

- (a) The adoptive parent's legal residence shall not affect the child's eligibility specified by Welfare and Institutions Code Section 16121.1.

~~HANDBOOK BEGINS HERE~~

- ~~(1) Welfare and Institutions Code Section 16121.1 states:~~

~~"Welfare and Institutions Code Section 16121.1: Notwithstanding the provisions of Section 11105, the residence of the adoptive parents at the time of or subsequent to adoptive placement shall not terminate the eligibility of a child who is otherwise eligible for adoptive assistance payments."~~

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Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code; and Section 8621, Family Code.

Reference: Sections 16118, ~~and~~ 16120, and 16121.1, Welfare and Institutions Code; and 42 USC 671 and 673.

Amend Section 35331 to read:

Post-hearing: Amend Section 35331 to read:

35331 DOCUMENTATION OF CHILD'S ELIGIBILITY

35331

(a) The determination of the child's eligibility for adoption assistance shall be documented in the case record on the Eligibility Certification - Adoption Assistance Program form (AAP 4) and the Federal Eligibility Certification for Adoption Assistance Program (FC 8).

(1) The agency shall submit the Federal Eligibility Certification for Adoption Assistance Program form (FC 8) to the county responsible for payment.

A. The child's birth name shall be used on the FC 8.

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code.

Reference: Sections 16118 and 16120, Welfare and Institutions Code and 42 USC Sections 671 and 673.

Amend Section 35333 to read:

Post-hearing: Amend Section 35333 to read:

35333 DETERMINATION OF AMOUNT AND DURATION OF AAP
BENEFIT FOR ALL CHILDREN

35333

The Adoption Assistance Program (AAP) provides benefits to facilitate the adoption of children who otherwise would not likely be adopted. The AAP benefit is a negotiated amount based upon the needs of the child and the circumstances of the adoptive family. The responsible public agency and the prospective adoptive parent(s) shall negotiate and agree on the amount of the AAP benefit ~~and make the final determination of the amount~~ according to the requirements of this section.

(a) ~~No agency may use an income eligibility requirement (income means test) in determining the AAP benefit.~~

The responsible public agency shall make a good faith effort to negotiate the AAP benefit with the adoptive parents.

(1) The agency shall encourage the adoptive parents to request the AAP benefit they require in order to meet the child's needs taking into account their family circumstances.

(2) The agency shall base the negotiated AAP benefit on the needs of the child and the circumstances of the family determined through discussion with the adoptive parents.

(A) The agency shall advise the adoptive parents that the amount of the AAP benefit determined for the child is limited to the age-related, state-approved foster family home rate and any applicable state-approved specialized care increment for which the child is eligible.

(3) There shall be no use of a means test of the child or the adoptive parent when determining the AAP benefit amount.

(4) The amount of the negotiated AAP benefit shall be between zero and the maximum AAP benefit for which the child is eligible.

(5) The agency shall advise the adoptive parents that the AAP benefit does not include payment for any specific good or service, but is intended to assist the adoptive parents in meeting the child's needs.

(b) ~~The responsible public agency shall assess the child's needs.~~

(1) ~~The~~ agency, after consultation with the adoptive parents and the financially responsible county, if different from the agency, shall identify the child's care and

supervision needs, including any special needs beyond basic care and supervision, ~~for which a foster care maintenance payment would be authorized.~~

(1) ~~(A)~~ The adoption caseworker shall base the assessment of the child's needs and required level of care and supervision on all of the following information:

~~(A)~~ 1. Direct observation of the child.

~~(B)~~ 2. Information contained in the child's case record, including birth history and psychological, medical and other relevant assessments completed by licensed professionals.

~~(C)~~ 3. Information about the child based on application of the county's foster care specialized care assessment instrument or any specialized foster care increment previously approved for the child.

~~(D)~~ 4. Information provided by the adoptive parents.

(c) The responsible public agency ~~shall determine the maximum AAP benefit for which the child is eligible.~~

~~(1) Step 1: The agency in consultation with the financially responsible county, if different from the agency, shall determine the maximum state-approved foster care maintenance payment that the child would have received in a foster family home if the child had remained in foster care.~~

HANDBOOK BEGINS HERE

~~(A) A child in a foster family home receives a maintenance payment limited to the age-related, state-approved foster family home care rate and any applicable state-approved specialized care increment for which the child is eligible.~~

HANDBOOK ENDS HERE

(1) 1. No agency may use a Foster Family Agency (FFA) treatment rate or a payment made to a certified home by a FFA on behalf of the child for purposes of calculating the maximum AAP benefit for which the child is eligible.

(A) If a child continues to require the additional services provided by the FFA, the placement should continue as an FFA placement funded by foster care payments rather than by AAP benefits.

(2) ~~(B)~~ If the child is living in the adoptive family's home, the agency shall assume that, but for adoptive placement, the child would be living in a licensed foster family home.

- (A) 1. If the child is placed for adoption within the financially responsible county, the AAP benefit shall ~~be based on the child's foster care maintenance payment,~~ not to exceed the age-related, state-approved foster family home care rate, for which the child would otherwise be eligible.
- (B) 2. If the child is placed for adoption in California but outside the financially responsible county, the AAP benefit shall ~~be based on the foster care maintenance payment,~~ not to exceed the age-related, state-approved foster family home care rate of the financially responsible county or that of the host county, whichever is higher, for which the child would otherwise be eligible.
- (C) 3. If the child is placed for adoption outside California, the AAP benefit shall ~~be based on the foster care maintenance payment,~~ not to exceed the applicable California age-related, state-approved foster family home care rate or the applicable rate in the host state, whichever is higher, for which the child would otherwise be eligible.
- (D) 4. If the child also has any special needs which would qualify him or her for a specialized care increment (SCI), the AAP benefit shall include the applicable state-approved ~~specialized care increment~~ SCI in addition to the ~~foster care maintenance payment, based on the rate described in Section 35333(e)(1)(B) 1., 2., or 3~~ age-related, state-approved foster family home rate.
1. a. If the child requires a benefit based on a special need in addition to age-related ~~basic care~~ state-approved foster family home rate, the agency shall document each special need by describing the need including the underlying problem or condition.

HANDBOOK BEGINS HERE

- b. ~~Specialized care provides a supplemental payment to a family home caregiver, in addition to the basic family home care rate, for the cost of supervision (and the cost of providing that supervision) to meet the additional daily care needs of a child who has a health or behavior problem.~~

HANDBOOK ENDS HERE

2. Specialized care provides a supplemental payment to a caregiver, in addition to the state-approved foster family home care rate, for the cost of supervision (and the cost of providing that supervision) to meet the additional daily care needs of a child who has a health or behavior problem.
3. e. If the child is placed for adoption outside the financially responsible county, the agency shall use the specialized care rate of the host county or that of the financially responsible county, whichever is

higher, or that of the financially responsible county when the host county has no specialized care system.

- ~~(3) (C)~~ If the child is a client of a California Regional Center (CRC) for the Developmentally Disabled, the maximum rate shall be ~~the foster family home rate formally determined for the child by the Regional Center using the facility rates established by the California Department of Developmental Services. CRC clients pursuant to Welfare and Institutions Code Section 16121(c). Dual agency children who leave California shall be able to continue to receive AAP benefits based on the most recent level of need assessed by the CRC reflected in the last AAP agreement signed prior to leaving California.~~
- ~~(4) (D)~~ If the child is temporarily living away from the adoptive home and the AAP benefit is not authorized under Section 35334(a) or Section 35334(c), the agency shall consider the child to be living in the adoptive home ~~when the eligibility requirements of Section 35326 continue to be met.~~
- ~~(2) Step 2: The agency shall determine the amount of income received by or on behalf of the child:~~

 - ~~(A) The agency shall consider income including, but not limited to, SSI/SSP, Social Security benefits based on the earnings of a birth parent, or available income from an inheritance or a trust fund derived from assets of a birth parent or his or her relatives or created on behalf of the child as a result of a lawsuit or insurance settlement.~~
- ~~(3) Step 3: The agency shall calculate the maximum AAP benefit for which the child is eligible by subtracting the child's income identified according to Section 35333(c)(2) from the sum of the age-related, state-approved foster family home care rate identified according to Section 35333(c)(1) and any applicable state-approved specialized care increment. This remaining amount is the maximum AAP benefit available for the child.~~
- ~~(d) The responsible public agency shall determine the circumstances of the family:~~

 - ~~(1) Corroborating documentation shall be unnecessary when the adoptive parents attest to the following information requested by the agency:~~
 - ~~(5) (A) A The adoptive parents shall provide a written statement ~~from the adoptive parents on the form AAP 1~~ explaining how they plan to incorporate the adoptive child into their family and the impact, if any, on their family's lifestyle and circumstances.~~
 - ~~(6) (B) "Circumstances of the Family" means circumstances of the family as defined in Welfare and Institutions Code Section 16119(d)(2).~~

HANDBOOK BEGINS HERE

1. Welfare and Institutions Code Section 16119(d)(2) states:

~~"For purposes of paragraph (1), "circumstances of the family" includes the family's ability to incorporate the child into the household in relation to the lifestyle, standard of living, and future plans and to the overall capacity to meet the immediate and future plans and needs, including education, of the child."~~

2. ~~The agency should not control or participate in the adoptive family's choices regarding their lifestyle, standard of living or future plans.~~

HANDBOOK ENDS HERE

- (A) The agency should not control or participate in the adoptive family's choices regarding their lifestyle, standard of living, or future plans.

- (e) ~~The responsible public agency shall negotiate the amount of any AAP benefit with the adoptive family. For purposes of negotiation, the agency shall follow the legislative intent expressed in Welfare and Institutions Code Section 16115.5 and the requirements in Welfare and Institutions Code Section 16119(d)(1).~~

HANDBOOK BEGINS HERE

- (1) (A) Welfare and Institutions Code Section 16115.5 states:

~~"It is the intent of the Legislature in enacting this chapter to benefit children residing in foster homes by providing the stability and security of permanent homes and in so doing, achieve a reduction in foster home care. It is not the intent of this chapter to increase expenditures but to provide for payments to adoptive parents to enable them to meet the needs of children who meet the criteria established in Section 16116, 16120 and 16121."~~

- (B) Welfare and Institutions Code Section 16119(d)(1) states:

~~"The amount of an adoption assistance cash benefit, if any, shall be a negotiated amount based upon the needs of the child and the circumstances of the family. There shall be no means test used to determine an adoptive family's eligibility for the Adoption Assistance Program. In those instances where an otherwise eligible child does not require a cash benefit, Medi-Cal eligibility may be established for the child as needed."~~

HANDBOOK ENDS HERE

- (2) ~~The agency shall make a good faith effort to negotiate the AAP benefit with the adoptive parents.~~

- ~~(3) The agency shall encourage the adoptive parents to request the AAP benefit they require in order to meet the child's needs taking into account their family circumstances.~~
- ~~(4) The agency shall base the negotiated AAP benefit on the needs of the child and the circumstances of the family determined through discussion with the adoptive parents.~~
 - ~~(A) The agency shall advise the adoptive parents that the amount of the AAP benefit determined for the child is limited to the age-related, state-approved foster family home care rate and any applicable state-approved specialized care increment for which the child would have been eligible had he or she remained in foster care.~~
- (d) ~~(5) The agency shall include complete the Adoption Assistance Program Negotiated Benefit Amount and Approval Form (AAP 6) and file in the child's AAP file a written summary of the negotiations and discussions with the adoptive parents.~~
 - (1) ~~(A) When only age-related basic care state-approved foster family home rate is requested by the family, the agency shall include a statement to that effect for retention in the child's AAP file.~~
 - ~~(6) The amount of the negotiated AAP benefit shall be between zero and the maximum AAP benefit for which the child is eligible as identified according to Section 35333(c)(3).~~
 - ~~(A) The agency shall advise the adoptive parents that the AAP benefit does not include payment for any specific good or service, but is intended to assist the adoptive parents in meeting the child's needs.~~
 - ~~(7) At the conclusion of negotiations, if agreement on the AAP benefit has been reached, the agency shall authorize payment of the AAP benefit in the agreed amount.~~
- (fe) When agreement on the AAP benefit has been reached, the responsible public agency shall complete an Adoption Assistance Agreement (AD 4320) with the adoptive parents.
 - (1) The agency shall complete the AAP 2 instructing the county to send a Notice of Action to the adoptive parents indicating that the AAP benefit is approved.
 - (2) After completion of the Adoption Assistance Agreement (AD 4320), the adoptive parents shall have the right to use the AAP benefit to meet the child's needs as they deem appropriate without further agency approval.
- (gf) When the responsible public agency and the adoptive parents are unable to agree on an AAP benefit, the agency shall complete the AAP 2 instructing the county to send the adoptive parents a Notice of Action that the requested AAP benefit is denied. The agency shall specify the reason for denial.

