



## Application for Subsidy

- Application type:**     Presubsidy         Subsidy                       Future needs  
**Subsidy type:**         Maintenance         Special services         Maintenance and special services

I hereby apply for a subsidy for the care of:

Name	Birth Date

I cannot adopt this child without an adoption subsidy for the following reasons:

When maintenance subsidy is being requested, I will notify the Iowa Department of Human Services of any changes in the circumstances of the family that will affect the family's ability to meet the special needs of the child.

I understand I must provide the following information to negotiate a subsidy to meet the special needs of the child.

Name and address of private health insurance company if the child(ren) will be put on private insurance.		Check coverage areas <input type="checkbox"/> Hospital <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physician <input type="checkbox"/> Dental	
Description of the child's needs and the family's ability to meet those needs. (Attach additional sheets if needed.)			
Child's unearned income \$ _____	Amount of subsidy needed to meet the child's special needs \$ _____	Number of persons in my household claimed for taxes	
Adoptive Parent's Signature	Date	Adoptive Parent's Signature	Date
Address		Telephone Number (    )	

### TO APPLICANTS

The Department will provide an *Adoption Notice of Decision*, form 470-0745, to inform you of the action taken with regard to your application.

DHS Adoption Worker	Date Received
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