



Adoption Subsidy Special Needs Documentation

Date: _____

Special needs statement regarding: _____
 (Name of Child)

In my professional opinion the child named above meets the definition of a special needs child according to the adoption subsidy requirements in the state of Iowa due to the following conditions:

- Medically diagnosed disability that substantially limits one or more major life activities or requires professional treatment, assistance in self care, or the purchase of special equipment.
- Intellectual disability diagnosed by a qualified mental health professional.
- Psychiatric diagnosis that impairs the child's mental, intellectual, or social functioning and for which professional services are required.
- Behavioral or emotional disorder diagnosis characterized by situationally inappropriate behavior that deviates substantially from behavior appropriate to the child's age and interferes significantly with the child's intellectual, social, and personal adjustment.

Diagnosis:

Signature		Title	
Specialist, Agency, or Provider Name (Please print)			
Address			
City	State	Zip	Specialist Phone Number