HANDBOOK BEGINS HERE

- ~~(1) If the adoptive parent does not agree on the AAP benefit, the parent may request a state hearing as instructed in the Notice of Action pursuant to MPP Section 22-004.~~

HANDBOOK ENDS HERE

- (1) If the adoptive parent does not agree on the AAP benefit, the parent may request a state hearing as instructed in the Notice of Action pursuant to MPP Section 22-004.
- ~~(hg)~~ A reassessment of the AAP benefit shall be required every two (2) years beginning from the date of a signed Adoption Assistance Program Agreement (AD 4320) between the agency and the adoptive parents.
- ~~(1) The AAP benefit shall be increased automatically at the same time and to the same degree as any automatic adjustments to payments for state-approved basic foster care maintenance.~~
- Once a child is determined eligible to receive AAP, he or she remains eligible and the subsidy continues unless one of the following occurs:
- (A) The child has attained the age of 18 or 21;
- ~~(2)~~ 1. Payment of the AAP benefit shall terminate in the month in which the child becomes 18 years of age or if the agency has determined that the child has a mental or physical disability that warrants the continuance of assistance, in the month in which the child becomes 21 years of age.
- a. Starting January 1, 2012, youth who have an initial AAP agreement signed on or after their 16th birthday and they meet the conditions stated in Welfare and Institutions Code Section 11403, may be eligible for the extension of AAP benefits to the age of 19, the age of 20 effective January 1, 2013, and the age of 21 effective January 1, 2014.
- (B) The adoptive parents are no longer legally responsible for the support of the child.
- (C) The responsible public agency determines the adoptive parents are no longer providing support to the child.

Authority cited: Sections 10553, 10554, 14023, and 16118, Welfare and Institutions Code.

Reference: Sections 15115.5, 16118, 16119, 16120, 16120.05, 16121, and 16121.05, Welfare and Institutions Code; 45 CFR 1356.40; 42 USC 673 and 675.

Amend Section 35334 to read:
Post-hearing: Amend Section 35334 to read:

35334 ~~DETERMINATION OF AMOUNT AND DURATION OF AAP~~ 35334
~~BENEFITS FOR A CHILD IN A TEMPORARY OUT-OF-HOME~~
~~PLACEMENT~~

(a) The responsible public agency shall ~~determine~~ confirm the amount and duration of the AAP benefit when the child is placed, either on a voluntary basis or as a ~~court~~ dependent or ward of the court, in out-of-home care to treat a condition that the agency has determined to have existed before the adoptive placement. (Continued)

(2) The agency shall determine the maximum AAP benefit for which the child is eligible for out-of-home placement. (Continued)

(B) If the placement cost is paid by another agency (e.g., county welfare department, probation office, regional center), the available AAP benefit shall be either the age-related, state-approved ~~basic~~ foster family home care rate or the adoptive parent's actual share of cost for support of the child, whichever is greater, but not to exceed the foster family home rate as determined under Section 35333(c)~~(4)~~.

1. The maximum share of cost is the state-approved foster family home rate, eligible SCI rate or dual agency rate, and any applicable supplemental rate the child would have received had they remained in foster care.

HANDBOOK BEGINS HERE

1. ~~Under Title 2 California Code of Regulations Section 60020(c), the county financially responsible for making AAP payments is responsible for the provision of mental health assessments and mental health services.~~

HANDBOOK ENDS HERE

2. Under Title 2 California Code of Regulations Section 60020(c), the county financially responsible for making AAP payments is responsible for the provision of mental health assessments and mental health services.

(3) (Continued)

(e) ~~If the child is placed out of home as a ward of the court under Welfare and Institutions Code Section 601 or 602, the maximum AAP benefit for which the child is eligible shall be~~

~~either the adoptive parents' actual share of cost for support of the child or the foster family home rate as determined under Section 35333(e)(1), whichever is less.~~

(~~d~~c) (Continued)

(e~~d~~) When the responsible public agency and the adoptive parents agree on the AAP benefit, the agency shall complete an Adoption Assistance Program Agreement (AD 4320) with the adoptive parents.

(1) The agency shall state in the agreement that the AAP benefit is intended for the child's out-of-home placement and is not to exceed 18 months.

(A) The adoptive parent(s) may request the financially-responsible public agency to pay the facility directly using the child's eligible AAP funds, or the adoptive parents may request the AAP check continue to be sent to them to pay the facility.

(2) The agency shall complete the AAP 2 instructing the county to send the adoptive parents a Notice of Action indicating that the AAP benefit is approved. (Continued)

Authority cited: Sections 10553, 10554, ~~14023~~, and 16118(a), Welfare and Institutions Code.

Reference: Sections 15115.5, 16118, 16119, 16120, 16120.05, 16121, and 16121.05, Welfare and Institutions Code; 42 USC 673.

Amend Section 35337 to read:

Post-hearing: Amend Section 35337 to read:

35337 CONTENT OF THE ADOPTION ASSISTANCE AGREEMENT 35337

(a) The Adoption Assistance Program Agreement form (AD 4320) shall contain the following:
(Continued)

(2) The amount and duration of financial assistance.

(A) The agreement is effective until terminated in accordance with its terms or a new amended agreement is signed.

(B) The AD 4320 shall be signed by the responsible public agency and the adopting parent(s) prior to the granting of the final decree of adoption.

(C) In adoptive placements which involve more than one agency, all agencies shall sign the initial AD 4320.

1. Subsequent amendments to the AD 4320 shall be signed by the responsible public agency and adoptive parent(s).

~~(3) The specific needs for which payments are being authorized.~~

~~(4) That the existence of a characteristic that is a barrier to the child's adoption without subsidy has been confirmed by the agency.~~

~~(5) That, until termination of financial assistance, the adoptive parents shall notify the child's agency immediately regarding the following:~~

~~(A) A change in their mailing address on record with the agency.~~

~~(B) The child begins to receive unearned income as specified at Section 35333(e)(2)(A).~~

~~(C) They are no longer responsible for the support of the child.~~

~~(D) They are no longer supporting the child.~~

(3) The AAP benefit will continue unless one of the following occurs:

(A) The child has attained the age of 18 unless the child has a mental or physical handicap which warrants continuation of AAP benefits to the age of 21 years.

- (B) The adoptive parents are no longer legally responsible for the support of the child.
 - (C) The responsible public agency determines the adoptive parents are no longer providing any type of support to the child.
- (4) It is the adoptive parent's responsibility to inform the responsible public agency immediately if any of the following occurs:
 - (A) Change in mailing address and/or state of residence.
 - (B) The child is no longer residing in the family home.
 - (C) The adoptive parents are no longer providing any type of support to the child.
 - (D) The adoptive parents are no longer legally responsible for the support of the child.
- (5) If a needed service is not available in the state of residence, the financial responsible county of origin remains financially responsible for the needed services.
 - (A) The responsible public agency shall assist the adoptive parents by providing information and referral services offered in their state of residence.
 - (B) If the child is state-eligible and eligible for state-funded Medi-Cal benefits, the adoptive parents shall be informed that if they move or reside in another state, access to medical services are contingent on whether their state of residence extends COBRA-reciprocity for children receiving California state-funded Medi-Cal benefits.
- (6) If the adoptive parents believe their child has a physical or mental disability that warrants the continuance of assistance beyond the age of 18, prior to their child's eighteenth birthday, the adoptive parents are to request the responsible public agency assess and evaluate their child's needs for continuation of benefits beyond the age of 18.
- (7) If the child is a current consumer of California Regional Center (CRC) services, the maximum available AAP benefit is \$3006. CRC consumers who have received an AAP benefit prior to July 2007, which exceeds the maximum \$3006 rate, may continue to receive the higher rate until the child is no longer eligible for AAP benefits or the adoption is dissolved.
 - (A) If the child is under the age of three and the CRC has determined the child to have a developmental disability as defined by the Lanterman Act, the maximum AAP benefit is \$2006.

- (B) If the child is under the age of three and receiving services under the California Early Intervention Services Act, but not yet determined by the CRC to have a developmental disability as defined by the Lanterman Act, the maximum AAP benefit is \$898 or the foster family home rate and applicable SCI rate, whichever is greater.
 - 1. After the adoption is finalized, it is the adoptive parents' responsibility to request the CRC to evaluate the child's eligibility for CRC services and notify the responsible public agency if the child is eligible and receiving CRC services.
- (8) A child with an initial AAP agreement signed on or after January 1, 2010, will no longer be eligible to receive an AAP age-related increase.
 - (A) A child with an initial AAP agreement signed prior to January 1, 2010 will still be eligible to receive the AAP age-related increase upon request.
 - (B) A child with an initial Adoption Assistance Agreement~~s~~ signed prior to October 1, 1992, shall be governed by Welfare and Institutions Code Section 16121.05(b).
- (~~6~~9) (Continued)
- (~~7~~10) (Continued)
- (~~8~~11) (Continued)
- (9) ~~That the AAP benefit may be reduced if the child receives other unearned income as specified in Section 35333(e)(2)(A).~~
- (12) The agreement shall specify the rate for a child receiving wraparound services or placed in an out-of-home placement which may not exceed the maximum eligible state-approved facility rate and is limited to 18 months per episode or condition. It is the adoptive parent's choice to request the AAP benefit be directed to the facility or to them and they pay the facility directly with the AAP funds received.

- (103) (Continued)
- (114) (Continued)
- (125) (Continued)
- (136) (Continued)
- (147) (Continued)

Authority cited: Sections 10553, 10554, and 16118(a), Welfare and Institutions Code.

Reference: 42 USC 673, 695; 45 CFR 1356.40; Sections 14051, 16119, 16120, 16120.05, 16121 and 16121.05, Welfare and Institutions Code.

Amend Section 35339 to read:

35339 DEFERRED PAYMENT OF AAP 35339

- (a) ~~When the effective date of payment is not known because a child has a mental, physical, medical or emotional condition which~~ otherwise eligible for AAP does not require current benefits but which could require future benefits, the Adoption Assistance Program Agreement form (AD 4320) shall indicate that the family may request benefits ~~to meet needs associated with the condition~~ at an unspecified future date.
- (1) ~~The existence of a condition which does not require current benefits shall be certified by a licensed professional competent to make an assessment of the condition and operating within the scope of his or her profession.~~
- (2) ~~A history which is likely to lead to a future mental, physical, medical or emotional condition shall be considered as such a condition.~~
- (31) (Continued)
- (42) (Continued)

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code; Section 1530, Health and Safety Code.

Reference: Sections 16118, 16119, 16120, 16121, and 16121.05, Welfare and Institutions Code; 42 USC Sections 673 and 675.

Amend Section 35341 to read:

35341 PROCEDURES FOR INITIATION OF PAYMENT 35341

- (a) The responsible public agency shall provide the county responsible for payment with information necessary to allow the county to issue AAP payments and authorize the issuance of Medi-Cal cards. (Continued)
- (2) When the beginning date of payment is known, the agency shall complete and send the following forms to the county: (Continued)
- ~~(C) If a Medi-Cal eligible child is enrolled in private health coverage, a Health Insurance Questionnaire (DHS 6155) and~~
- ~~(DC) Income and Property Checklist for Federal Eligibility Determination – Adoption Assistance Program (FC 10).~~
1. The FC 10 form is to be used only for the purposes of determining AFDC eligibility in the home of removal.
- (3) The child's adoptive name shall be used on the AAP 2, AAP 4, and FC 10 and all related correspondence with the county.

~~HANDBOOK BEGINS HERE~~

- ~~(A) The AAP 2 initially triggers the creation of a new county payment case record that, for reasons of confidentiality, must in no way identify former county case records, names or numbers.~~
1. Welfare and Institutions Code Section 16118(e) is located at Section 35325(d)(1).

~~HANDBOOK ENDS HERE~~

- (A) The AAP 2 requires the creation of a new county payment case record.

- (b) Upon receipt of the AAP 2, the county shall issue payments as instructed.

~~HANDBOOK BEGINS HERE~~

- ~~(1) Eligibility and Assistance Standards (EAS) 45-804.322 states: "EAS 45-804.322: The initial payment shall be delivered to the adoptive parent(s) no later than 20 days after the date on which the county receives the Payment Instructions – Adoption Assistance Program form (AAP 2) from the agency authorizing payment."~~

~~HANDBOOK ENDS HERE~~

- (1) The initial payment shall be delivered to the adoptive parent(s) no later than 20 days after the date the county receives the Payment Instructions – Adoption Assistance Program form (AAP 2) from the agency authorizing payment.

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code; and Section 1530, Health and Safety Code.

Reference: Section 16118 and 16120, Welfare and Institutions Code and 42 USC 673.

Amend Section 35343 to read:
Post-hearing: Amend Section 35343 to read:

35343 PROCEDURES FOR REASSESSMENT OF THE CHILD'S NEEDS 35343

- (a) A reassessment process shall be completed by the responsible public agency which authorized the initial payment ~~either unless one of the following is met:~~
- (1) ~~During the 90-day period prior to the end of each payment authorization period specified in Section 35333(h).~~
 - (A) ~~The process shall not be completed if the child is no longer eligible due to age.~~
 - (2) ~~Prior to the 90-day period at the request of the adoptive parent or if the agency learns that the current AAP grant may no longer be appropriate because:~~
 - (A) ~~The adoptive parents may no longer be legally responsible for the support of the child.~~
 - (B) ~~The adoptive parents may no longer be supporting the child.~~
 - (C) ~~The adoption assistance benefit may exceed the amount for which the child would have been eligible in a licensed foster family home.~~
- (1) The child has attained the age of 18 or 21;
- (2) The adoptive parents are no longer legally responsible for the support of the child.
- (3) The responsible public agency determines the adoptive parents are no longer providing support to the child.
- (b) The reassessment process shall include the following steps:
- (1) The county responsible for payment shall mail the adoptive parent(s) the Reassessment Information Adoption Assistance Program form (AAP 3) ~~as specified in CDSS Manual of Policies and Procedures, Eligibility and Assistance Standards Section 45-805.1~~ at least 60, and not more than 90, calendar days prior to the date the reassessment is due and shall document in the case record the date such form was mailed.

