

**ADDENDUM REQUEST  
TO THE VIRGINIA ADOPTION ASSISTANCE AGREEMENT**

Child's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

LDSS: \_\_\_\_\_

Parents of an adopted child use this form to request a change to their existing adoption assistance agreement at any time during the duration of the agreement.

- 1) Describe the changes in this child's special needs, if any.
  
- 2) Describe the changes in the family's circumstances, if any.
  
- 3) Indicate the services, their cost, and the frequency/duration which are being requested. Include the amount you are able to contribute to the cost of services.

Service requested	Adoption Assistance requested	Parent contribution	Total Monthly Cost	Frequency (ie. hrs per wk, one-time)	How long (From date – To date)
<i>Ex. Psych eval</i>	<i>\$2000</i>	<i>\$500</i>	<i>\$2500</i>	<i>One time</i>	<i>1/1/17-3/1/17</i>
<b>Additional Comments:</b>					

- 4) Please attach professional documentation/recommendation for each service requested.  
For requests to continue assistance for an existing service, recent documentation from the current provider must be included to indicate progress and recommendations.  
**If documentation is not included, please explain.**
  
- 5) Indicate what other resources you have explored to meet the special need that the requested service will address. Include the use of Medicaid and private insurance. Please attach documentation, such as Medicaid denials, if applicable.

For adoption assistance special service payments to be made, an addendum must be executed prior to the commencement of services.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_