



### PRIVATE ADOPTION AGENCY REIMBURSEMENT PROGRAM (PAARP)

1st Claim (*Placement*)     2nd Claim (*Final*)     Claiming both (*Placement & Final*)     NMD

#### SECTION I

ADOPTION AGENCY		ADOPTION AGENCY NUMBER
ADDRESS	CITY	ZIP
CONTACT PERSON	E-MAIL ADDRESS	
TELEPHONE	NEW PAARP ADOPTION AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

#### SECTION II

CHILD'S NAME ( <i>USE FIRST NAME ONLY</i> )	STATE ADOPTION CASE NUMBER	CMS/CWS CHILD IDENTIFIER NUMBER
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#### SECTION III

Is this a tribal customary adoption?

YES     NO

DATE HOME STUDY APPROVED	DATE ADOPTION PLACEMENT AGREEMENT SIGNED	DATE ADOPTION FINALIZED
PLACING COUNTY AGENCY	COUNTY ADOPTION WAS FINALIZED IN	

#### SECTION IV

Three signed AAP 4 forms required when an agency is claiming for 1st claim (placement) or when claiming both placement and final.

IS CHILD ELIGIBLE FOR FEDERAL AAP?

YES     NO    Attach 3 copies of form AAP 4

*I certify that the above information requested is accurate to the best of my knowledge.*

SIGNATURE OF AUTHORIZED OFFICIAL OF PRIVATE ADOPTION AGENCY	DATE
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