HANDBOOK BEGINS HERE

- (A) ~~MPP Section 45-805.1 states: "EAS 45-805.1: The county shall mail the adoptive parent(s) the Recertification Information Adoption Assistance Program form (AAP 3) at least 60, and not more than 90, calendar days prior~~

to the date recertification is due and shall document in the case record the date such form was mailed."

~~HANDBOOK ENDS HERE~~

- (~~BA~~) The adoptive parent(s) shall return the AAP 3 to the responsible public agency which authorized the initial payment.
1. If the family does not submit a completed AAP 3 form, AAP must continue at the same rate reflected on the last AAP agreement and Payment Instructions (AAP 2) form.
- (2) ~~After~~ If the responsible public adoption agency receives the completed AAP 3 from the adoptive parents, the agency shall ~~determine the procedure, as listed below, to follow in order to~~ complete the reassessment process as follows:
- (A) (Continued)
- (B) If the adoptive parents select box 2 on the AAP 3 indicating they request the AAP benefit to continue ~~at the current level~~, the agency shall ~~complete and send a~~ pay the same rate reflected on the last AAP agreement and Payment Instructions Adoption Assistance Program (AAP 2) form ~~to the county within five working days of completing the reassessment process.~~

~~HANDBOOK BEGINS HERE~~

1. ~~MPP Section 45-805.3 states: "EAS 45-805.3: The county shall not provide assistance beyond the end of the last month of payment indicated on the Payment Instructions Adoption Assistance Program form (AAP 2) unless continued assistance is authorized by the agency on a subsequent AAP 2."~~

~~HANDBOOK ENDS HERE~~

- (C) If the adoptive parents select box 3 on the AAP 3, requesting an increase in the amount of the AAP benefit, the adoptive parents shall provide written documentation of the child's special needs justifying the increase. ~~This documentation must be sufficient so as to assist the agency in determining whether or not the increase is warranted.~~ The agency may require additional information as necessary.
1. The agency shall base the reassessment of the child's needs and required level of care and supervision on the following information:
(Continued)
 - c. Circumstances of the family.

2. The responsible public agency shall follow the procedures in Section 35333(e) in determining the new maximum AAP benefit amount.
3. If the agency determines that a change in the amount of payment appears appropriate, the adoptive parents' concurrence shall be obtained prior to changing the amount of payment.
 - a. The adoptive parents' concurrence is not required ~~by law~~ if the payment amount is changed to prevent the payment from exceeding the maximum ~~payment amount specified in Section 35333(e)(1)~~ foster care maintenance payment that would have been paid had the child remained in foster care.
4. The responsible public agency and the adoptive parents shall complete an amended AD 4320 ~~which indicates that the agreement is an amendment to the initial AD 4320~~ to reflect the change in the amount of AAP benefit.

a. (Continued)

~~HANDBOOK BEGINS HERE~~

b. ~~If the adoptive parent does not agree with the change in the AAP benefits, the parent may request a state hearing as instructed on the Notice of Action pursuant to MPP Section 22-004.~~

~~HANDBOOK ENDS HERE~~

5. (Continued)

~~HANDBOOK BEGINS HERE~~

a. ~~MPP Section 45 805.3 states: "EAS 45 805.3: The county shall not provide assistance beyond the end of the last month of payment indicated on the Payment Instructions — Adoption Assistance Program form (AAP 2) unless continued assistance is authorized by the agency on a subsequent AAP 2."~~

~~HANDBOOK ENDS HERE~~

(D) If the adoptive parents select box 4 on the AAP 3, requesting a decrease in the amount of the AAP benefit, the agency and the adoptive parents shall complete an amended AD 4320 ~~which indicates that the agreement is an amendment to the initial AD 4320~~ to reflect the change in benefit amount.

1. (Continued)

- (E) ~~If the adoptive family fails to return the AAP 3 within the 90 days before the end of the payment authorization period, the agency shall conclude that the family does not want to continue receiving assistance.~~
1. ~~If the family returns the AAP 3 within 30 days after the expiration of the 90 day period, the effective date of renewal shall be the last day of the 90 day period.~~
 2. ~~If the family takes more than 30 days after the expiration of the 90 day period to return the AAP 3, the effective date of renewal shall be the date on which assistance was requested in writing.~~
- (3) ~~The agency shall complete and send a Health Insurance Questionnaire (DHS) 6155 if the child is Medi-Cal eligible and has private health coverage.~~

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code and Section 1530, Health and Safety Code.

Reference: Sections 16120, 16121 and 16121.05, Welfare and Institutions Code; 45 CFR 1356.40; and 42 USC 673.

Amend Section 35344 to read:

35344 PROCEDURES FOR IDENTIFICATION AND RECOVERY OF 35344
OVERPAYMENTS

(a) An overpayment of Adoption Assistance Program (AAP) benefits may exist in the following situations:

(1) The adoptive parent receives aid after the child becomes ineligible for assistance because: (Continued)

(B) The adoptive parent is no longer supporting the child.

HANDBOOK BEGINS HERE

1. ~~Example: The child moves to the home of an adoptive relative and the adoptive parent does not provide support to the child in the relative's home.~~

2. ~~Example: The adoptive parent fails to utilize assistance being provided to pay the cost of an out of home placement to pay that cost.~~

HANDBOOK ENDS HERE

3. ~~The parent may reestablish eligibility by resuming support of the child.~~

(C) (Continued)

(d) (Continued)

HANDBOOK BEGINS HERE

(e) ~~Overpayments determined to be caused by an adoptive parent's or out of home care provider's failure to report information may be referred to the county Special Investigative Unit described in MPP Section 22-007.1.~~

HANDBOOK ENDS HERE

(e) The county shall not demand overpayment collection when the overpayment was due to county error.

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code.

Reference: Sections 16120, 16121, and 16121.05, Welfare and Institutions Code; 45 CFR 1356.40; 42 USC 673.

Repeal Section 35347 to read:

35347 STATUTORY PROVISIONS FOR AAC

35347

- (a) ~~The agency shall follow the provisions of Welfare and Institutions Code Section 16121.05(d) for those adoption assistance agreements which were in effect prior to October 1, 1982.~~

HANDBOOK BEGINS HERE

- (1) ~~Welfare and Institutions Code Section 16121.05(d) states:~~

~~"Children on whose behalf an aid for adoption of children agreement had been executed prior to October 1, 1982, shall continue to receive aid for adoption of children benefits in accordance with the terms of that agreement. This aid for adoption of children agreement may be renewed, provided total benefits do not exceed five years. Prior to the end of the five year period, if there is a continuing need related to a chronic health condition of the child which necessitated the initial financial assistance, the time period for which it may be given, shall be determined by the department or the agency but shall not extend past the time that the child reaches 18 years of age. Prior to the expiration of the extension period, if there is a continuing need, a parent may petition the department or the designated licensed adoption agency for a new period of termination. The department or the agency, shall make its determination regarding the financial ability of the parents to meet the continuing medical needs of the child's health condition at the time of adoption, taking into consideration community resources."~~

HANDBOOK ENDS HERE

Authority cited: Sections 10553, 10554, and 16118, Welfare and Institutions Code.

Reference: Section 16121.05(d), Welfare and Institutions Code.

Amend Section 35352 to read:

35352 NOTIFICATION REQUIREMENTS FOR AGENCIES

35352

(a) The agency shall inform all applicants that:

- (1) Reimbursement for nonrecurring adoption expenses is available to adoptive parents who adopt ~~an AAP-eligible~~ child who meets the three part special needs determination and citizenship requirements set forth in Section 35326. (Continued)

Authority cited: Sections 10553, 10554, and 16118(a), Welfare and Institutions Code.

Reference: Sections 16119 and 16120, Welfare and Institutions Code and 45 CFR 1356.40 and 1356.41(e); 42 USC 673.

Amend Section 35352.1 to read:

35352.1 ELIGIBILITY FOR REIMBURSEMENT

35352.1

- (a) In order for a claim to be eligible for reimbursement, the responsible public agency shall:
(Continued)
- (2) Record in the case file that the child for whose adoptive costs the parents are claiming reimbursement ~~is an AAP-eligible child as defined in Section 35000(a)(1)~~ meets the three part special needs determination and citizenship requirements.
- ~~(3) Record in the case file that the placement meets the search requirements of Section 35327.~~
- ~~(43) (Continued)~~
- ~~(54) (Continued)~~
- ~~(65) (Continued)~~
- ~~(76)~~ Ensure that all adoptive parents sign ~~an agreement~~ the Adoption Assistance Program Nonrecurring Adoption Expenses Agreement (AAP 8) with the agency prior to finalization of the adoption. The completed and signed AAP 8 shall be filed in the child's AAP file. The content of all such agreements shall meet the requirements as follows: (Continued)
- ~~(87)~~ Limit the maximum reimbursement for nonrecurring adoption expenses to \$400.00 per placement ~~of an AAP-eligible child.~~ (Continued)
- ~~(98)~~ Record in the case file that reimbursement for nonrecurring adoption expenses in interstate placements shall conform to the following: (Continued)
- ~~(B) Interstate placements which do not comply with the Interstate Compact on the Placement of Children are not eligible for reimbursement.~~

Authority cited: Sections 10553, 10554, and 16118(a), Welfare and Institutions Code.

Reference: Section 16120.1, Welfare and Institutions Code and 45 CFR 1356.40 and 1356.41; 42 USC 673.

Amend Section 35352.2 to read:

35352.2 AUTHORIZATION FOR REIMBURSEMENT

35352.2

- (a) Pursuant to a determination that a claim for reimbursement for nonrecurring adoption expenses meets the ~~eligibility criteria in Section 35352.1~~ three part special needs determination and citizenship requirements, the responsible public agency shall authorize the appropriate county to reimburse the adoptive parents.
- (1) ~~The county responsible for reimbursement shall be the county responsible for the child's Adoption Assistance Program (AAP) payment.~~
- ~~(A) In cases in which the adoptive parents have elected not to receive AAP payments,~~ The county responsible for reimbursement shall be the county that would otherwise provide the child's AAP payment.
- ~~(A) This reimbursement shall be separate from the child's AAP payment as stated in Welfare and Institutions Code Section 16120.1(d)~~
- (2) Reimbursement for nonrecurring adoption expenses is contingent upon the ongoing existence of the federal program for these reimbursements as mandated by Welfare and Institutions Code Section 16120.1(c).

Authority cited: Sections 10553, 10554, and 16120.1(a), Welfare and Institutions Code.

Reference: Section 16120.1, Welfare and Institutions Code and 45 CFR 1356.40 and 1356.41(g); 42 USC 673.

Repeal Section 35352.3 to read:

35352.3 AGENCY REQUIREMENTS FOR REIMBURSEMENTS

35352.3

- (a) ~~The county responsible for the child's Adoption Assistance Program (AAP) payment shall be the county responsible for the direct reimbursement to that child's adoptive parents for their nonrecurring adoption expenses as required by Welfare and Institutions Code Section 16120.1. This reimbursement shall be separate from the child's AAP payment as required by Welfare and Institutions Code Section 16120.1(d).~~

HANDBOOK BEGINS HERE

- (1) ~~Welfare and Institutions Code Section 16120.1, in pertinent part, states:~~

- (A) ~~"Upon the authorization of the department or, where appropriate, the county responsible for determining the child's Adoption Assistance Program eligibility status and for providing financial aid, the responsible county providing adoption assistance program payments shall directly reimburse eligible individuals for reasonable nonrecurring expenses, as defined by the department, incurred as a result of the adoption of a child eligible for the Adoption Assistance Program.... Reimbursements shall conform to the eligibility criteria and claiming procedures established by the department...."~~

- (2) ~~Welfare and Institutions Code Section 16120.1(d) states:~~

- (A) ~~"Reimbursement for nonrecurring expenses shall be in addition to any adoption expenses paid pursuant to Section 16121 and shall not be included in the computation of maximum benefits for which the family is eligible pursuant to Section 16121."~~

HANDBOOK ENDS HERE

- (b) ~~The state shall reimburse counties for payments made to adoptive parents of AAP eligible children as mandated by Welfare and Institutions Code Section 16120.1.~~

HANDBOOK BEGINS HERE

- (1) ~~Welfare and Institutions Code Section 16120.1, in pertinent part, states:~~

- (A) ~~"...The State shall provide payment to the county for the reimbursement...."~~

HANDBOOK ENDS HERE

- (c) ~~Reimbursement for nonrecurring adoption expenses is contingent upon the ongoing existence of the federal program for these reimbursements as mandated by Welfare and Institutions Code Section 16120.1(c).~~

~~HANDBOOK BEGINS HERE~~

- (1) ~~Welfare and Institutions Code Section 16120.1(c), in pertinent part, states:~~

- (A) ~~"...No payments shall be made under this section if the federal program for reimbursement of nonrecurring expenses for the adoption of children eligible for the Adoption Assistance Program pursuant to Section 673 of Title 42 of the United States Code is terminated."~~

~~HANDBOOK ENDS HERE~~

Authority cited: Sections 10553 and 16118(a), Welfare and Institutions Code.

