

Ohio Department of Job and Family Services
**INSTRUCTIONS FOR COMPLETING JFS 01421,
APPLICATION FOR REIMBURSEMENT OF NONRECURRING ADOPTION EXPENSES**

The purpose of the Application for Reimbursement of Nonrecurring Adoption Expenses (JFS 01421) is to allow the adoptive parent(s) who is adopting a child with special needs to apply for reimbursement of allowable expenses up to \$1,000 incurred as a result of the adoption.

Case or ID Number: Enter the case or ID number which has been assigned to this case for identification and record retrieval.

SECTION I: Agency Information

Name of Public Children Services Agency (PCSA): Enter the name of the PCSA in which this application will be submitted.

Address/Telephone Number of Public Children Services Agency (PCSA): Enter the street address, city, state, zip code and telephone number (including area code).

SECTION II: Adoptive Parent(s)

Name(s) of Adoptive Parent(s): Enter the first and last name(s) of the adoptive father and mother.

Address/Telephone Number of Adoptive Parent(s): Enter the street address, city, state, zip code and telephone number (including area code) of the adoptive parent(s).

SECTION III: Adoptive Child

Name of Adoptive Child: Enter the name that the child will be known by after adoption.

Sex: Enter the gender of the adoptive child.

Date of Birth: Enter the month, day and year the adoptive child was born.

Expected Date of Finalization: If available, enter the expected month, day and year the adoption will be finalized.

SECTION IV: Special Needs Certification

A, B AND C: Indicate whether each of the three special needs criteria have been met and what documentation is attached.

SECTION V: Signatures

Signature of Adoptive Parent(s): Application must be signed by adoptive parent(s).

SECTION VI: Disposition

Disposition: The agency shall indicate whether the application is approved or denied in the appropriate box. For denials, the agency shall provide the reason in the appropriate space and provide the applicant(s) with a JFS 04059 and JFS 07334.

Signature of Authorized Agency Representative: The PCSA representative who decides the disposition of the application must sign and date the form.

SECTION VII: Right to a State Hearing

This section informs the applicant(s) of their right to a state hearing if they do not agree with the decision made by the agency.