

Complete 6 copies and submit
with claim package to:

California Department of Social Services
Adoptions Policy Bureau
744 P Street, M.S. 19-67
Sacramento, CA 95814

SUMMARY CLAIM FOR REIMBURSEMENT PRIVATE ADOPTION AGENCY REIMBURSEMENT PROGRAM (WELFARE AND INSTITUTIONS CODE SECTION 16122)

Pay to: Name: _____

Address: _____

Phone Number: _____

Placements or completed adoptions listed below were made in fiscal year: _____
(Use a separate claim form for each fiscal year)

STATE CASE NUMBER	CHILD'S FIRST NAME	AAP ELIGIBILITY	AAP CASE NUMBER	COUNTY MAKING AAP PAYMENT	AGENCY'S COST FOR PLACEMENT	NET AMOUNT CLAIMED	REIMBURSEMENT AMOUNT (State Use Only)
Total Claim							

CERTIFICATION OF ADOPTION OFFICIAL:

I certify that the above information and the amount of reimbursement being requested is accurate to the best of my knowledge and conforms to the requirements of Section 16122 of the Welfare and Institutions Code.

SIGNATURE:

NAME AND TITLE:

DATE:

The California Department of Social Services (CDSS) Adoptions Policy Bureau hereby approves this claim for payment:

SIGNATURE:

NAME AND TITLE:

DATE:

INSTRUCTIONS

1. Prepare six copies as instructed on front of form.
2. "Pay To" – Enter name, mailing address and phone number of the agency requesting reimbursement.
3. "Fiscal Year" – Enter the fiscal year in which the AAP-eligible child was placed for adoption or, if claiming a finalized adoption, the fiscal year in which the decree or order of adoption was filed. Placements listed on this form must be for one fiscal year only.
4. "State Case Number" – Enter the state ADA case number for each placement.
5. "Child's First Name" – Enter each adopted child's first name only on all copies.
6. "AAP Eligibility" – From the Form AAP 4, ascertain whether the child is eligible for FFP. If eligible, enter "Federal" on this form. If not eligible, enter "Non-federal".
7. "AAP Case Number" – Enter the child's AAP case number for each placement. If AAP has been deferred, state so.
8. "County Making AAP Payment" – Enter the county that is or will be issuing the AAP grant for each placement.
9. "Agency's Cost For Placement" – Enter the agency's combined direct and indirect costs for each placement.
10. "Net Amount Claimed" – Enter amount of compensation claimed, not to exceed \$3,500.00.
11. Reimbursement Amount (State Only) – Will be completed by CDSS.
12. "Total Claim" – Enter the total of "Net Amount Claimed" column. CDSS will complete the other "Total" reimbursement amount column.
13. "Certification of Adoption Official" – Provide signature (1 original, 5 copies) of the agency's representative possessing certification authority. Also provide official's title and the date the claim was submitted for payment.