

REQUEST FOR INFORMATION ON FAMILY CIRCUMSTANCES

Date:



New application

Biennial review



Dear

It is time to review your family's circumstances and the needs of the adoptive children in your home. For the review to be conducted in a timely manner, please complete and return the enclosed form 470-0744, *Application for Subsidy*, to this office by _____. If there is a reason that you cannot complete the form and supply the additional information by this date, please contact me immediately. Additional time will be allowed.

In order to conduct the review, it is necessary for you to submit a statement to the Department that includes the following information. Please use the *Application for Subsidy* to provide this information:

- ◆ The number of dependents in your household.
- ◆ The child's current needs and the family's ability to meet those needs.
- ◆ Private health insurance information.

The maximum maintenance subsidy a child may receive is the foster care amount paid for the child before adoption finalization. Based on your children's ages and special needs, the maximum amount that could be received is:

Child's Name	Maintenance Subsidy	Special Allowance
	\$	\$

If your adopted children receive unearned income, please include verification of the amount from the source of the income (e.g., Social Security, SSI, Veterans Administration, trust fund). Unearned income that a child receives will be subtracted from the amount of the child's monthly maintenance.

Enclosed is a pre-addressed envelope for your convenience. The Department will return a signed copy of the application. Thank you for your cooperation.

Sincerely,

Phone: