

RELINQUISHMENT/INDEPENDENT ADOPTION PROGRAM INDIVIDUAL CASE REPORT—AAP/AAC

(ADOPTION ASSISTANCE PROGRAM/AID FOR THE ADOPTION OF CHILDREN)

SEND ONE COPY TO:

California Department of Social Services
 Data Operations Branch
 Reports Unit, M.S. 19-81
 P.O. Box 944243
 Sacramento, California 94244-2430
 FAX (916) 322-9254

The appropriate entry for a is a cross
 For a is a number 033
 Round all dollar amounts — no spaces are allowed for cents.

INSTRUCTIONS: Complete and submit this form when an Adoption Assistance Agreement, AD4320 is signed; or anytime when an AAP/AAC payment is started, restored, changed, recertified, terminated, or a termination date is changed; and, when a deferred agreement is completed.

| | | | |
|------------------------------|---|--|---|
| ADOPTIVE FAMILY'S LAST NAME: | IS THIS AN: Independent Adoption <input type="checkbox"/> 1 Agency Adoption <input type="checkbox"/> 2 | AGENCY CODE: | PLACEMENT DATE: MONTH DAY YEAR |
| ADOPTED CHILD'S FULL NAME: | ADOPTED CHILD'S BIRTHDATE: MONTH DAY YEAR | STATE ADOPTION CASE NO: Alpha Numeric | IS MORE THAN 1 CHILD RECEIVING AAP/AAC WITH THIS SAME CASE NUMBER? YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 |

1. PROGRAM (ENTER CODE)

| CODE | DESCRIPTION |
|------|---|
| 01 | AAP FED - Child meets federal Title IV-E AFDC eligibility linkage requirements. |
| 02 | AAP NON-FED - Child does not meet Federal Title IV-E AFDC eligibility linkage requirements. |
| 03 | AAC - Child was placed for adoption prior to October 1, 1982. |

2. CASE ACTION (ENTER CODE)

| CODE | DESCRIPTION |
|---|--|
| 01 | Deferred agreement completed (complete items 3 and 7 only) |
| 02 | Payment started (complete ALL items) |
| 03 | Payment restored (complete items 4 through 9) |
| 04 | Payment recertified (complete items 4, 6 through 9) |
| 05 | Payment changed (Complete items 4, 6 through 9 only) |
| Payment terminated due to: (Enter one code from below and complete items 6 and 7 for actual termination date) | |
| 06 | Family income is now sufficient. |
| 07 | Specialized care is no longer needed. |
| 08 | Child reached 18th or 21st birthday. |
| 09 | Child died. |
| 10 | Other (Specify) _____ |

CDSS

3. THE CHILD IS "SPECIAL NEEDS" DUE TO:
 (Check all that apply)

- a. Age (3 years and older) 1
- b. Membership in a sibling group 2
- c. Ethnicity, race, color or language 3
- d. Physical, mental or emotional handicaps 4
- e. Adverse parental background 5

4. THE AAP/AAC BENEFIT IS NEEDED TO PROVIDE:
 (Check all that apply)

- a. The child's basic care (Family income does not allow the adoption of a new family member without subsidy) 6
- b. Medi-Cal coverage 7
- c. Special Circumstances Needs: 8
 (The additional care and services provided to a foster child by a specialized foster care increment and/or group home rates.)
- d. Residential care outside of the adoptive family's home 9

MONTH DAY YEAR

5. PAYMENT:
 A. Initially started

B. Restored

6. ANTICIPATED FINAL TERMINATION PAYMENT

7. CASE ACTION

8. CURRENT MONTHLY PAYMENT AMOUNT

9. AFDC-FC RATE IF CHILD WERE IN FOSTER CARE

10. IS PAYMENT BASED ON A DEFERRED AGREEMENT? YES 1 NO 2

| | | | |
|------------------------------|---------|---------------|-------|
| COMPLETED BY: (PLEASE PRINT) | AGENCY: | PHONE: () | DATE: |
|------------------------------|---------|---------------|-------|