Reference: Section 16120.1, Welfare and Institutions Code.

Amend Section 45-801 to read:

45-801 DEFINITIONS

45-801

The definitions specified in Title 22, California Code of Regulations (CCR), Section 35000 shall apply in this chapter.

~~HANDBOOK BEGINS HERE~~

~~.1 CCR Title 22, Section 35000 states in part:~~

~~.11 "AAP Eligible Child" means a child who meets the eligibility criteria of Welfare and Institutions Code Section 16120 found in Section 35326.~~

~~.12 "Agency" means a licensed California public or private adoption agency, or the department's adoption district offices.~~

~~.13 "County" means the income maintenance division in each county welfare department responsible for federal and state eligibility determination and payment of AAP benefits.~~

~~.14 "Recertification" means the process by which the agency and the adoptive parent determine whether there are any changes in either the child's needs or the adoptive parent's circumstances which affect eligibility for and/or duration of and/or amount of adoption assistance payments.~~

~~HANDBOOK ENDS HERE~~

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code.

Reference: Sections 16118, 16120 and 16120.05, Welfare and Institutions Code and 42 USC 673.

Amend Section 45-802 to read:

45-802 AAP ELIGIBILITY

45-802

- .1 To be eligible for AAP, the child shall meet the requirements under either the federal program or the state program specified in Welfare and Institutions Code Section 16120.
- ~~.11 For purposes of state AAP benefits, the agency shall have determined that the child is an AAP-eligible child who meets the conditions specified in Welfare and Institutions Code Section 16120.~~

HANDBOOK BEGINS HERE

~~.111 Welfare and Institutions Code Section 16120 states:~~

~~"A child shall be eligible for Adoption Assistance Program benefits if all of the following conditions are met:~~

- (a) ~~The child has at least one of the following characteristics that are barriers to his or her adoption:~~
 - (1) ~~Adoptive placement without financial assistance is unlikely because of membership in a sibling group that should remain intact or by virtue of race, ethnicity, color, language, age of 3 years older, or parental background of a medical or behavioral nature that can be determined to adversely affect the development of the child.~~
 - (2) ~~Adoptive placement without financial assistance is unlikely because the child has a mental, physical, emotional or medical disability that has been certified by a licensed professional competent to make an assessment and operating within the scope of his or her profession. This paragraph shall also apply to children with a developmental disability pursuant to Welfare and Institutions Code Section 4512 subdivision (a), including those determined to require out-of-home nonmedical care as defined in Welfare and Institutions Code Section 11464.~~
- (b) ~~The need for adoption subsidy is evidenced by an unsuccessful search for an adoptive home to take the child without financial assistance as documented in the case file of the prospective adoptive child. The requirement for this search shall be waived when it would be against the best interest of the child because of the existence of significant emotional ties with prospective adoptive parents while in the care of these persons as a foster child.~~

- ~~(e) The child is the subject of an agency adoption as defined in Section 8506 of the Family Code and was any of the following:

 - ~~(1) Under the supervision of a county welfare department as the subject of a legal guardianship or juvenile court dependency,~~
 - ~~(2) Relinquished for adoption to a licensed California private or public adoption agency, or the department, and would otherwise have been at risk of dependency as certified by the responsible public child welfare agency, or~~
 - ~~(3) Committed to the department pursuant to Section 8805 or 8918 of the Family Code.~~~~
- ~~(d) The child is under 18 years of age, or under 21 years of age and has a mental or physical condition which warrants the continuation of assistance.~~
- ~~(e) The adoptive family is responsible for the child pursuant to the terms of an adoptive placement agreement or a final decree of adoption and has signed an adoption assistance agreement.~~
- ~~(f) The adoptive family is legally responsible for the support of the child and the child is receiving support from the adoptive parent.~~
- ~~(g) The department or the county responsible for determining the child's Adoption Assistance Program eligibility status and for providing financial aid, and the prospective adoptive parent, prior to or at the time the adoption decree is issued by the court, have signed an adoption assistance agreement that stipulates the need for, and the amount of, Adoption Assistance Program benefits."~~

~~HANDBOOK ENDS HERE~~

- ~~.12 Adoption Assistance Agreements signed prior to October 1, 1992, shall be governed by Welfare and Institutions Code Section 16121.05(b).~~

~~HANDBOOK BEGINS HERE~~

- ~~.121 Welfare and Institutions Code Section 16121.05(b) states:~~

- ~~"(b) Children on whose behalf an adoption assistance agreement had been executed prior to October 1, 1992, shall continue to receive adoption assistance in accordance with the terms of that agreement."~~

HANDBOOK ENDS HERE

- .13 After the responsible public agency has determined that the child has met the conditions of Welfare and Institutions Code Section 16120, the county shall determine for purposes of federal and state AAP eligibility whether the child meets the requirements of ~~Sections 45 802.131, .132 or .133~~ Welfare and Institutions Code Section 16120 at the time the adoption petition is filed.
- ~~.131 The child shall meet all of the requirements necessary to receive aid under the Supplemental Security Income/State Supplementary Program (SSI/SSP); or~~
- ~~.132 The child shall meet all of the requirements necessary to receive aid under the federal AFDC FC (Title IV E foster care) program.~~
- ~~(a) A child for whom a facility received a federally funded infant supplement is eligible for federal AAP as long as the conditions of Welfare and Institutions Code Section 16120 are met.~~
- ~~.133 The child shall meet all of the requirements necessary to receive aid under the federal AFDC FG or U program and be placed for adoption with the relative with whom the child has been living.~~

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code.

Reference: Sections 16120 and 16121.05(b), Welfare and Institutions Code and 42 USC 673.

Amend Section 45-803 to read:

45-803 COUNTY OF RESPONSIBILITY (Continued)

45-803

- .2 The determination of the county responsible for the actions in Section 45-803.1 shall be made in accordance with Welfare and Institutions Code Section 16118(e).

~~HANDBOOK BEGINS HERE~~

- ~~.21 Welfare and Institutions Code Section 16118(e), in pertinent part, states:~~

~~"For purposes of this chapter, the county responsible for determining the child's Adoption Assistance Program eligibility status and for providing financial aid in the amount determined in Sections 16120 and 16120.1 shall be the county that at the time of the adoptive placement would otherwise be responsible for making a payment pursuant to Section 11450 under the CalWORKs program or Section 11461 under the Aid to Families with Dependent Children Foster Care program if the child were not adopted. When the child has been voluntarily relinquished for adoption prior to a determination of eligibility for such a payment, the responsible county shall be the county in which the relinquishing parent resides. The responsible county for all other eligible children shall be the county where the child is physically residing prior to placement with the adoptive family."~~

~~HANDBOOK ENDS HERE~~

- .3 (Continued)

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code.

Reference: Section 16118, Welfare and Institutions Code.

Amend Section 45-804 to read:

45-804 PAYMENT

45-804

.1 County Actions and Payment Amount

.11 Upon receipt of the Payment Instructions - Adoption Assistance Program form (AAP 2) and the Eligibility ~~Criteria~~ Certification - Adoption Assistance Program form (AAP 4) from the responsible public agency, the county shall determine whether the child meets the requirement for federal or state AAP eligibility as specified in ~~Section 45-802.13~~ Welfare and Institutions Code Section 16120.

.111 When the child meets the requirements of ~~Sections 45-802.131, .132, or .133~~ Welfare and Institutions Code Sections 16120(j), (m), and (l), FFP shall be claimed in the AAP payment up to the maximum of the AFDC-FC payment for the child if in a foster family home. (Continued)

.113 When a child meets the requirements of ~~MPP Section 45-802.14~~ Welfare and Institutions Code Sections 16120(i) and (l), state participation shall be claimed for the AAP payment up to the amount which would have been paid had the child remained or been placed in foster care. (Continued)

.3 Payee and Delivery (Continued)

.32 Except as provided in .321 below, AAP payments shall be delivered monthly in advance. (Continued)

~~.4~~ ~~Recertification and Restoration of Payment~~

~~.41~~ .323 After initial authorization of payment, the county shall take action to ~~restore,~~ increase, ~~suspend,~~ decrease, or ~~discontinue~~ terminate payment as instructed by the responsible public agency on the AAP 2.

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code.

Reference: Sections 16121, Welfare and Institutions Code and 42 USC 673.

Amend Section 45-805 to read:

45-805 ~~RECERTIFICATION OF ELIGIBILITY~~ REASSESSMENT 45-805

- .1 The county shall mail the adoptive parent(s) the ~~Recertification~~ Reassessment Information - Adoption Assistance Program form (AAP 3) at least 60, and not more than 90, calendar days prior to the date ~~recertification~~ reassessment is due and shall document in the case record the date such form was mailed.
- ~~.2 Recertification shall be due at the end of the last month of payment specified on the most recent Payment Instructions - Adoption Assistance Program form (AAP 2).~~

HANDBOOK BEGINS HERE

~~.211~~ EXAMPLE: The beginning date of payment is May 13, 1993. ~~Recertification~~ Reassessment is due on April 30, 1995. The ~~Recertification~~ Reassessment Information form shall be sent to the adoptive parent(s) before March 2, 1995.

HANDBOOK ENDS HERE

- ~~.3 The county shall not provide assistance beyond the end of the last month of payment indicated on the AAP 2 unless continued assistance is authorized by the agency on a subsequent AAP 2.~~
- ~~.31 If the county has not received the AAP 2 by the 10th of the month prior to the date recertification is due, the county is not required to meet the payment time frames specified in Section 45-804.321 but shall meet the time frames specified in Section 45-804.322.~~

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code.

Reference: Section 16120.05, Welfare and Institutions Code.

Amend Section 45-806 to read:

Post-hearing: Amend Section 45-806 to read:

45-806 NOTICE OF ACTION

45-806

- .1 The county shall mail the adoptive parent(s) adequate notice as defined in MPP Section 22-001(a-)(1), and if applicable Section 22-001(l)(1), after receiving notice from the responsible public agency of any of the following events: (Continued)
- ~~.2 The county shall send adequate notice of action to the adoptive parent with the Recertification Information – Adoption Assistance Program form (AAP 3) stating that assistance will stop on the date recertification is due if recertification is not completed.~~
- ~~.32~~ (Continued)
- ~~.43~~ When county action would result in a ~~discontinuance, suspension, termination~~ or decrease in payment, the county shall mail adequate and timely notice as defined in MPP Sections 22-001(a-)(1) and 22-001(t-)(1). Such notice shall be mailed to the adoptive parent(s) at least ten days prior to the effective date of the proposed action.
- ~~.54~~ When the county sends a Notice of Action to the adoptive parent(s), the county shall also send a copy of such notice to the responsible public agency.
- ~~.65~~ (Continued)

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code and Section 1530, Health and Safety Code.

Reference: Section 16121.05, Welfare and Institutions Code and 45 CFR 205.10 and 1355.30.

Amend Section 45-807 to read:

45-807 MAINTENANCE OF CASE RECORD

45-807

- .1 The county AAP case record shall contain copies of the following: (Continued)
- .13 The Income and Property Checklist for Federal Eligibility Determination - Adoption Assistance Program form (FC 10) ~~from the agency supporting the determination that the child meets the federal AAP eligibility requirements of Section 45-803.~~
- .14 All Notices of Action sent to the adoptive parent(s) and the ~~adoption~~ responsible public agency.
- .15 ~~The Health Insurance Questionnaire (DHS 6155).~~

Authority cited: Sections 10553 and 16118, Welfare and Institutions Code.

Reference: Section 16118, Welfare and Institutions Code.

OLD

REQUEST FOR ADOPTION ASSISTANCE PROGRAM BENEFIT

The Adoption Assistance Program (AAP) provides benefits to adoptive parents to enable them to meet the needs of AAP-eligible children who are available for adoption. The AAP benefit is a negotiated amount based on the needs of the child and the circumstances of the family determined through discussion between the responsible public agency and the adoptive parents. The maximum AAP benefit for which a child may qualify is based on what the child would have received in a licensed foster family home if he or she had remained in foster care.

I/We, _____ and _____, am/are
(NAME OF ADOPTIVE PARENT) (NAME OF ADOPTIVE PARENT)

considering adopting _____, born _____, My/Our
(NAME OF CHILD) (DATE OF BIRTH)

circumstances and the needs of the child are such that I/we will require assistance under the Adoption Assistance Program in order to agree to adopt this child.

Check (✓) one of the following:

After the child is placed for adoption, I/we will require assistance in meeting his or her needs. I am/We are providing the following information to assist the agency in determining whether assistance may be provided, and in what amount. I/We understand that for assistance to be provided, the agency and I/we must agree on the amount, timing and duration of the assistance.

I/We do not require assistance at this time, but wish to complete a deferred agreement with the agency which shall permit such assistance at a later date, due to the child's known medical condition or physical, mental or emotional disability, or other health condition.

