

# PASSS APPLICATION CHECKLIST

---

- Application for Post Adoption Special Services Subsidy, PASSS (Must be signed)
- Application for Additional PASSS Funding for Extraordinary Circumstances (Not required unless the application is for out of home placement or if there has been an involuntary loss of employment)
- Geauga County Job & Family Services Release of Information (Please include all service providers on release)
- Applicant Financial Statement
- A copy of your most recent Income Tax 1040 form
- Copy of Adoption Decree (If this is your first application)
- Written statement from the adoptive parent documenting why the services that your child needs is not within the resources of the family
- Any letters or assessments outlining the child's special needs
- Copy of your health insurance policy along with explanation of benefits or a denial if insurance does not cover the service

## **TO BE FILLED OUT BY THE SERVICE PROVIDER**

- Credentials for Providers of PASSS Funded Therapeutic Services and Memorandum of Understanding
- Out of Home Placement: Written recommendations from therapist
- Therapeutic services: Written statement from the provider that includes:
  - ✓ What services are needed
  - ✓ Why the services are needed
  - ✓ Cost of each service
  - ✓ CPT billing code for each service being provided
  - ✓ Start date of services
  - ✓ Length of treatment expected
  - ✓ Verification if the provider takes your family primary health insurance or Medicaid as applicable.

## **AFTER THE APPROVAL**

- Copy of the Treatment Plan within 30 days of the child's initial visit with the provider