**RELINQUISHMENT/INDEPENDENT ADOPTION PROGRAM
INDIVIDUAL CASE REPORT – AAP/AAC (FORM AD42 AAP/AAC)
(Adoption Assistance Program/Aid For The Adoption of Children)**

CONTENT AND PURPOSE:

The purpose of this form is to collect current information on adopting parents who receive or who will receive Adoption Assistance payments, the size and nature of the caseload and to provide a basis for caseload and cost projections for the program.

DUE DATE AND SUBMITTAL INSTRUCTIONS:

Complete and submit one copy of the form: 1) at the time an Adoption Assistance Agreement (Form AD 4320) is signed; 2) in the case of deferred payments, when the payment is initially started; 3) when an AAP/AAC payment is started, restored, changed, recertified or terminated; and 4) when the termination date is changed.

Copies are to be submitted to Statistical Services on a flow basis, but no later than the twentieth calendar day of the month following the month the action occurred.

Send the completed form AD 42 AAP/AAC to:

California Department of Social Services
Data Operations Branch
Report Unit, M.S. 19-81
P.O. Box 944243
Sacramento, CA 94244-2430

GENERAL INFORMATION:

New adoptive placements will only be AAP. The AAC cases which were deferred prior to October 1, 1982 may have payment started, restored, changed or recertified actions.

CASE IDENTIFICATION SECTION:

Enter the identifying case information called for at the top of the form: Adoptive Family's last name, Child's adopted full name, Adopted child's birthdate, Agency code (the child's agency), Placement date (date child was placed for adoption) check the appropriate box that will identify whether it is an independent or agency adoption and insert the State adoption case number. (the number assigned by SDSS at the time an initial relinquishment document or adoption petition is received by the State).

CASE ACTION SECTION:

1. Program:
Enter the code to indicate whether the case is federal, nonfederal or AAC.

If a deferred agreement enter code of program that child would be eligible for if payment started.
2. Case Action:
Enter the code to indicate the reason for the appropriate case action. Case actions are defined below. If more than one category applies, please use your best judgment and enter one (1) code.

(01) Deferred agreement completed = A child's special needs do not require benefits to begin currently but which could require benefits in the future.

(02) Payment started = The initial opening of an AAP/AAC case (i.e., original benefits started.)

(03) Payment restored = Benefits are restored after a prior discontinuation.

(04) Payment recertified = A recertification is required two (2) years from the opening date benefits begin or two years from the effective date of the last change in payment.

(05) Payment changed = An adjustment in the payment amount due to substantial changes in the family's financial circumstances or the child's needs, prior to the scheduled recertification period.
3. The Child is "Special Needs" Due To:
Identify all reasons which apply to the case with an "x".
4. The AAP/AAC Benefit is Needed to Provide:
Identify all reasons which apply to the case with an "x".
5. Payments:
 - A. Date Payment Started:
Enter Month, Day and Year.
 - B. Date Payment Restored:
Enter Month, Day and Year.
6. Anticipated Termination Date of Final Payment:
Enter Month, Day and Year.

Make the best estimate that you can. If payment is expected to continue until the child reaches majority, give the date of the 18th birthday (or 21st birthday if mentally or physically handicapped). Do not give the date that the case will be reviewed for continuation of AAP unless that is the best estimate for final termination.
7. Case Action:
Enter Month, Day and Year of this action. (i.e., if the amount of an AAP grant is changed; indicate the date the change of action is effective).
8. Current Monthly Payment Amount:
Enter the current month payment amount. Round to nearest whole dollar if payment includes cents.
9. AFDC-FC Rate if Child Were In Foster Care:
Identify the monthly AFDC-FC Rate the child would receive if the child had not been adopted.
10. Is payment based on a deferred agreement?
Please check appropriate box.