1. CHILD'S INCOME

a. This Child's Monthly Unearned Income

Social Security	\$ _____	
.....	(MONTHLY)	
SSI/SSP	\$ _____	
.....	(MONTHLY)	
Other	\$ _____	
.....	(MONTHLY)	
Child's Total Income:	\$ _____	X 12 = \$ _____
.....	(MONTHLY)	(ANNUAL)

2. HEALTH INSURANCE

Does the family have Health Insurance YES NO

If YES, name of Insurance Plan: _____

Is the child to be covered by this Insurance? YES NO

If NO, reason: _____

3. OTHER INFORMATION

a. Is the child a Regional Center client? YES NO

If YES, which Regional Center: _____

NEW

REQUEST FOR ADOPTION ASSISTANCE PROGRAM BENEFIT

The Adoption Assistance Program (AAP) provides benefits to adoptive parents to enable them to meet the needs of AAP-eligible children who are available for adoption. The AAP benefit is a negotiated amount based on the needs of the child and the circumstances of the family determined through discussion between the responsible public agency and the adoptive parents. The maximum AAP benefit for which a child may qualify is based on what the child would have received in a licensed foster family home if he or she had remained in foster care.

I/We, _____ and _____, am/are
(NAME OF ADOPTIVE PARENT) (NAME OF ADOPTIVE PARENT)
considering adopting _____, born _____, My/Our
(NAME OF CHILD) (DATE OF BIRTH)

circumstances and the needs of the child are such that I/we will require assistance under the Adoption Assistance Program in order to agree to adopt this child.

Check (✓) one of the following:

- After the child is placed for adoption, I/we will require assistance in meeting his or her needs. I am/We are providing the following information to assist the agency in determining whether assistance may be provided, and in what amount. I/We understand that for assistance to be provided, the agency and I/we must agree on the amount, timing and duration of the assistance.
- I/We do not require assistance at this time, but wish to complete a deferred agreement with the agency which shall permit such assistance at a later date, due to the child's known medical condition or physical, mental, emotional or developmental disability, or other health condition.

1. HEALTH INSURANCE

Does the family have Health Insurance YES NO

If Yes, name of Insurance Plan: _____

Is the child to be covered by this Insurance? YES NO

If No, reason: _____

2. OTHER INFORMATION

a. Is the child a Regional Center client? YES NO

If Yes, which Regional Center: _____

OLD

**PAYMENT INSTRUCTIONS
ADOPTION ASSISTANCE PROGRAM**

DISTRIBUTION:

Original : County Welfare Department
Copy : Agency File



AAP PAYMENT CASE NUMBER
STATE ADOPTIONS CASE NUMBER
ADOPTION AGENCY CASE NUMBER ADA

CHILD'S ADOPTIVE NAME	CHILD'S BIRTHDATE
-----------------------	-------------------

This is a: *(Check applicable item(s))*

- | | |
|--|---|
| <input type="checkbox"/> New case; Form AAP 4, Eligibility Certification - Adoption Assistance Program is attached.
<input type="checkbox"/> Denial, please send notice of action.
<input type="checkbox"/> Deferred payment agreement, please send notice of action.
<input type="checkbox"/> Change in child's name, payee name or address. | <input type="checkbox"/> Change in amount or duration of payment due to:
<i>(Check (✓) one)</i>
<input type="checkbox"/> Completed recertification.
<input type="checkbox"/> Change in need or circumstances.
<input type="checkbox"/> Ineligibility. |
|--|---|

Reason for change or denial to be used on notice of action: _____

I certify that this child is eligible for the Adoption Assistance Program. Please start or change payments as follows:

Monthly payment amount: \$ _____ or No cash payment, Medi-Cal only

Beginning date: _____ Ending date: _____

Check one:

- This monthly payment amount is not greater than the AFDC-FC payment that would have been made if the child were placed in a foster family home.

AFDC-FC payment that would have been made in a foster family home, including any applicable specialized care increment:
\$ _____ per month.

- The child is placed outside of the adoptive home and the monthly payment amount is no greater than the AFDC-FC payment that would have been made if the child were a foster child in the out of home placement.

Name of out of home placement: _____

State-approved facility rate: \$ _____ per month.

Health Insurance

- The family reports that the child has no health insurance.
 The family reports that the child has health insurance with: _____
 Department of Health Services Health Insurance Questionnaire (Form DHS 6155) is attached.)

PAYEE NAME	SIGNATURE OF AUTHORIZED OFFICIAL OF ADOPTION AGENCY *	
PAYEE ADDRESS (NO.) (STREET)	ADOPTION AGENCY MAILING ADDRESS	
(CITY) (STATE) (ZIP)		
PAYEE TELEPHONE	TELEPHONE NUMBER	DATE

* To be used by child's agency for cooperative placements.

NEW

PAYMENT INSTRUCTIONS ADOPTION ASSISTANCE PROGRAM

DISTRIBUTION:

Original : County Welfare Department
Copy : Agency File



AAP PAYMENT CASE NUMBER
STATE ADOPTIONS CASE NUMBER
ADOPTION AGENCY CASE NUMBER
ADA

CHILD'S ADOPTIVE NAME	CHILD'S BIRTHDATE
-----------------------	-------------------

This is a: *(Check applicable item(s))*

- | | |
|--|--|
| <input type="checkbox"/> New case; Form AAP 4, Eligibility Certification - Adoption Assistance Program is attached, please send notice of action.
<input type="checkbox"/> Denial, please send notice of action.
<input type="checkbox"/> Deferred payment agreement, please send notice of action.
<input type="checkbox"/> Change in child's name, payee name or address. | <input type="checkbox"/> Change in amount or duration of payment due to:
<i>(Check (✓) one)</i>
<input type="checkbox"/> Completed reassessment.
<input type="checkbox"/> Change in need or circumstances.
<input type="checkbox"/> Ineligibility. |
|--|--|

Reason for change or denial to be used on notice of action: _____

I certify that this child is eligible for the Adoption Assistance Program. Please start or change payments as follows:

Monthly payment amount: \$_____ or No cash payment, Medi-Cal only

Beginning date:_____ Ending date:_____

Check one:

- This monthly payment amount is not greater than the payment that would have been made if the child were placed in a foster family home.
 The payment that would have been made in a foster family home, including any applicable specialized care increment: \$_____ per month.

- The child is placed outside of the adoptive home and the monthly payment amount does not exceed the maximum state-approved facility rate for which the child is eligible.

Name of out of home placement: _____

State-approved facility rate: \$_____ per month.

Health Insurance

- The family reports that the child has no health insurance.
 The family reports that the child has health insurance with: _____

PAYEE NAME			SIGNATURE OF AUTHORIZED OFFICIAL OF ADOPTION AGENCY ★		
PAYEE ADDRESS (NO.) (STREET)			ADOPTION AGENCY MAILING ADDRESS		
PAYEE TELEPHONE NUMBER			TELEPHONE NUMBER		DATE
PAYEE EMAIL ADDRESS					

* To be used by child's agency for cooperative placements.
AAP 2 (7/11)

OLD

REASSESSMENT INFORMATION - ADOPTION ASSISTANCE PROGRAM



CHILD'S NAME
CHILD'S DATE OF BIRTH
CHILD'S AAP BENEFIT CASE NUMBER
COUNTY

DUE DATE (14 DAYS AFTER DATE MAILED)

The purpose of this form is to provide the adoption agency with an update of the needs of the child for whom you are receiving an Adoption Assistance Program (AAP) benefit and Medi-Cal coverage. Failure to complete and return this form within two weeks (14) days of the date it was mailed may cause interruption or delay in your receipt of the benefit. If this form is not returned to the adoption agency by the date it is due, the agency will conclude that an AAP benefit is no longer required and the AAP benefit and Medi-Cal coverage may stop. **Please complete, sign and date this form within two weeks**, attaching extra sheets if necessary, and send it to:

NAME OF ADOPTION AGENCY
ADDRESS
TELEPHONE ()

Check (✓) one of the following:

- We are legally responsible for the support of the child, and we are supporting the child.
- We are no longer legally responsible for the support of the child.
- We are no longer supporting the child.

Check (✓) one of the following

- 1. I/We no longer wish to receive an AAP benefit and/or Medi-Cal coverage for the above-named child. If the child's need change, I/we may contact the agency at that time.
- 2. I/We continue to need an AAP benefit and/or Medi-Cal coverage for the above named child. The needs of the child have not changed to warrant a reduced level of payment, nor has there been any change in the child's income. I/We request that the AAP benefit continue at the current level. I/We understand that my/our child's next reassessment date will be on _____
NEXT REASSESSMENT DATE
- 3. I/We continue to need an AAP benefit and/or Medi-Cal coverage for the above named child. I am/we are requesting an increase in the AAP benefit because the needs of the child have changed. I am/we are providing the agency the following information to assist the agency in determining whether or not increased assistance will be granted, and if so, in what amount. **(Please complete Section I.)**
- 4. I/We continue to need an AAP benefit and/or Medi-Cal coverage for the above named child. I/We request that the AAP benefit for the above named child be decreased to \$_____ because the needs of the child have changed. I/We understand if at anytime the child's needs change we may contact the agency to renegotiate the AAP benefit.

SECTION I

1. I am/We are requesting an increased AAP benefit based on the following needs of the child and circumstances of the family:

I have attached written documentation to assist the adoption agency in making its determination.

2. CHILD'S INCOME

a. This Child's Monthly Unearned Income

Social Security	\$ _____	
	(MONTHLY)	
SSI/SSP	\$ _____	
	(MONTHLY)	
Other	\$ _____	
	(MONTHLY)	
Child's Total Income:	\$ _____	X 12 = \$ _____
	(MONTHLY)	(ANNUAL)

3. HEALTH INSURANCE

Does the family have Health Insurance YES NO

If YES, name of Insurance Plan: _____

Is the child currently covered by this Insurance? YES NO

If NO, reason: _____

4. OTHER INFORMATION

a. Is the child a Regional Center client? YES NO

If YES, which Regional Center: _____

5. MONTHLY AMOUNT OF AAP BENEFIT CURRENTLY RECEIVED, IF ANY

For Basic Care (*Food, Clothing, Shelter, etc.*) \$ _____

For Meeting Special Needs \$ _____

I/We certify through my/our signature(s) that the information provided in this Reassessment Information - Adoption Assistance Program form is true and correct to the best of my/our knowledge and belief. I/We make this statement under the penalty of perjury and understand that any willful concealment or misstatement of material fact in this request for adoption assistance may subject me/us to the penalties prescribed for perjury in the California Penal Code.

SIGNATURE OF ADOPTIVE PARENT

Date

SIGNATURE OF ADOPTIVE PARENT

Date

FAMILY ADDRESS

TELEPHONE

()

SECTION I

1. I am/We are requesting an increased AAP benefit based on the following needs of the child and circumstances of the family:

I have attached written documentation to assist the adoption agency in making its determination.

2. HEALTH INSURANCE

Does the family have Health Insurance YES NO

If Yes, name of Insurance Plan: _____

Is the child currently covered by this Insurance? YES NO

If No, reason: _____

3. OTHER INFORMATION

a. Is the child a Regional Center client? YES NO

If Yes, which Regional Center: _____

4. MONTHLY AMOUNT OF AAP BENEFIT CURRENTLY RECEIVED, IF ANY

Total Monthly Amount: \$ _____

Basic Rate: \$ _____

Special Care Increment: \$ _____

Wraparound: \$ _____

Out-of-Home Placement: \$ _____

Dual Agency Rate plus eligible Supplement Rate: \$ _____

I/We certify through my/our signature(s) that the information provided in this Reassessment Information - Adoption Assistance Program form is true and correct to the best of my/our knowledge and belief. I/We make this statement under the penalty of perjury and understand that any willful concealment or misstatement of material fact in this request for adoption assistance may subject me/us to the penalties prescribed for perjury in the California Penal Code.

SIGNATURE OF ADOPTIVE PARENT

DATE

SIGNATURE OF ADOPTIVE PARENT

DATE

FAMILY ADDRESS

TELEPHONE

()

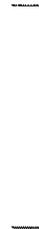
EMAIL ADDRESS

OLD

ELIGIBILITY CERTIFICATION ADOPTION ASSISTANCE PROGRAM

DISTRIBUTION:

Original : County Welfare Department
Copy : Agency File



CHILD'S ADOPTIVE NAME	
CHILD'S DATE OF BIRTH	
STATE ADOPTION CASE NO. ADA	ADOPTION AGENCY CASE NO.
AAP CASE NO.	

Barriers to Adoption: (At least one statement must be true.)

Adoptive placement without financial assistance is unlikely because of:

- Membership in a sibling group that should remain intact.
- Race, ethnicity, color or language. Specify: _____
- Age of 3 years or older (Date child became 3: ___/___/___)
- Parental background of a medical or behavioral nature that can be determined to adversely affect the development of the child. Specify: _____
- The child's mental, physical, emotional or medical disability that has been certified by a licensed professional competent to make an assessment and operating within the scope of his or her profession. A copy of this certification is in the adoption agency AAP case record.
Disability: _____
Professional certifying disability and date certified: _____

Search for non-subsidy placement: (One statement must be true.)

- The need for adoption subsidy is evidenced by an unsuccessful search for an adoptive home to take the child without financial assistance.
Search efforts included: _____

- The search requirement was waived as remaining in this home is in the child's best interest because of the existence of significant emotional ties with prospective adoptive parents while in the care of these persons as a foster child.
Date child began living with family: _____

Age: (One statement must be true.)

