

APPLICATION FOR REIMBURSEMENT OF NONRECURRING ADOPTION EXPENSES

Date of Application (mm/dd/yyyy)		Case or ID Number (Completed by Agency)	
SECTION I: AGENCY INFORMATION			
Name of Public Children Services Agency			
Address (City, State and Zip Code)		Telephone Number	
SECTION II: ADOPTIVE PARENT(S)			
Name of Adoptive Father (First and Last)		Name of Adoptive Mother (First and Last)	
Address	City, State and Zip Code	Telephone Number	
SECTION III: ADOPTIVE CHILD			
Name of Adoptive Child (First and Last)		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Birth (mm/dd/yyyy)	Expected Date of Finalization (mm/dd/yyyy)		
SECTION IV: SPECIAL NEEDS CERTIFICATION			
A. Is there a determination that the child cannot and should not be returned to the home of the specified relative? <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what documentation is being attached?			
B. Is there documentation that the child has a specific factor or condition, or a combination of factors or conditions that makes it difficult to place the child with an adoptive parent(s) without the provision of adoption assistance or medical assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what documentation is being attached?			
C. The PCSA has determined except where it would be against the best interest of the child, a reasonable but unsuccessful effort to place the child with appropriate adoptive parent(s) without providing adoption assistance has been made? <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what documentation is being attached?			
SECTION V: SIGNATURES			
Signature of Adoptive Father	Date	Signature of Adoptive Mother	Date
SECTION VI: DISPOSITION (FOR AGENCY USE ONLY)			
This application relates only to the applicant's eligibility for the Reimbursement of Nonrecurring Adoption Expense Program. Specific items to be paid or reimbursed shall be addressed on the JFS 01438, "Agreement For Payment Or Reimbursement For Nonrecurring Expenses Incurred In The Adoption of a Special Needs Child."			
This application for reimbursement of nonrecurring adoption expenses has been: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason for Denial			
Signature of Authorized Agency Representative		Date (mm/dd/yyyy)	
SECTION VII: RIGHT TO A STATE HEARING			
You have a right to a state hearing before the Ohio Department of Job and Family Services if your application is denied or if you disagree with any other actions taken on your application. For a complete explanation of your hearing rights and the hearing process, please read JFS 04059 "Explanation of State Hearing Procedures." A copy of the JFS 04059 should be given to applicant along with this application.			