

# NONRECURRING ADOPTION EXPENSES APPLICATION/ AGREEMENT FOR A CHILD WITHOUT SUPPORT SUBSIDY

Michigan Department of Human Services

See Directions on Page 2.

<b>IDENTIFYING INFORMATION</b> (To be completed by adoption worker)		SWSS Log Number	Case Number
Child's Name Before Adoption (Last, First, Middle)	Child's Name After Adoption (Last, First, Middle)	Child's Birthdate	Social Security Number
Adoptive Parent's Name (Last, First, Middle)		Social Security Number	
Adoptive Parent's Name (Last, First, Middle)		Social Security Number	
Adoptive Parent's Address (Number/Street, City, State, Zip Code)			Phone ( )
Adoption Agency Name			Phone ( )
Adoption Agency Address (Number/Street, City, State, Zip Code)			
Worker Name (Print)		Worker Signature	Date
<b>SPECIAL NEEDS ELIGIBILITY INFORMATION</b> (To be completed by adoption worker)			<b>Answer All Yes/No Questions</b>
1. Have all parental rights been terminated?			1. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the child a member of an American Indian tribe?			2. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the child under court jurisdiction as a result of an abuse and/or neglect proceeding?			3. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the Adoption been finalized by the court? If yes, date of finalization _____			4. <input type="checkbox"/> Yes <input type="checkbox"/> No
5a. Is the child SSI eligible? <b>If yes</b> , attach proof of current eligibility.			5a. <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the child age 3 years or more?			b. <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does the child receive a foster care Determination of Care (DOC) rate Level 2 or higher? <b>If yes</b> , Attach the current DHS-470, 470A or 1945 DOC Assessment (dated within last six months), current Updated Service Plan (USP), and current signed professional documents documenting special needs (dated within last year).			c. <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is the child being adopted by a relative? <b>If yes</b> , Family Name _____ Relationship _____			d. <input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is the child being adopted by the parent of his/her previously adopted sibling? <b>If yes</b> , Sibling's adoptive Name _____ Birthdate _____			e. <input type="checkbox"/> Yes <input type="checkbox"/> No
f. Is the child a member of a sibling group being adopted together at the same time with at least one sibling who <b>has been approved for the Adoption Support Subsidy program as an individual?</b> <b>If yes</b> , Sibling Name _____ Birthdate _____			f. <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the adoptive parent the birthparent of the child?			6. <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the child a U.S. Citizen or qualified alien?			7. <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PARENT INFORMATION</b> (To be completed by adoptive parent(s)) I am requesting a determination of eligibility for the Nonrecurring Adoption Expenses Program because I cannot adopt the child without Adoption Assistance. I understand if my child is eligible, this Agreement must be signed by me and the Department of Human Services (DHS) authorized agent prior to the final Order of Adoption date. I understand if my child is eligible, I must claim the expenses within two years after the final Order of Adoption date or sooner (see Claim/Reimbursement Process on page 2.) I understand reimbursement will be up to the maximum allowed by state policy for eligible expenses which cannot be reimbursed by any other source.			
Adoptive Parent Signature (Required)		Date	Adoptive Parent Signature (Required)
Date		Date	
<b>ELIGIBILITY DETERMINATION</b> (To be completed by Adoption Subsidy Office)			
Child meets Special Needs Criteria above. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nonrecurring Adoption Expenses Eligibility <input type="checkbox"/> Child Eligible <input type="checkbox"/> Child Ineligible			
Ineligibility Determination Based On _____			
Adoption Subsidy Specialist Signature		Date	MDHS Authorized Agreement Signature
Date		Date	

## DIRECTIONS

### GENERAL INFORMATION

- The DHS-4814 is used for Nonrecurring Adoption Expenses (NRE) eligibility application/determination for a child without an adoption support subsidy, with no prior submission of a DHS-1341 Adoption Assistance Application. If determined eligible, the DHS-4814 is also used as the Agreement between DHS and the adoptive parent(s).
- Nonrecurring adoption expenses are reasonable and necessary fees, court costs, attorney fees and other expenses, directly related to the legal adoption of a special needs child, which cannot be reimbursed by any other source.
- **The form must be signed by the adoptive parent(s) and the DHS authorized designee to enter into an agreement before the final Order of Adoption date.**

### IDENTIFYING INFORMATION

- Adoption worker completes all information in this section.
- Adoption worker enters signature and date as verification of the information submitted on the form.

### ELIGIBILITY INFORMATION

- Adoption worker completes this section.
- Adoption worker checks applicable boxes, completes additional information as requested, and attaches required documentation.
- A child being adopted by a birth parent is not eligible for the NRE Program.

### PARENT INFORMATION

- Adoptive parent(s) completes this section.
- Adoptive parent(s) enters signature and date verifying a review and understanding of the information and requirements presented on the form. Parent(s) also signs to enter into a NRE agreement with DHS for an eligible child.

### ELIGIBILITY DETERMINATION

- Adoption Subsidy Office completes this section.
- Specialist determines program eligibility for the child based on the information submitted.
- Specialist checks eligible box or ineligible box, and enters an explanation if ineligible.
- Specialist enters signature and date verifying the eligibility determination.
- MDHS authorized designee signs and dates the form to enter into an agreement with the adoptive parent(s) of an eligible child for the NRE Program.

### CLAIM/REIMBURSEMENT PROCESS

- **The adoptive parent(s) or a third party, with the adoption worker's assistance, must claim expenses by submitting the DHS-4815 Parent Claim For Reimbursement of Nonrecurring Adoption Expenses, or the DHS-4816 Third Party Claim For Reimbursement of Nonrecurring Adoption Expenses, to the Adoption Subsidy Office within two years after the final Order Of Adoption date or sooner.**

### APPEALS

- The Family may appeal a decision regarding the child's ineligibility for the Nonrecurring Adoption Expenses Program if they believe the decision is contrary to law or DHS policy. The Family shall submit a hearing request in writing within 90 days of the denial date or the adoptive placement date, whichever is later. A hearing request should be sent to the Adoption Subsidy Office, Attention: Hearings Coordinator, 235 S. Grand Ave, Suite 412, P.O. Box 30037, Lansing, MI 48909.

### THIS FORM IS TO BE SUBMITTED TO:

Michigan Department of Human Services  
Adoption Subsidy Office  
235 S. Grand Ave., Suite 412  
P.O. Box 30037  
Lansing, MI 48909

AUTHORITY: 1939 PA 280  
RESPONSE: Required.  
PENALTY: No reimbursement payment.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.