REV 5/2021

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES

TO: Commissioner or Designee

THROUGH: Adoption Branch Manager

THROUGH: SRA or Designee

THROUGH: FSOS

FROM: SSW County:

DATE:

SUBJECT: Adoption Monthly Payment Exception-Parenting Youth Supplement

Child:

DOB:

DCBS Case #:

☐ DCBS or ☐ PCP Private child placing agency name:

Adoptive placement name:

Family's daily per diem: $

Monthly maintenance amount (daily rate x 365/12 = $round to nearest dollar) $

DCBS monthly subsidy (established amount): $

Parenting youth supplement $24 per day
The difference between the DCBS established rate and the requested monthly rate, which includes the parenting youth supplement: $

Describe in detail the current situation for the child. When was the DPP-116 completed? How will the additional funds assist in meeting the needs of the eligible child's birth child?

DCBS Commissioner or Designee Review

☐ Approved
☐ Denied
Other recommendations:

DCBS Commissioner Date

cc:
SRAA/SRCA
Case File