

Clearance #5260

Title: Office of Children and Families: Redetermination/Amendment of State  
Adoption Special Services Subsidy (JFS 01618)  
(To comment, please click inside the red box)

**TO:** Clearance Reviewers

**FROM:** Rick Smith, Deputy Director, Office for Children and Families

**SUBJECT: JFS 01618 "Redetermination/Amendment of State Adoption Special Services Subsidy"**

This letter transmits the addition of a new JFS form to be utilized when redetermining or amending a state adoption special services subsidy. Effective July 1, 2004, the JFS 01618 "Redetermination/Amendment of State Adoption Special Services Subsidy" shall be completed by the public children services agency (PCSA) in accordance with the proposed rule 5101:2-44-09 of the Administrative Code.

The proposed rule 5101:2-44-09 has been filed with JCARR and will be effective July 1, 2004. The rule incorporates the requirements of House Bill 95 which repealed the state adoption special services subsidy program. Although the program has been repealed, the agency has the option of continuing the program for existing state adoption special services subsidies entered into prior to July 1, 2004; Chapter 5101:2-44-09 sets forth the eligibility requirements which must be met.

We are soliciting your comments for the JFS 01618. Thank you.

**Ohio Department of Job and Family Services**  
**Redetermination/Amendment of State Adoption Special Services Subsidy**

*(Completion of this form is required in order to redetermine or amend the state adoption special services subsidy)*

**SECTION I: AGENCY INFORMATION**

Name of Public Children Services Agency (PCSA):	Date Redetermination Due: ( __/__/__ ) Date Redetermination Completed: ( __/__/__ ) Date Amendment Requested: ( __/__/__ ) Date Amendment Completed: ( __/__/__ )
Agency Street Address, City, State and Zip Code:	Telephone number: (   )
Per rule 5101:2-44-09 of the Administrative Code, does the PCSA continue to offer the state adoption special services subsidy program on or after July 1, 2004 for existing approvals? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(The PCSA has elected to discontinue the state adoption special services subsidy program as of July 1, 2004. Due to this decision, the PCSA will no longer approve redeterminations or amendments)</i>	

**SECTION II: ADOPTIVE PARENT(S)**

Name of Adoptive Father: <i>(first and last)</i>	Name of Adoptive Mother: <i>(first and last)</i>
Adoptive Family Street Address, City, State and Zip Code:	Telephone Number: (   ) (   )

**SECTION III: ADOPTIVE CHILD**

Child's Adoptive Name: <i>(first and last)</i>	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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**Section IV: CONTINUED PROGRAM ELIGIBILITY**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>(A) AGE: Determine if the child continues to meet the age requirement.</b>   |                          |                          |
| (1) The child was under age 18 during the redetermination month.  | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) The child was between ages 18 and 21 during the redetermination month and has a mental or physical handicap as diagnosed by a qualified professional.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>(B) SPECIAL NEED(S): Check all that apply</b>  |                          |                          |
| (1) The child has a medical condition, physical impairment, mental retardation or developmental disability.   | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) The child has an emotional disturbance or behavioral problem.   | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) The child has a social or medical history or the background of the child's biological family has a social or medical history which may place the child at risk of acquiring a medical condition, a physical, mental or developmental disability or an emotional disorder. | <input type="checkbox"/> | <input type="checkbox"/> |



**Instructions for Completing the JFS 01618  
(Redetermination/Amendment of State Adoption Special Services Subsidy)**

**SECTION I: Agency Information**

**Name of Public Children Services Agency:** Enter the agency name, address, telephone number, and agency.

**Agency Address, City, State and Zip Code:** Enter the agency's address including city, state, and zip code.

**Date Redetermination Due:** Enter the month, day, and year in which the redetermination is due.

**Date Redetermination Completed:** Enter the month, day, and year in which the redetermination is completed.

**Date Amendment Requested:** Enter the month, day, and year in which the amendment was requested.

**Date Amendment Completed:** Enter the month, day, and year in which the amendment is due.

**Per rule 5101:2-44-09 of the Administrative Code, does the PCSA continue to offer the state adoption special services subsidy program on or after July 1, 2004 for existing approvals:** Check the "yes" box if the agency will continue the state adoption special services program on or after July 1, 2004 for existing approvals. Check the "no" box if the agency will discontinue the state adoption special services program on or after July 1, 2004 for existing approvals.

**SECTION II: Adoptive Parent(s)**

**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 Street Address, City, State and Zip Code:** Enter the adoptive family's address.

**Telephone Number:** Enter the adoptive family's telephone number, including area code.

**SECTION III: Adoptive Child**

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

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

**Sex:** Check the appropriate box indicating whether the adoptive child is a male or female.

**SECTION IV: Continued Program Eligibility**

**Age:** Complete both sections (A)(1) and (A)(2) by checking the appropriate boxes pertaining to the child's age.

**Special Need(s):** Complete sections (B)(1) through (B)(3) by checking the appropriate boxes pertaining to the child's medical condition, physical impairment, mental retardation, developmental disability, emotional disturbance, behavioral problem, and the adoptive child's and biological family's social or medical history.

**Documentation Received:** List all documentation received from the adoptive parent(s) or received from other sources verifying the family's economic resources and the child's continued special need (attach an additional sheet if necessary).

**Services Requested:** List the services requested for the adoptive child.

**Estimate of Service(s):** Enter an estimate of the cost of each service individually. The family should provide this information from the service provider.

**Amount Funded/Partially Funded:** Enter the total amount that the agency is approving or partially approving for services for the child.

**Suspended State Adoption Special Services Subsidy:** Document the reason for the suspension of the state adoption special services subsidy.

**Terminated State Adoption Special Services Subsidy:** Check the box that represents why the subsidy is being terminated. If the reason is not listed, check the "other" box and state the reason.

**Signature of Person Completing this Form:** Signature of the person completing this form is required indicating a redetermination was completed by the public children services agency.

**Date:** Enter the month, day and year in which this form was signed by the person completing this form, indicating that the review has been performed.

**Signature of Executive Director or Designee:** Signature of Executive Director or Designee is required indicating a redetermination was completed by the public children services agency.

**Date:** Enter the month, day and year in which this form was signed by the Executive Director or Designee, indicating that the redetermination has been performed.