

ADDENDUM TO THE ADOPTION ASSISTANCE AGREEMENT

Child's Name:	Date of Birth:
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This addendum is to be used in conjunction with the Virginia Adoption Assistance Agreement that was effective on _____ between _____, the local department, and, _____, adoptive parent(s).

Child's Documented Special Needs

This child has the following additional special need documented by a qualified professional and established by the local department (i.e., special need was not previously established and documented on the adoption assistance agreement or an addendum).

- Child had the following special need at the time of the adoption, it was not diagnosed until after the final order of adoption, and no more than one year elapsed from date of diagnosis. Child has:
- A physical, mental or emotional condition. Describe: _____
 - Hereditary tendency, congenital problem, or birth injury leading to substantial risk of future disability. Describe: _____

PROVISIONS OF ADDENDUM

This addendum is entered into for the purposes of assisting the parent(s) in providing care for this child and is binding on all parties. It adds terms to, and supersedes terms in, the existing adoption assistance agreement or addendum. All parties agree to the terms and provisions contained in this document.

A. Types of Adoption Assistance. Payments and services for adoption assistance on behalf of this child have been determined by mutual agreement between the parent(s) and the local department, as documented in this section.

1. Monthly adoption assistance maintenance payment.

- a. The source of funding for payments is: State funds or Title IV-E funds.
- b. The total maintenance payment in the chart below shall be made directly to the parent(s) on a monthly basis.

Adoption Assistance Maintenance Payments	Monthly Amount	Terms	
<input type="checkbox"/> Basic maintenance payment		From	To
<input type="checkbox"/> Enhanced maintenance payment		From	To
<input type="checkbox"/> Child care maintenance payment		From	To
Total maintenance payment amount			
Additional terms:			

2. Special services to meet this child's documented special needs.

The local department agrees to make special service payments, as identified in the chart below, from state funds to provide necessary services to meet this child's documented special needs.

Special Services Payments

Type of Service	Payment made to	Maximum Monthly Payment	Terms	
			From	To
			From	To
			From	To
			From	To
Additional terms:				

B. Medical Care. The item checked below applies to this child:

- Medicaid benefits may be available through the State Plan for Title XIX because this child has a special medical or rehabilitative need that existed at the time the initial adoption assistance agreement was executed prior to the final order of adoption. This child’s Medicaid eligibility is determined in accordance with procedures of the State where this child resides and may change over time due to changes in this child’s income.

C. Continuation of Adoption Assistance for Child beyond Age 18.

The local department determined that this child has a condition that warrants continuation of adoption assistance beyond age 18. This child has the condition below, requires ongoing intervention, and continues to willingly cooperate and participate in ongoing treatment or intervention.

- A physical or mental disability that was present at the time of the adoption.
Describe: _____
- A physical or mental disability that is related to a hereditary tendency, congenital problem, or birth injury. Describe: _____
- An educational delay resulting from an existing physical or mental disability that:
 - was present at the time of adoption. Describe: _____
 - is related to a hereditary tendency, congenital problem, or birth injury.
Describe: _____

OR

Fostering Futures Eligibility

The local department determined that this child is ineligible for continuation of adoption assistance beyond age 18 based on the above special needs criteria. This child meets the Fostering Futures eligibility to continue adoption assistance beyond age 18 when the following occurs:

- The child’s adoption assistance agreement became effective after the child reached the age of 16;

And The child meets at least one of the following conditions:

- Completing secondary education or GED
- Enrolled at least half-time in a post-secondary or vocation education
- Participating in a program or activity designed to promote employment or remove barriers to employment
- Employed at least 80 hours per month
- Incapable of engaging in any of the above activities due to a medical condition.

D. Effect of Addendum

The local department shall only provide payments and services after all parties have signed and dated this addendum.

Adoption assistance shall end for the child who warrants continuation of adoption assistance beyond age 18 when the child no longer has the physical or mental disability, or the educational delay resulting from such disability; or the child no longer requires ongoing treatment or intervention.

The adoption assistance agreement shall continue until:

The date specified in the adoption assistance agreement.

On _____ (date when the local department and parent(s) agree to a date prior to this child’s 18th birthday).

For this child who warrants continuation of adoption assistance beyond age 18.

On _____ (date when the local department and parent(s) agree to a date prior to this child’s 21st birthday); or

On this child’s 21st birthday _____ (date child turns age 21).

For this child who warrants continuation of adoption assistance beyond age 18 by meeting the Fostering Futures criteria.

On _____ (date child turns age 21); or

On _____ (date agreed upon by the local department and parent(s) prior to the youth’s 21st birthday).

Signatures and Dates

In completing and signing this addendum, all parties verify that they have read and understand this addendum. They certify that the information supplied herein is true, accurate, and complete to the best of their knowledge.

All parties agree to the provisions and terms documented in this addendum.

Parent’s Signature

Date

Parent’s Signature

Date

Local Department Representative’s (Board Designee) Signature

Date