- The child is under 18 years of age. Date child will become 18: _____ or
- The child is under 21 years of age and has a mental or physical handicap which warrants the continuation of assistance.
Date child will become 21: _____

Agency Supervision: (Both statements must be true.)

- The child is the subject of an agency adoption as defined in Section 8506 of the Family Code, and
- At the time of adoptive placement, the child was: (One statement must be true.)
 Under the supervision of a county welfare department as the subject of a legal guardianship or juvenile court dependency;

- Relinquished for adoption to a licensed California private or public adoption agency, or the department, and would otherwise have been at risk of dependency as certified by the responsible public child welfare agency;
County providing certification: _____ Date of certification: _____ or
- Committed to the California Department of Social Services pursuant to Section 8805 or 8918 of the Family Code.

Family Responsibility: *(All statements must be true.)*

- The adoptive family is responsible for the child pursuant to the terms of an adoptive placement agreement or a final decree of adoption.
Date adoptive placement agreement signed: _____
- The child is receiving support from the adoptive parent.
- The California Department of Social Services or the licensed county adoption agency responsible for determining the child's Adoption Assistance Program eligibility status and for providing financial aid, and the prospective adoptive parent, prior to or at the time the adoption decree is issued by the court, have signed an adoption assistance agreement that stipulates the need for, and the amount of, Adoption Assistance Program benefits.
Date Adoption Assistance Agreement signed: _____

FEDERAL ELIGIBILITY INFORMATION: *(Each statement may, or may not, be true.)*

We are providing the following information on the above-named child for the purpose of determining federal eligibility for Adoption Assistance Program payments. Verification of the following information is in our case record.

- 1. The child meets the eligibility requirements for Supplemental Security Income benefits (SSI/SSP).
- 2. The child meets one of the following eligibility requirements for federal AFDC-FC (Title IV-E foster care):
 - a. In the month of the petition which led to the court order for removal of the child from his or her parent(s) or relative, the child met the linkage determination for federal AFDC-FC; and
The court order is either still in effect, or dismissed because the child was relinquished for adoption or freed from parental control of one or more parents, or
 - b. Child is voluntarily placed and receiving federal AFDC-FC.
- 3. The child meets the eligibility requirement for federal AFDC-FG or U and has been placed for adoption with the caretaker relative with whom the child has been living.

We have reviewed the income and property status of the child, and have determined that at the time the petition for adoption will be filed, the child either:

- Will have no income available and own no property.
- Will own property and/or have income available as listed below.

MONTHLY INCOME AVAILABLE		PROPERTY OWNED	
SOURCE	AMOUNT	TYPE OF PROPERTY	AMOUNT/VALUE
		PERSONAL PROPERTY CASH AND SECURITIES	
		OTHER PERSONAL PROPERTY (SPECIFY)	
		a.	
		b.	
		REAL PROPERTY (SPECIFY)	

I certify that this case is eligible for the Adoption Assistance Program.

SIGNATURE OF AUTHORIZED OFFICIAL OF PUBLIC ADOPTION AGENCY		DATE	
ADoption AGENCY NAME		ADoption AGENCY TELEPHONE NUMBER	
ADoption AGENCY ADDRESS		COUNTY NAME	DATE
SIGNATURE OF AUTHORIZED OFFICIAL OF COUNTY WELFARE DEPARTMENT		COUNTY NAME	DATE

COUNTY ELIGIBILITY WORKER USE ONLY

- Eligible for FFP. Item No. 1 checked.
- Eligible for FFP. Items No. 2, 2a and 2b checked and child meets income and property requirements.
- Eligible for FFP. Item No. 3 checked and child meets income and property requirements.
- Not eligible for FFP.

NEW

ELIGIBILITY CERTIFICATION ADOPTION ASSISTANCE PROGRAM

DISTRIBUTION:

Original : County Welfare Department
Copy : Agency File



CHILD'S ADOPTIVE NAME	
CHILD'S DATE OF BIRTH	
STATE ADOPTION CASE NO. ADA	ADOPTION AGENCY CASE NO.
AAP CASE NO.	

To be AAP eligible a child must be under the age of 18 and meet the criteria stated in Section I, Section II and Section III or Section IV.

Date the child will become age 18: _____

I. THREE PART SPECIAL NEEDS DETERMINATION

Verification of the information is documented in the child's case records. The above-named child meets all of the following three requirements:

- The child cannot or should not be returned to the home of his or her parents due to a petition to terminate parental rights, a court order terminating parental rights, a signed relinquishment or the court has given full faith and credit to a tribal customary adoption order.
- Adoptive placement without financial assistance is unlikely due to one of the following:

- Membership in a sibling group that should remain intact.
- Race, ethnicity, color or language. Specify: _____
- Age of three years or older (Date child became three: ____ / ____ / ____)
- Parental background of a medical or behavioral nature that can be determined to adversely affect the development of the child. Specify: _____
- The child's mental, physical, emotional, medical or developmental disability that has been certified by a licensed professional competent to make an assessment and operating within the scope of his or her profession. A copy of this certification is in the adoption agency AAP case record.

Disability: _____
Professional certifying disability and date certified: _____

- An effort was made to place the child for adoption with appropriate parents without providing AAP benefits. One of the following statements must be met:

- The need for adoption subsidy is evidenced by an unsuccessful search for an adoptive home to take the child without financial assistance.
Search efforts included: _____

- The search requirement was waived as remaining in this home is in the child's best interest because of the existence of significant emotional ties with prospective adoptive parents while in the care of these persons as a foster child.

Date child began living with family: _____

II. CITIZENSHIP

Verification of the following information is documented in the child's case records. The above-named child meets **one** of the following citizenship requirements:

- The child is a citizen of the United States or a qualified alien.
- The child entered the United States on or after August 22, 1996, is placed with an unqualified alien and meets the five year residency requirements.
- The child is a member of one of the exempted groups (refugees, asylees, aliens whose deportation was withheld, Cuban/Haitian or Amerasians from Vietnam.)

III. TITLE IV-E (federal) ELIGIBILITY INFORMATION

To be Title IV-E eligible Section A or B must be completed. If the child meets the definition of an "Applicable Child" complete Section B.

A. Verification of the information is documented in the child's case records. The above-named child meets **one** of the following Title IV-E eligibility requirements:

- 1. Prior to the finalization of an Agency adoption as defined in Section 8506 of the Family Code, or an Independent adoption, as defined in Section 8524 of the Family Code is filed, the child meets the eligibility requirements for Supplemental Security Income (SSI) benefits as determined and documented by the Federal Social Security Administration (SSA.)
- 2. At the time the child was removed from the home of the specified relative, the child met the AFDC eligibility requirements in the home of removal.
 - a. The child's removal from the home was based on judicial determination in the first court ruling that to remain in the home would be contrary to the child's welfare.
 - b. The child was voluntarily relinquished to a licensed public or private adoption agency, or another public agency operating a Title IV-E program on behalf of the state. The following must be obtained within six months of the time the child lived with a specified relative:
 - 1. A petition to the court to remove the child from the home of the specified relative.
 - 2. Judicial determination that remaining in the home would be contrary to the child's welfare.
 - c. Child is voluntarily placed and has received at least one Title IV-E FC payment.
- 3. At least one Title IV-E FC payment was made on behalf of the child's minor parent.
- 4. The child meets the special needs criteria and received AAP benefits with respect to a prior adoption that dissolved due to the termination of the adoptive parent's parental rights or the death of an adoptive parent.
- 5. The child is an Indian child and the subject of a tribal customary adoption order.

B. Applicable Child

Verification of the following information is documented in the child's case records. The above named child meets **one** of the following "applicable child" requirements:

- The child's age is _____ in Federal Fiscal Year _____.
- The child has been in foster care under the care of a Title IV-E agency for 60 consecutive months.
- The child's sibling is an "applicable child" and is placed in the same prospective adoptive home of his or her sibling.

The above-named child is an "applicable child" and meets **one** of the following Title IV-E eligibility requirements. Verification of the following information is documented in the child's case records:

- 1. The child is in the care of a public or private child placement agency or Indian tribal organization and is the subject of either one of the following:
 - a. An involuntary removal from the home in accordance with a judicial determination that continuation in the home would be contrary to the welfare of the child;
 - b. A voluntary placement agreement or voluntary relinquishment. Note: A Title IV-E FC maintenance payment or judicial determination is **not** required for an "Applicable Child".
- 2. The child has met all medical or disability eligibility requirements for federal Supplemental Security Income (SSI) benefits.
- 3. The child was residing in a foster family home or child care institution with the child's minor parent.
- 4. The child received AAP with respect to a prior adoption that dissolved due to the termination of the adoptive parental rights or the death of an adoptive parent.

IV. STATE ELIGIBILITY INFORMATION

Verification of the following information is documented in the child's case records. The above-named child does not meet the Title IV-E eligibility requirements but does meet the following State funding eligibility requirements:

- The child is the subject of an Agency adoption as defined in Section 8506 of the Family Code, and
- At the time of adoptive placement, the child met **one** of the following requirements:
 - a. Under the supervision of a county welfare department as the subject of a legal guardianship or juvenile court dependency;
 - b. Relinquished for adoption to a licensed California private or public adoption agency, or the Department, and would otherwise have been at risk of dependency as certified by the responsible public child welfare agency;
County providing certification: _____ Date of certification: _____ or
 - c. Committed to the California Department of Social Services pursuant to Section 8805 or 8918 of the Family Code.

I certify that this case is eligible for the Adoption Assistance Program.

SIGNATURE OF AUTHORIZED OFFICIAL OF THE RESPONSIBLE PUBLIC AGENCY

ADOPTION AGENCY NAME

DATE

ADOPTION AGENCY ADDRESS

SIGNATURE OF AUTHORIZED OFFICIAL COUNTY WELFARE DEPARTMENT

COUNTY NAME

ADOPTION AGENCY TELEPHONE NUMBER

DATE

COUNTY ELIGIBILITY WORKER USE ONLY

Eligible for Title IV-E (FFP)
Items I, II and III

Eligible for State only funding
Items I, II, and IV checked

Not eligible for FFP
or State only funding

OLD

ADOPTION ASSISTANCE PROGRAM (AAP) AGREEMENT

NOTICE: This agreement describes the adoption assistance benefit you will receive for your adopted child. If you agree, please sign the agreement and return it to the adoption agency. If you disagree, please contact the adoption agency. If you and the agency cannot reach an agreement, you will receive a Notice of Action which explains how to ask for a state hearing to resolve the matter.

I/we, _____ and _____, have entered into an agreement with the _____ for an adoption assistance benefit for _____.

(NAME OF PARENT) (NAME OF PARENT) (NAME, ADDRESS, TELEPHONE NUMBER OF AGENCY) (NAME OF CHILD)

AAP eligibility is expected to continue from _____ until _____. This AAP Agreement will continue until it is modified or terminated in accordance with its terms.

(DATE OF ADOPTIVE PLACEMENT) (EXPECTED ENDING DATE OF ELIGIBILITY)

This is (check one) a deferred agreement (complete Section II only.)
 an initial agreement
 an amendment to the agreement dated _____.

(DATE OF INITIAL AGREEMENT)

Complete Section I or II as appropriate.

SECTION I

1. An AAP benefit of \$ _____ per month is authorized to begin _____. The child's needs must be reassessed periodically, at least every two years. The first scheduled reassessment is _____.

(BEGINNING DATE OF PAYMENT) (FIRST REASSESSMENT DATE)

2. Unless the benefit is ending because of age, _____ will send me/us a Reassessment Information - Adoption Assistance Program (AAP 3) form at least 60 days before the next reassessment date. I/We shall complete the AAP 3 and return it to the _____.

(COUNTY WELFARE DEPARTMENT) (ADOPTION AGENCY)

If I/we do not return the AAP 3 form, the adoption agency will conclude that I/we no longer want to continue receiving an AAP benefit and the benefit will stop until I/we make a new request for an AAP benefit and enter into a new Adoption Assistance Agreement.

- 3. With my/our agreement, the adoption agency may increase or decrease the amount of the AAP benefit as my/our circumstances or the needs of the child change.
- 4. The AAP benefit will be adjusted automatically without requiring a new AAP agreement at the same time and to the same degree as any automatic adjustments to payments for state-approved basic foster care maintenance. My child may be eligible for an age-related increase after his or her 5th, 7th, 9th, 12th, 13th and 15th birthdays. I/We shall contact the adoption agency to request this increase.
- 5. The AAP benefit may not exceed the age-related, state-approved foster family home care rate and any applicable state-approved specialized care increment for which the child qualifies, which would have been paid if the child had not been placed for adoption.
- 6. The foster care payment that the child would have received may change if other income is received by or on behalf of the child. Any specialized care increment that the child would have received may change because of a change in his or her special needs. If the amount of the AAP benefit exceeds the foster care payment amount that the child would have received if he or she were in foster care, the AAP benefit will be reduced to that amount.

