Ohio Department of Job and Family Services

APPLICATION FOR REIMBURSEMENT OF TITLE IV-E NONRECURRING ADOPTION EXPENSES

<table>
<thead>
<tr>
<th>Date of Application (mm/dd/yyyy)</th>
<th>Case or ID Number (Completed by Agency)</th>
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**SECTION I: AGENCY INFORMATION**
Name of Public Children Services Agency

Address (City, State and Zip Code) | Telephone Number |
-----------------------------------|-----------------|

**SECTION II: ADOPTIVE PARENT(S)**
Name of Adoptive Parent (First and Last) | Name of Adoptive Parent (First and Last) |
------------------------------------------|------------------------------------------|
Address | City, State and Zip Code | Telephone Number |
---------------------------------|------------------|-----------------|

**SECTION III: ADOPTIVE CHILD**
Name of Adoptive Child (First and Last) | □ Female | □ Male |
----------------------------------------|---------|--------|
Date of Birth (mm/dd/yyyy) | Expected Date of Finalization (mm/dd/yyyy) |
--------------------------------|------------------------------------------|

**SECTION IV: SPECIAL NEEDS CERTIFICATION**

A. Is there a determination that the child cannot and should not be returned to the home of the specified relative?
   □ Yes | □ No
   Documentation Attached? □ Yes □ No If yes, what documentation is being attached?

B. Is there documentation that the child has a specific factor or condition, or a combination of factors or conditions that makes it difficult to place the child with an adoptive parent(s) without the provision of adoption assistance or medical assistance?
   □ Yes | □ No
   Documentation Attached? □ Yes □ No If yes, what documentation is being attached?

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?
   □ Yes | □ No
   Documentation Attached? □ Yes □ No If yes, what documentation is being attached?

**SECTION V: SIGNATURES**
Signature of Adoptive Parent | Email | Date |
----------------------------------|----------|------|
Signature of Adoptive Parent | Email | Date |
----------------------------------|----------|------|
**SECTION VI: DISPOSITION (FOR AGENCY USE ONLY)**

This application relates only to the applicant's eligibility for the Reimbursement of Title IV-E Nonrecurring Adoption Expense Program. Specific items to be paid or reimbursed shall be addressed on the JFS 01438, "Agreement for Payment or Reimbursement for Title IV-E Nonrecurring Expenses Incurred in the Adoption of a child with Special Needs."

This application for reimbursement of Title IV-E nonrecurring adoption expenses has been:

- [ ] Approved
- [ ] Denied

**Reason for Denial:**

[ ]

**Signature of Authorized Agency Representative**

[ ]

**Date (mm/dd/yyyy)**

[ ]

**SECTION VII: RIGHT TO A STATE HEARING**

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 "Explanations of State Hearing Procedures." A copy of the JFS 04059 should be given to applicant along with this application.