

Ohio Department of Job and Family Services
**INSTRUCTIONS FOR COMPLETING JFS 01050,
APPLICATION FOR POST ADOPTION SPECIAL SERVICES SUBSIDY**

(Application for Post Adoption Special Services Subsidy)

****Note: A separate application must be completed for each child. ****

SECTION I: Agency Information

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

Date of Application: Enter the month, day and year in which this application was completed and submitted to the PCSA.

SECTION II: Family Data

Name of Adoptive Father: Enter the first and last name of the adoptive father.

Name of Adoptive Mother: Enter the first and last name of the adoptive mother.

Adoptive Family Address and Telephone Number: Enter the adoptive family's current address (including city, state and zip code) and telephone number.

Number of Children in Home: Enter the number of adopted, biological or other (i.e. kinship/foster care) children that reside in the home.

Annual Family Income: Enter the amount of the annual family income as reported on the most current IRS 1040.

SECTION III: Child Data

Name of Adoptive Child: Enter the first and last name of the adoptive child.

Date of Birth: Enter the adoptive child's date of birth.

Sex: Enter the gender of the adoptive child.

Date Adoption Finalized: Enter the month, day and year in which the child's adoption was finalized.

Type of Adoption: Check the box that applies to the type of adoption.

Briefly Describe the Treatment Needs of the Child: Briefly describe what type of treatment is being sought for the child. Per Ohio Administrative Code (OAC) 5101:2-44-13.1(C)(3)(a) and (b), in order to be eligible for PASSS funds all of the following must be met: The child has a physical or developmental handicap or mental or emotional condition that either existed before the adoption petition was filed or developed after the adoption petition was filed and can be directly attributed to factors in the child's preadoption background or medical history, or biological family's background or medical history. (If more space is needed, an additional sheet may be attached).

SECTION IV: Services and/or Therapeutic Technique(s) Requested

Therapeutic Techniques Requested (As part of the application process, a JFS 01052 "Credentials for Providers of PASSS Funded Therapeutic Services and Memorandum of Understanding" (1/2008) must be completed and submitted at the time of application. If the individual providing therapy is not a licensed provider then PASSS funds shall not be approved).

Type of Therapy: Identify the type of therapy that is being requested for the child (psychiatric, psychological or substance abuse counseling or other).

Name of Provider: List the name of the individual that will be providing therapy to the child.

Licensing Board: List the name of the Licensing Board in which the provider is authorized to practice.

Cost of Service: Enter the cost of the service(s) requested as accurately as possible.

Other Service(s) Requested (Check the box that applies to the type of service(s) requested for the child. If requesting medical and/or mental health respite, these costs may not exceed \$2,400, respectively, per child per state fiscal year (SFY).

Additional Respite: The PCSA may elect, on a case by case basis, to approve an additional \$2,400 for mental health and/or \$2,400 for medical respite under special circumstances that the PCSA has outlined in its adoption policy.

Cost of Service: Enter the cost of the service(s) requested as accurately as possible.

Out of Home Care Requested: (Complete this section if the service requested is for residential treatment, in-patient hospitalization or therapeutic foster care. Approved services for any type of residential treatment facility or therapeutic foster care must be provided by a residential facility or foster care home that is licensed by the Ohio department of job and family services (ODJFS) or the Ohio department of mental health (ODMH) or a comparable agency which is recognized by a state or a similar licensing body.

Residential Treatment: List the name of the residential treatment facility and the name of the agency in which the facility is licensed by. *(Note: Educational costs shall not be included).*

In-patient Hospitalization: List the name of the facility in which the child will receive in-patient services.

Therapeutic Foster Care: List the name of the agency in which the facility providing therapeutic foster care is licensed under.

Cost of Service: Enter the cost of the service(s) requested as accurately as possible.

Total: Enter the total costs of all services requested. *(Note: The total costs of all services requested shall not exceed \$10,000 per child per SFY. If a JFS 01051, Application for Additional Post Adoption Special Services (PASSS) Funding, has been completed and approved, the total costs of all services requested shall not exceed \$15,000 per child per SFY).*

SECTION V: Resources

Resources: Identify **all** of the community resources that have been contacted (and the dates of those contacts) to provide assistance in addressing the child's physical or developmental handicap or mental or emotional condition. If funding has been received from a resource not listed, please identify the resource in the section marked "other." Enter the month, day and year in which the resource was contacted, if applicable. Indicate the total amount of funding received, if applicable, from each resource that has been contacted.

Total Received: Enter the total amount of funding received from all of the resources listed, if applicable.

SECTION VI: Affidavit

Documentation: A copy of all of the documentation outlined in this section must be submitted along with the completed JFS 01050.

Adoptive Parent(s) Signature: By signing this application, you confirm that the information given in this application is accurate and you acknowledge that you are aware that you will be required to provide verification of your financial situation. (In accordance with section 2921.13 of the Ohio Revised Code, it is a misdemeanor of the first degree to knowingly falsify statements when the statement is made to secure benefits administered by a governmental agency or paid out of a public treasury).

Right to a State Hearing: This section informs you of your right to request a state hearing if you do not agree with the decision made by the agency.