7. If the child is currently a California Regional Center (CRC) client, the maximum available AAP benefit will be based on the child's needs that are reflected in his or her current level of need assessed by the CRC. CRC clients who leave California shall be able to continue to receive AAP benefits based on the most current level of need assessed by the CRC.
8. Continuation of the AAP benefit depends upon my/our legal responsibility for the support of the child and on continued receipt of that support by the child.
9. I/We agree to inform the adoption agency immediately if any of the following occurs:
- Our mailing address changes.
 - The child leaves the family home and we are no longer supporting the child.
 - We are no longer legally responsible for the support of the child.
 - The child begins to receive unearned income (*i.e.*, *Social Security, SS/SSP, other*).
10. Failure to report these changes may result in an overpayment which may be recovered by a direct charge or a reduction in current and future AAP benefits.
11. I/We understand that _____ will remain eligible to receive an AAP benefit from the State of California regardless of the state in which I/we reside.
(NAME OF CHILD)
12. I/We understand that under the terms of this agreement the child is eligible for services under Title XIX (*Medicaid*) and Title XX (*Social Services*) of the Federal Social Security Act. _____ will help the child obtain these services if I/we live in or move to another state by providing information and referral services.
(ADOPTION AGENCY)
13. I/We understand that the child will not be eligible to receive an AAP benefit after he or she reaches the age of 18 years unless he or she has a mental or physical disability which warrants continuation of the benefit to the age of 21 years.

SECTION II (Deferred Agreement)

I/We understand that _____ has _____ which may result in a future need for AAP benefit. Although assistance is not needed at this time, I/we understand that after completion of the adoption, if I am/we are unable to meet the child's needs related to this known medical condition, or physical, mental, emotional disability or other health condition, I/we may request an AAP benefit.
(NAME OF CHILD) (SPECIFY HEALTH PROBLEM)

REASONS FOR AAP ELIGIBILITY:

- Age Sibling Group Member Adverse Parental Background Minority Ethnicity
 Mental/Physical Health Problem

ADOPTIVE PARENT	DATE	ADOPTIVE PARENT	DATE
CHILD'S AGENCY REPRESENTATIVE	DATE	CHILD'S AGENCY NAME	
FAMILY'S AGENCY REPRESENTATIVE (CO-OP PLACEMENT ONLY)	DATE	FAMILY'S AGENCY NAME	

NEW**ADOPTION ASSISTANCE PROGRAM (AAP) AGREEMENT**

NOTICE: This agreement describes the adoption assistance benefit that you will receive for your adopted child. If you agree, please sign the agreement and return it to the adoption agency. If you disagree, please contact the adoption agency. If you and the agency cannot reach an agreement, you will receive a Notice of Action which explains how to request a state hearing to resolve the matter.

 Title IV-E Federal Eligible State Only Eligible County Only Eligible

I/We, _____ and _____, have entered into an agreement with the _____ for an adoption assistance benefit for _____.

(NAME OF PARENT) (NAME OF PARENT) (NAME, ADDRESS, TELEPHONE NUMBER OF RESPONSIBLE PUBLIC AGENCY) (NAME OF CHILD)

AAP eligibility is expected to continue from _____ until _____. This agreement is effective until terminated in accordance with its terms or a new amended agreement is signed.

(DATE OF ADOPTIVE PLACEMENT) (EXPECTED ENDING DATE OF ELIGIBILITY)

This is (check one) a deferred agreement (complete Section II only.)
 an initial agreement
 an amendment to the agreement dated _____.

(DATE OF INITIAL AGREEMENT)

Complete Section I or II as appropriate.

SECTION I

- An AAP benefit of \$ _____ per month and/or Medi-Cal is authorized to begin _____. The child's needs must be reassessed periodically, at least every two years. The first scheduled reassessment is _____.

(AMOUNT) (BEGINNING DATE OF PAYMENT) (FIRST REASSESSMENT DATE)

- Unless the benefit is ending because of age, _____ will send me/us a Reassessment Information - Adoption Assistance Program (AAP 3) form at least 60 days before the next reassessment date. I/We shall complete the AAP 3 and return it to the _____.

(COUNTY WELFARE DEPARTMENT) (RESPONSIBLE PUBLIC AGENCY)

- With my/our agreement, the responsible public adoption agency in accordance with state law may increase or decrease the amount of the AAP benefit as my/our circumstances or the needs of the child change.
- For initial agreements signed prior to January 1, 2010, my child **may** be eligible for an age-related increase after his or her 5th, 9th, 12th and 15th birthdays. In Marin County, the age related increase occurs after his or her 5th, 7th, 9th, 12th, 13th and 15th birthdays. I/We **shall** contact the adoption agency to request this increase.
- The AAP benefit may not exceed the age-related, state-approved foster family home care rate, and any applicable state-approved Specialized Care Increment (SCI), or state approved facility rate which would have been paid if the child had not been placed for adoption.
- Due to a change in my child's special needs and/or placement and the AAP benefit amount exceeds the foster care payment amount he or she would have received had they remained in foster care, the AAP benefit may be reduced.

7. If the child under the age of three and receiving services under the California Early Intervention Services Act, but not yet determined by the California Regional Center (CRC) to have a developmental disability as defined by the Lanterman Act, the maximum AAP benefit will either be \$898 or the foster family home rate and applicable SCI rate, whichever is greater. After the adoption finalization, it is my/our responsibility to request the CRC to evaluate the child's eligibility for CRC services. If the child is eligible to receive CRC services beyond the age of three, it is my/our responsibility to request the dual agency rate from the responsible public agency.

I/We agree, prior to the month following the child's third birthday, if the child is no longer eligible for CRC services, the AAP benefit will need to be renegotiated based on the foster family home rate and any applicable SCI rate.

If the child is under the age of three and the CRC has determined the child to have a developmental disability as defined by the Lanterman Act, the maximum AAP benefit is \$2,006.

8. If the child is a current consumer of CRC services, the maximum available AAP benefit is \$3,006 (dual agency rate and supplement, if applicable). CRC consumers who have received an AAP benefit prior to July 2007, which exceeds the maximum \$3,006 rate, may continue to receive the higher rate until the child is no longer eligible for AAP benefits or the adoption is dissolved.

I/We agree in the month following the child's third birthday the AAP benefit may be reduced to the foster family home rate and applicable Special Care Increment rate of \$_____.

9. I/We agree the AAP benefit of \$ _____ will be directed to _____ for payment of out-of-home placement/Wraparound services for our child.
(AMOUNT) (NAME OF FACILITY)

The AAP payment is authorized from _____ to _____.
(BEGINNING DATE) (END DATE)

I/We understand the AAP payment is not to exceed the maximum state-approved facility rate for which our child is eligible.

I/We agree in the month following the stated end date or if different, the date the child's out-of-home placement ends. The AAP benefit will be changed to the negotiated foster family home rate, applicable SCI rate or Dual Agency rate.

I/We understand the AAP payment for the out-of-home placement may not exceed 18 months per episode or condition.

I/We request the AAP payment be made directly to _____.
(NAME OF FACILITY)

I/We agree to pay the _____ directly with the AAP funds received.
(NAME OF FACILITY)

10. I/We understand that AAP benefit will continue unless one of the following occurs:

- The child has attained the age of 18 or 21.
- I/We are no longer legally responsible for the support of the child.
- I/We are no longer providing any type of support to the child.

11. I/We agree to inform the responsible public agency immediately if any of the following occurs:

- Change in mailing address and/or state of residence.
- The child is no longer residing in the family home.
- We are no longer providing any type of support to the child.
- We are no longer legally responsible for the support of the child.

Failure to report these changes may result in an overpayment which may be recovered by a direct charge or a reduction in current and future AAP benefits.

12. I/We understand that _____ will remain eligible to receive an AAP benefit from the
(NAME OF CHILD)

State of California regardless of the state in which I/we reside. If a needed service is not available in my/our state of residence, the _____ remains financially responsible for the needed services.

(FINANCIAL RESPONSIBLE COUNTY OF ORIGIN)

13.

I/We understand that under the terms of this agreement the child is eligible for Title IV-E (federal) AAP benefits and services under Title XIX (Medicaid) and Title XX (Social Services) of the Federal Society Security Act. _____ will help the child obtain these services by providing information and referral (Responsible Public Agency) services, if I/we live in or move to another state.

I/We understand that under the terms of this agreement the child is eligible for State AAP benefits and State funded Medi-Cal services, and _____ will help the child obtain medical services by (Responsible Public Agency) providing information and referral services, if I/we live in or move to another state. Through this agreement, I/we understand access to health care services for our child will be contingent on whether our current or future state of residence extends COBRA-reciprocity to children receiving California state funded Medi-Cal benefits. This means if I/we move to a state that does not have an agreement with California, I/we may not be able to obtain health care coverage for our child through that state's Medicaid program based on our receipt of AAP.

14. I/We understand that the child will not be eligible to receive an AAP benefit after he or she reaches the age of 18 years **unless** he or she has a mental or physical disability which warrants continuation to the age of 21 years. Upon the child's 18th birthday, I/we are to inform the responsible public agency and request they evaluate our child's needs for continuation of benefits beyond the age of 18.

SECTION II (Deferred Agreement)

I/We understand that _____ is AAP eligible and although assistance is not needed at this time, I/we understand that at anytime, I/we may request AAP benefits.
(NAME OF CHILD)

SECTION III SIGNATURE

ADOPTIVE PARENT:	DATE:	ADOPTIVE PARENT:	DATE:
CHILD'S AGENCY REPRESENTATIVE:	DATE:	CHILD'S AGENCY NAME:	
FAMILY'S AGENCY REPRESENTATIVE (CO-OP PLACEMENT ONLY):	DATE:	FAMILY'S AGENCY NAME:	

OLD

**FEDERAL ELIGIBILITY CERTIFICATION
FOR ADOPTION ASSISTANCE PROGRAM**

*Complete one copy and submit it to the
Adoption Agency listed below.*

TO:

[]

[]

CHILD'S BIRTH NAME	
CHILD'S DATE OF BIRTH	
STATE ADOPTION CASE NO. ADA	ADOPTION AGENCY CASE NO.
AFDC-FC, AFDC-FGU OR SSI CASE NO.	

FROM:

ADOPTION AGENCY NAME	NAME OF AUTHORIZED OFFICIAL OF ADOPTION AGENCY
ADOPTION AGENCY ADDRESS	TELEPHONE NUMBER
	DATE

We are requesting the following information for the purpose of determining the eligibility of the above-named child for federal reimbursement of the costs of Adoption Assistance Program payments. Please provide the following information by checking all applicable boxes.

	YES	NO	VERIFICATION
1. The child is receiving Supplemental Security Income benefits (SSI/SSP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child listed on State Data Exchange (SDX) register - SSI/SSP case #: _____ <input type="checkbox"/> Other
2. The child is receiving federal AFDC-FC (Title IV-E foster care).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child currently receiving federal AFDC-FC AFDC-FC case #: _____
a. In the month of filing the petition which led to the court order for removal of the child from his or her parent(s) or relative, the child met the linkage determination for federal AFDC-FC.	<input type="checkbox"/>	<input type="checkbox"/>	
b. The court order in Item 2a is still in effect, or was dismissed because the child was relinquished for adoption or freed from parental control by one or more parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Copy of Form FC 3 attached
c. The child currently meets the income and property requirements for AFDC.	<input type="checkbox"/>	<input type="checkbox"/>	
3. The child is receiving federal AFDC-FG or U.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child currently receiving federal AFDC-FG/U AFDC case #: _____
a. The child is living in the home of a caretaker relative as defined in EAS 82-808.11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Relative's name(s) and relationship to child: _____ _____
b. The child currently meets the income and property requirements for AFDC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Copy of Form CA2, BCJA2, or substitute, attached.

I certify that the above information is true to the best of my knowledge.

SIGNATURE OF ELIGIBILITY WORKER	DATE	TELEPHONE NUMBER
---------------------------------	------	------------------

NEW

**FEDERAL ELIGIBILITY CERTIFICATION
FOR ADOPTION ASSISTANCE PROGRAM**

*Complete one copy and submit it to the
Adoption Agency listed below.*

TO:

CHILD'S BIRTH NAME	
CHILD'S DATE OF BIRTH	
STATE ADOPTION CASE NO. ADA	ADOPTION AGENCY CASE NO.
AFDC-FC, AFDC-FGU OR SSI CASE NO.	

FROM:

ADOPTION AGENCY NAME	NAME OF AUTHORIZED OFFICIAL OF ADOPTION AGENCY
ADOPTION AGENCY ADDRESS	TELEPHONE NUMBER
	DATE

We are requesting the following information for the purpose of determining the eligibility of the above-named child for federal reimbursement of the costs of Adoption Assistance Program (AAP) payments. Please provide the following information by checking all applicable boxes. Verification of the following information is documented in the child's case records.

