



**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 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 in the  
month and year of \_\_\_\_\_.

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

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

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 \_\_\_\_\_.