



**CABINET FOR HEALTH AND FAMILY SERVICES  
Department for Community Based Services  
Division of Protection and Permanency**

[www.chfs.ky.gov/dcbs](http://www.chfs.ky.gov/dcbs)

**ADOPTIVE PARENTS:** \_\_\_\_\_

**ADOPTIVE CHILD:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

Effective July 1<sup>st</sup>, 2007, the State of Kentucky's policy changed to allow adoptive families to continue receiving a monthly adoption subsidy if their child is enrolled in high school until graduation or age 19 whichever comes first.

**The following section is to be completed by the school principal, assistant principal or designee and stamped with the official school/board of education stamp.**

**I verify that this is a state or federal school in the State of \_\_\_\_\_.**  
**\_\_\_\_\_ is currently enrolled in this school for the school year**  
**beginning \_\_\_\_\_ through \_\_\_\_\_.** He/She is  
**scheduled to graduate \_\_\_\_\_.** (Month/Year)

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**If you have any questions, please call:  
Recruitment & Certification Unit  
Department for Community Based Services, Protection and Permanency**