



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

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 nineteen (19) whichever comes first.

The following section is to be completed by the director of pupil personnel and stamped with the official school/board of education stamp.

I verify that a home school letter of intent has been submitted for the above-named youth. As such, I am in possession of an attendance report (per KRS 159.060) for the school year beginning \_\_\_\_\_.

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

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

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

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

The following section is to be completed by the adoptive parent. The adopted youth is scheduled to graduate in the month and year of \_\_\_\_\_.

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

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

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

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

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

If you have any questions, please contact:  
Recruitment and certification (R&C) worker, \_\_\_\_\_  
at the following email address \_\_\_\_\_  
or phone number \_\_\_\_\_.