

Purpose

Each year, we ask you to complete this affidavit to confirm that you remain legally and financially responsible for your child and to share any updates about their needs or your family's circumstances. This is also a chance to let us know if your family could benefit from additional support and to learn more about the Post-Adoption Consortium. We encourage you to return the completed form to your Post-Adoption Family Services Specialist within 30 days so your child's benefits can continue without interruption.

Demographics – Child & Parent Information

When completing the affidavit, please provide your child's full name and date of birth, along with their social security number. If it has not already been submitted, attach a copy of your child's social security card showing their adopted name. A copy of your child's new social security card is required for the file once the adoption is final, reflecting any change in name. This information will also be used to ensure the continuation of your child's Medicaid coverage. Be sure to include both adoptive parents' full names, current phone numbers, mailing address, and email address.

Question 1 – Continued Eligibility Questions

This question is included to confirm whether your child still requires adoption assistance, which covers both the monthly subsidy and Medicaid health coverage. Your response helps ensure that assistance is only continued when it is still needed. Check "Yes" if your child continues to benefit from adoption assistance or Medicaid. Check "No" if your family no longer relies on these supports for your child.

Question 2 – Legal and Financial Responsibility

This question confirms that you are still your child's legal parent and remain financially responsible for their care. Adoption assistance can only continue while you hold legal parental responsibility and provide financial support. Select "Yes" if this is still the case. Select "No" only if your circumstances have changed and be sure to provide an explanation.

Question 3 – Child's Residence

This question asks whether your child continues to live in your home. Mark "yes" if your child lives with you full-time. If your child lives elsewhere, even part-time, mark "no" and write in the name, relationship, and address of the person they are living with. If your child is in a residential treatment facility, include that information here and list the treatment provider name and address.

Question 4 – School Enrollment

School enrollment is required under your state's compulsory attendance laws. You must indicate if your child is currently enrolled in school. If you answer "Yes," you must attach supporting documentation, such as a current report card, a letter from the school, or homeschool registration. If your child is unable to attend school because of medical reasons, include documentation from their medical provider.

Question 5 – Changes Circumstances

This question asks if anything significant has changed since your last affidavit. Examples may include a new source of income, a change in family structure (such as custody changes), or any new diagnosis that may have been present at the time of the adoption but not diagnosed until afterwards.

Question 6 – Other Federal Benefits

This question helps to assess benefits and prevent duplications that could result in overpayments. If your child receives SSI, SSA, veterans' benefits, or any other form of financial support, adoption assistance may need to be adjusted to account for those resources. Mark "Yes" if your child is currently receiving or has been approved for these benefits and be sure to attach documentation that shows the type of benefit and the payment amount. Mark "No" if your child does not receive any of these benefits.

Question 7 – Health Insurance

This question helps the agency understand what health insurance coverage your child has so services can be coordinated effectively. If your child has private insurance in addition to Medicaid, check "Yes," list the insurance company, policy number, and policyholder's name, and attach a copy of the insurance card. Check "No" if Medicaid is your child's only health coverage.

Question 8 – Discussion with Worker

This question gives you an opportunity to request a conversation with a Family Services Specialist if you feel your child's needs have changed or you would like additional support. Mark "Yes" if you want to be contacted and briefly explain the areas you would like to discuss. Mark "No" if you do not need additional support at this time.

Question 9 – Child Turning 18 Years Old

The purpose of this question is to determine whether your child is approaching the age where adoption assistance may change. If your child is 18 or will turn 18 soon, you must complete the extended section of the affidavit. Remember: if your adoption assistance agreement has been extended beyond age 18, you are still required to complete this affidavit every year. If your child is 18 or older and has an approved adoption assistance extension, you must verify that they continue to meet eligibility and provide one of supporting documents listed on the affidavit.

You will also need to answer whether your child has graduated high school and, if so, provide the graduation date. If they have not graduated, indicate the expected graduation date. If your child is enrolled in a GED program, include the anticipated completion date. Be sure to state the name of the school or program your child is attending. Finally, if your child has a documented disability, specify the condition and provide current documentation from a licensed medical provider.

Fostering Futures

If your child was adopted at age 16 or older and is approved for Fostering Futures, this section ensures they remain eligible for continued assistance. Each year, you must verify that your child is either: enrolled in school (high school, GED, college, or vocational), participating in an approved employment program, working at least 80 hours per month, or unable to participate due to a medical condition. Documentation must be attached to support whichever category applies.

Signatures

The affidavit must be signed by at least one of the adoptive parents and returned to the LDSS by the "Return By" date.

