

Ohio Department of Job and Family Services  
**APPLICATION FOR REIMBURSEMENT OF NONRECURRING ADOPTION EXPENSES**

<b>Date of Application</b> (mm/dd/yyyy)		<b>Case or ID Number</b> (Completed by Agency)	
<b>SECTION I: AGENCY INFORMATION</b>			
Name of Public Children Services Agency			
Address (City, State and Zip Code)			Telephone Number
<b>SECTION II: ADOPTIVE PARENT(S)</b>			
Name of Adoptive Father (First and Last)		Name of Adoptive Mother (First and Last)	
Address		City, State and Zip Code	Telephone Number
<b>SECTION III: ADOPTIVE CHILD</b>			
Name of Adoptive Child (First and Last)			<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth (mm/dd/yyyy)		Expected Date of Finalization (mm/dd/yyyy)	
<b>SECTION IV: SPECIAL NEEDS CERTIFICATION (Ohio Administrative Code Rule 5101:2-49-03)</b>			
A. Was a judicial determination made that the child cannot or should not be returned to the home of the child's adoptive parents and was the judicial order from a court of competent jurisdiction obtained which terminated parental rights? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Documentation Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what documentation is being attached?</b>			
B. Is there a specific factor or condition because of which it is reasonable to conclude that the child cannot be placed with the adoptive parent(s) without providing adoption assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Documentation Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what documentation is being attached?</b>			
C. The PCSA has determined except where it would be against the best interest of the child, a reasonable but unsuccessful effort to place the child with appropriate adoptive parent(s) without providing adoption assistance has been made? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Documentation Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what documentation is being attached?</b>			
<b>SECTION V: SIGNATURES</b>			
Signature of Adoptive Father		Signature of Adoptive Mother	
Date		Date	
<b>SECTION VI: DISPOSITION (FOR AGENCY USE ONLY)</b>			
This application relates only to the applicant's eligibility for the Reimbursement of Nonrecurring Adoption Expense Program. Specific items to be paid or reimbursed shall be addressed in the JFS 01438, "Agreement For Payment Or Reimbursement For Nonrecurring Expenses Incurred In The Adoption of a Special Needs Child."			
This application for reimbursement of nonrecurring adoption expenses has been: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Reason for Denial			
Signature of Authorized Agency Representative			Date (mm/dd/yyyy)
<b>SECTION VII: RIGHT TO A STATE HEARING</b>			
You have a right to a state hearing before the Ohio Department of Job and Family Services if your application is denied or if you disagree with any other actions taken on your application. For a complete explanation of your hearing rights and the hearing process, please read JFS 04059 "Explanation of State Hearing Procedures." A copy of the JFS 04059 should be given to applicant along with this application.			