

ADOPTION ASSISTANCE for SPECIAL NEEDS CHILDREN

Information for Grandparents, Aunts, Uncles, And Other Relatives About Adopting Children With Special Needs



What are Adoption Assistance benefits for special need's children? Adoption Assistance is a monthly cash benefit for relatives who qualify and who adopt children with special needs. Adoption Assistance also includes Medicaid.

Which children are special needs children? A special needs child is any child who, at the time of placement, is eight years or older, any child of black heritage who is one year or older, or members of a sibling group of three or more to be placed together. Also members of a sibling group of two where one is over eight or has another special need or any child with documented physical, emotional, or mental problems or limitations is a special needs child.¹

Where and when do I apply? Apply at the Department of Family and Children Services office in your county. Put in writing that you want to apply for Adoption Assistance. Tell DFCS you need help because you are adopting your grandchild, niece, nephew, or other relative. Keep a copy of the written request. A sample form request is on the back of this flyer. A special needs adoption agreement must be signed before the final hearing on the adoption. You can apply any time after the petition for adoption is filed. **You must apply before the court enters the final adoption order.**

Can I get help with the attorneys fees and court costs necessary for me to file for adoption? DFCS can pay attorneys fees and other costs for special needs adoptions. These costs are called non-recurring Adoption Assistance benefits and should be requested through DFCS.²

How soon can I get Adoption Assistance benefits? Benefits begin after the adoption is final.

What if it takes more money to care for my child because my child has medical or psychological needs? Ask your DFCS caseworker to do a level of care determination for the child. Some children need a level of care higher than "regular" care. If your child needs more care, you may get higher benefits. This includes children who are severely physically or psychologically disabled. Ask your caseworker about this before you sign your Adoption Assistance agreement.

What if I am denied Adoption Assistance? If DFCS denies your application for Adoption Assistance, you have a right to appeal. You must ask for an appeal within thirty (30) days after DFCS denies benefits. Notify your adoption attorney if you are denied benefits. Also, contact your Georgia Legal Services office to ask if GLSP can represent you in an appeal. Tell the GLSP office that you have a deadline.

***This is general information provided to the public. It is not meant to be legal advice.
Always speak to an attorney for advice about your specific case.***



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¹ Adoption Assistance regulations, Section 109. The Adoption Assistance regulations are at <http://www.odis.dhr.state.ga.us>.

² Adoption Assistance regulations, Section 109.3.B.

Request/Application for Adoption Assistance Benefits

To: The Georgia Department of Human Resources
_____ County DFCS Office

DATE: _____

FROM: _____

REGARDING: Adoption Assistance Benefits for the following child/ren.

Name: _____ Age: _____

On this date, I am applying for Adoption Assistance benefits for the above child/ren who are related to me as follows:

These child/ren are special needs because at the time of placement the child/ren are:

- _____ Eight years or older;
- _____ A child of black heritage who is one year or older;
- _____ Children who are members of a sibling group of three or more to be placed together;
- _____ Members of a sibling group of two where one is over eight or has another special need;
- _____ Any child with documented physical, emotional, or mental problem.

_____ I request recurring adoption assistance benefits for these child/ren.

_____ I request Medicaid benefits for these child/ren.

_____ I request non-recurring adoption assistance benefits for these child/ren.

_____ I request these child/ren be assessed for level of care higher rate benefits for these child/ren.

I request that DFCS give me a written decision on this application for benefits within 45 days. Should benefits be denied I request a written decision setting out the reasons for denial.

_____ Applicant _____ Date

I appeal the denial and ask for a fair hearing on the denial of benefits. Please advise me in writing of the time and place of my hearing.

_____ Applicant _____ Date