	YES	NO
1. The above named child meets one of the following:		
a. The child entered the United States on or after August 22, 1996, is placed with an unqualified alien and meets the five year residency requirement.	<input type="checkbox"/>	<input type="checkbox"/>
b. The child is a member of one of the exempted groups (refugees, asylees, aliens whose deportation was withheld, Cuban/Haitian entrants or Amerasians from Vietnam.)	<input type="checkbox"/>	<input type="checkbox"/>
2. The child is receiving Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits.	<input type="checkbox"/>	<input type="checkbox"/>
a. The child meets the eligibility requirements for SSI benefits as determined and documented by the federal Social Security Administration.	<input type="checkbox"/>	<input type="checkbox"/>
3. At the time the child was removed from the home of the specified relative, the child met the Aid to Family with Dependent Children (AFDC), 1996 eligibility requirements in the home of removal.	<input type="checkbox"/>	<input type="checkbox"/>
a. The child's removal from the home was based on judicial determination in the first court ruling that to remain in the home would be contrary to the child's welfare.	<input type="checkbox"/>	<input type="checkbox"/>
b. The child was voluntarily relinquished to a licensed public or private adoption agency, or another public agency operating a Title IV-E program on behalf of the state.	<input type="checkbox"/>	<input type="checkbox"/>
The following must be obtained within six months of the time the child lived with a specified relative:		
1. A petition to the court to remove the child from the home of the specified relative.		
2. Judicial determination that remaining in the home would be contrary to the child's welfare.		
c. The child was voluntarily placed with a public agency and received at least one Title IV-E FC payment.	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
4. At least one Title IV-E Foster Care (FC) payment was made on behalf of the child's minor parent.	<input type="checkbox"/>	<input type="checkbox"/>
5. The child received AAP benefits with respect to a prior adoption that dissolved due to the termination of the adoptive parent's parental rights or the death of an adoptive parent.	<input type="checkbox"/>	<input type="checkbox"/>
6. The child is an Indian child and the subject of a tribal customary adoption order.	<input type="checkbox"/>	<input type="checkbox"/>
7. The child meets the "APPLICABLE CHILD" criteria:	<input type="checkbox"/>	<input type="checkbox"/>
a. The child's age is _____ in Federal Fiscal Year _____ ;	<input type="checkbox"/>	<input type="checkbox"/>
b. The child has been in foster care under the care of a Title IV-E agency for 60 consecutive months, or	<input type="checkbox"/>	<input type="checkbox"/>
c. The child's sibling is an "applicable child" and is placed in the same prospective adoptive home of his or her sibling.	<input type="checkbox"/>	<input type="checkbox"/>
8. The child is in the care of a public or private child placement agency or Indian tribal organization and is the subject of one of the following:	<input type="checkbox"/>	<input type="checkbox"/>
1. An involuntary removal from the home in accordance with a judicial determination that continuation in the home would be contrary to the welfare of the child; or	<input type="checkbox"/>	<input type="checkbox"/>
2. A voluntary placement agreement or voluntary relinquishment.	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: A Title IV-E FC maintenance payment or judicial determination is not required for an "Applicable Child".		
9. The child has met all medical or disability eligibility requirements for federal SSI benefits.	<input type="checkbox"/>	<input type="checkbox"/>
10. The child was residing in a foster family home or child care institution with the child's minor parent.	<input type="checkbox"/>	<input type="checkbox"/>
11. The child received AAP with respect to a prior adoption that dissolved, due to the termination of the adoptive parental rights or the death of an adoptive parent.	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above information is true to the best of my knowledge.

SIGNATURE OF ELIGIBILITY WORKER

DATE

TELEPHONE NUMBER

OLD

CHILD'S ADOPTIVE NAME
STATE ADOPTION CASE NO. ADA

INCOME AND PROPERTY CHECKLIST FOR FEDERAL ELIGIBILITY DETERMINATION — ADOPTION ASSISTANCE PROGRAM

All information listed below should be reviewed to determine whether the child meets the requirements for federal AAP eligibility. Please review each item with regard to the child's income and property status at the time the adoption petition was filed. If the information can be consolidated on the FC 9, this form may remain in the case records for verification purposes. If not, attach a copy of this form to the FC 9 before transmittal to the county welfare department.

1. Does the child have any of the resources listed below?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, explain below.

- | | | |
|---------------------|----------------------------------|---|
| a. Cash | d. Credit union account | g. Trust fund |
| b. Savings account | e. Checks | h. Stocks, bonds, certificates |
| c. Checking account | f. Notes, mortgages, trust deeds | i. Other resources which can be quickly changed into cash |

Type of Resource	Current Value	Location	Account Number
	\$		
	\$		
	\$		
	\$		
	\$		

2. Does the child receive, or expect to receive at the time the petition for adoption is filed, income from the following sources?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, explain below.

- | | | |
|--------------------------------|--|---|
| a. Contributions or cash gifts | c. Tax refunds | e. Interest, dividends |
| b. Sale of property | d. Legal or accident settlements pending | f. Scholarships, grants, loans for school |

Source of Income	Date Received or Expected	Amount	How Often
	\$		
	\$		
	\$		
	\$		
	\$		

3. Does the child own personal property which costs at least \$100 for each item or is now worth at least \$100 each?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, list below. Do not list clothing, furniture, televisions, or household furnishings. List musical equipment, recreational equipment, livestock, etc.

Item	Purchase Price or Current Price
	\$
	\$
	\$
	\$
	\$

4. Does the child have any insurance coverage?

Yes No

If Yes, list below:

Type	Name of Company	Premium Paid By	Amount Paid	How Often
			\$	
			\$	
			\$	
			\$	
			\$	

5. Does the child receive any of the following for free or in exchange for work that he/she does?

If Yes, list below:

Item	Received From	Value
a. Housing		\$
b. Utilities		\$
c. Food		\$
d. Clothes		\$

6. If the child is 16 years or older, is he/she presently attending school or a training program?

If Yes, full time?

Is the child employed?

If Yes, how many hours per month? _____

List gross income and mandatory deductions below:

Gross Income	Federal Withholding	State Withholding	Social Security
\$	\$	\$	\$
\$	\$	\$	\$

7. Does the child hold any property in his/her own name?

If Yes, list below:

Type	Address or Location

8. Does the child own, or have exclusive use of any motor vehicle(s)?

If Yes, complete the following:

Year, Make, and Model	License No. and State of Registration	Current License Fee	Amount Owed	Monthly Payments
			\$	\$
			\$	\$
			\$	\$

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

ADOPTION WORKER NAME

SIGNATURE

DATE

NEW

**INCOME AND PROPERTY CHECKLIST
FOR FEDERAL ELIGIBILITY DETERMINATION -
ADOPTION ASSISTANCE PROGRAM**

CHILD'S ADOPTIVE NAME
STATE ADOPTION CASE NO.
ADA

All information listed below should be reviewed to determine whether the child meets the AFDC eligibility standards of July 16, 1996 in the home of removal. Please review each item with regard to the child's income and property status at the time the child was removed from the home of the specified relative. Attach a copy of this form to the AAP 4 before transmittal to the county welfare department.

1. Does the child have any of the resources listed below? Yes No
 If Yes, explain below.

a. Cash	d. Credit union account	g. Trust fund
b. Savings account	e. Checks	h. Stocks, bonds, certificates
c. Checking account	f. Notes, mortgages, trust deeds	i. Other resources which can be quickly changed into cash

Type of Resource	Current Value	Location	Account Number
	\$		
	\$		
	\$		
	\$		
	\$		

2. Does the child receive, or expect to receive income from the following sources? Yes No
 If Yes, explain below.

a. Contributions or cash gifts	c. Tax refunds	e. Interest, dividends
b. Sale of property	d. Legal or accident settlements pending	f. Scholarships, grants, loans for school

Source of Income	Date Received or Expected	Amount	How Often
	\$		
	\$		
	\$		
	\$		
	\$		

3. Does the child own personal property which costs at least \$100 for each item or is now worth at least \$100 each? Yes No
 If Yes, list below. Do not list clothing, furniture, televisions, or household furnishings. List musical equipment, recreational equipment, livestock, etc.

Item	Purchase Price or Current Price
	\$
	\$
	\$
	\$
	\$
	\$

4. Does the child have any insurance coverage?
 If Yes, list below:

Yes No

Type	Name of Company	Premium Paid By	Amount Paid	How Often
			\$	
			\$	
			\$	
			\$	
			\$	

5. Does the child receive any of the following for free or in exchange for work that he/she does?
 If Yes, list below:

Item	Received From	Value
a. Housing		\$
b. Utilities		\$
c. Food		\$
c. Clothes		\$

6. If the child is 16 years or older, is he/she presently attending school or a training program?
 If Yes, full time?

Is the child employed?
 If Yes, how many hours per month? _____
 List gross income and mandatory deductions below:

Gross Income	Federal Withholding	State Withholding	Social Security
\$	\$	\$	\$
\$	\$	\$	\$

7. Does the child hold any property in his/her name?
 If Yes, list below:

Type	Address or Location

8. Does the child own, or have exclusive use of any motor vehicle(s)?
 If Yes, complete the following:

Year, Make, and Model	License No. and State of Registration	Current License Fee	Amount Owed	Monthly Payments
			\$	\$
			\$	\$
			\$	\$

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

ADOPTION WORKER NAME _____ SIGNATURE _____ DATE _____

ADOPTION ASSISTANCE PROGRAM NEGOTIATED BENEFIT AMOUNT AND APPROVAL FORM INSTRUCTIONS

The attached Adoption Assistance Program (AAP) Negotiated Benefit Amount and Approval form documents the process of assessing the child's needs and discussions with the family resulting in the approved negotiated AAP benefit. This form is to be completed in conjunction with initial and subsequent AAP agreements (AD 4320) and reassessments (AAP 3.) The form is to be completed by the adoptions social worker and approved by the adoptions supervisor.

The following are the steps to chronicle the process for completing the form:

1. Determine which county is financially responsible for the payment.
2. Identify and document the child's care and supervision needs including any special needs beyond basic care and supervision with direct observation of the child, discussions with the family, and review of case file documents.
3. Discuss with the adoptive family their specific circumstances such as the family's ability to integrate the child into their lifestyle, standard of living and future plans, as well as meeting the child's immediate and future needs.
 - a. If the adoptive parents decline the AAP benefit but wish to utilize Medi-Cal benefits, document the decision on the form and proceed with signing the AAP agreement.
 - b. If the adoptive parents decline the AAP benefit including Medi-Cal benefits, document this on the form and proceed with signing a deferred AAP agreement.
4. Assess whether the child's needs and the circumstances of the family can be met with the age-related, state-approved foster family home rate (basic rate.) If the child requires a benefit based on a special need in addition to the basic rate, document/describe special needs and any underlying problem or conditions.
 - a. If applicable, determine which county's Specialized Care Increment (SCI) rate will be used (host county or financially responsible county.) Discuss the option with the adoptive family.
 - b. To determine the eligible SCI amount, compare the documented child's needs with the specific criteria stated for each SCI rate level. Note: the AAP benefit amount may not exceed the amount the child would have received if he or she had been in foster care in a foster family home.
5. If the child is a current consumer of California Regional Center (CRC) services, the dual agency rate is \$2,006 and if applicable, the supplement to the rate not to exceed the maximum of \$3,006. CRC consumers who have received an AAP benefit prior to July 2007, which exceeds the maximum \$3,006 rate, may continue to receive the higher rate until the child is no longer eligible for AAP benefits or the adoption is dissolved.
 - a. If the child is under the age of three and receiving services under the California Early Intervention Services Act, but not yet determined by the CRC to have a developmental disability as defined by the Lanterman Act, the maximum AAP benefit is \$898 or the foster family home rate and applicable SCI rate, whichever is greater.
 - b. For children under the age of three determined by the CRC to have a developmental disability as determined by the Lanterman Act, the maximum dual agency rate is \$2,006. Dual agency children under the age of three are not eligible to receive the supplemental rate.

6. If the child is placed in an approved out-of-home placement, the maximum AAP benefit is the state-approved foster care facility rate for which the child is placed.
 - a. The AAP may pay for an eligible out-of-home placement if the placement is justified by a specific episode or condition and does not exceed 18 months. After the initial authorized out-of-home placement, subsequent authorizations for payment must be based on an eligible child's subsequent and specific episode or conditions.
 - b. When another entity such as a CRC, county welfare department, or other program pays for the child's out-of-home placement cost, the maximum AAP benefit may be the state approved basic foster family home rate or their actual share of cost for their child's support, whichever is greater.
7. If the child is receiving wraparound services:
 - a. Document the eligible RCL:

For AAP purposes the highest rate stated in the most recent All County Letter is to be paid regardless if the child is federal or state only eligible.
 - b. The county issues one check to the provider who will then pay the AAP benefit to the adoptive family.
 - c. The county issues two checks one to the provider and one to the adoptive family (AAP benefit.)
8. The AAP benefit shall be based on the needs of the child and the circumstances of the family. Submit the negotiated maximum eligible AAP benefit to the adoptions supervisor for approval.
 - a. If there is no agreement of the AAP benefit, complete an AAP 2 with instructions to send a Notice of Action (NOA) to the adoptive family stating the requested AAP benefit is denied and the reason for the denial. The NOA provides the adoptive family instructions to request a fair hearing.
9. File the completed form in the AAP case file and include applicable supporting documentation.
10. Provide copies of the following to the adoptive family:
 - a. Signed AAP 6
 - b. Signed AD 4320
 - c. SCI Schedule/Criteria, if applicable
 - d. Dual Agency/CRC Eligibility Determination and Supplemental Rate documentation, if applicable and requested by the family

NEW FORM

**ADOPTIONS 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 have been notified that we 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 _____ no later than _____
Responsible Public Agency two years from date of signatures

Adoptive Parent Date Adoptive Parent Date

Child's Agency Representative Date Child's Agency Name Date