Submitting

Be sure to attach all requested documentation before submitting the affidavit. Return the completed form to the post-adoption family services specialist listed on your copy of the form, using the address and contact information provided. For your own records, keep a copy of everything you submit.



**ADOPTION ASSISTANCE
ANNUAL AFFIDAVIT**

Virginia adoption assistance cases are reviewed annually. The review serves as a tool for adoptive parents to notify the local department of social services (LDSS) of any changes in their child's needs and to provide documentation verifying that they remain legally and financially responsible for their child. Please answer the following questions and return the form to the designated office within thirty (30) days.

Child's First Name:	MI	Last Name:	Date of Birth (MMDDYY):
Child's Social Security Number: (attach a copy of the child's Soc. Sec. card, if not previously provided)			
Adoptive Parent's Name:	Phone number: (Home)	Phone number: (Work)	Other number: (cell)
Street Address:	City:	State:	Zip Code:
Email address:			
Email address:			

Today's Date:

1. Does your child continue to need Adoption Assistance? This includes a medical insurance card.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you continue to be legally and financially responsible for this child?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the child continue to reside with you?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, who does the child live with? Include the address.				
4. Is your child enrolled in school in compliance with the state laws of your current residence?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide a copy of the report card or letter from the school district the child is attending, or if the child cannot attend because of a medical condition, documentation from a medical provider. If the child is being homeschooled, please provide the homeschool registration.				
5. Have there been any changes in the children's benefits received or the family's circumstances?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:				
6. Is your child currently receiving or has been determined to be eligible for SSI, SSA, veterans, or any other financial benefits? (Attach documentation or receipt of SSI, SSA, veterans, or other financial benefits payment amount)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is your child covered by private health insurance other than Medicaid? Provide the insurance information below and include a copy of the insurance card, if it hasn't been provided.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company	Policy number		Name of Policy Holder	
8. Do you wish to discuss your child's needs with a family services specialist worker? If yes, please explain.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Has your child turned 18, or will they turn 18 within the next six months? If yes, please complete the section below.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: If your child was adopted at or after age 16, they may be eligible for Independent Living Services. Contact your child's post-adoption worker for information regarding eligibility.				



**ADOPTION ASSISTANCE
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Provide a signed letter on school letterhead indicating the anticipated date of graduation, GED Enrollment, or current home school registration verification. If the child has a documented disorder, provide supporting documentation from the child's treatment provider.

a) Has your child graduated from high school? If yes, date of graduation? (mm/dd/yy) If not, what is the expected date of graduation? (mm/dd/yy):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) If not expected to graduate, is the child involved in a GED program? If yes, what is the anticipated date of completion? (mm/dd/yy):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) What school or GED program does your child attend?		
d) Does your child have a documented physical or mental disability? If yes, specify below and provide current documentation from a physician, hospital, clinic, or other licensed medical practitioner of the youth's disability before the youth's 18 th birthday.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Specify:

Fostering Futures Extended Assistance: If your child has been approved under Fostering Futures, you must verify ongoing eligibility each year.

To remain eligible, your child must be doing one of the following:

- Enrolled in high, GED program, college, or vocational school – Provide verification of current enrollment and anticipated completion.
- Participating in an approved employment program – Attach documentation from the program.
- Working at least 80 hours per month – Provide employer verification (pay stubs or HR letter).
- Unable to participate due to a medical condition – Submit current medical documentation from a licensed provider.

_____ hopes this finds your family doing well. Please contact your assigned LDSS post-adoption family services specialist, noted below, to inquire about further assistance.

I acknowledge that I understand the questions on this form and affirm, under the penalty of perjury, that the information I have voluntarily provided is accurate and complete to the best of my knowledge.

Adoptive Parent 1 Signature:	Date:	Adoptive Parent 2 Signature:	Date:

PLEASE RETURN BY:

Return this form and all required attachments to the following person at the address listed below:

Return to:	Post-Adoption Family Services Specialist:		
Street Address:	City:	State:	Zip Code:
Telephone Number:	Fax Number:		

Are you aware of the free post-adoption services offered by the Virginia Department of Social Services?
Contact your post-adoption family specialist for more information.

For Office Use ONLY

OASIS Adoption Case Number: _____ **Date Review Received:** _____

- 1. Changes Reported Yes No
- 2. Requested additional support/services? Yes No. If yes, the date referred to the Assistance Negotiator: _____
- 3. Agreement Amended Yes No **(attach new agreement)**

4. Date Closed in OASIS: _____

5. Reason for case closure: _____

Signature _____ Date _____