

FRANKLIN COUNTY CHILDREN SERVICES

POST ADOPTION SPECIAL SERVICES SUBSIDY
(PASSS)

APPLICATION

AND

INFORMATIONAL PACKET

REVISED 7/1/2020

A State Program
Administered by Franklin County Children Services Per OAC 5101:2-44-13
OAC 5101:2-44-13.1

**FRANKLIN COUNTY CHILDREN SERVICES
PASSS PROGRAM**

For questions call:

**Raquel Breckenridge
Permanency Care Director
614-341-6034
rlbrecke@fccs.us**

**Darriel Hawkins
Administrative Assistant
614-341-6030
Email: dshawkin@fccs.us**

Please send all applications and supporting documentation to:

**Franklin County Children Services
PASSS Program
Attn: Darriel Hawkins
855 W. Mound Street, 2nd Floor
Columbus, Ohio 43223**

Or Email: PASSS@fccs.us

OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES
Franklin County Children Services

PASSS PROGRAM STATE FISCAL YEAR 2020/2021

Checklist of required documents

- Tax form 1040 year 2019
- Professional Statement –
- Economic Hardship Letter (This letter needs to describe why the funds are not available to pay for the services for the youth applied for; in same letter it needs to state what type of insurance you have and why it will not pay for those services)
- Financial Form (JFS 1681)
- Treatment Plan – to be completed by Provider
- Credentials for Providers of PASSS services (JFS 1052) – to be completed by Provider
- Provider to provide services and Cost
- Final Decree and social/medical history prior to adoption (only for initial application)

Above requested items can be faxed to 614-341-6090, emailed to: PASSS@fccs.us or mailed to:

Franklin County Children Services
855 W. Mound Street, 2nd Floor
Columbus, Ohio 43223
Attn: Darriel Hawkins

Raquel Breckenridge
Signature of Permanency Care Director

Date: _____

Franklin County CSB
Policy and Guidelines for the Post Adoption Special Services Subsidy

Effective July 1, 2020 to June 30, 2021

An application must be submitted for each child that you are requesting services for.

Youth must be under the age of 18 to be eligible.

Please note all timelines as outlined by JFS rule 5101:2-44-13 and 5101:2-44-13.1. Our agency locally administers the program on behalf of the Ohio Department of Jobs and Family Services.

PASSS program meeting for the month of July will be held on July 24, 2020. All applications must be received to our office by July 23, 2020 time stamped by 5pm will be accepted FOR JULY APPROVAL.

After said above date, PASSS meetings are held the first Wednesday of each month (beginning in August). Chair of the Citizens Advisory Board is the outside participant along with an administrator from the PASSS program, Permanency Care Director, Associate Director of Adoptions, Adoption Team Member and others as designated by the Family Service Director.

Any submissions that are submitted for PASSS review after the first Wednesday of each month and/or if the meeting is cancelled, will be reviewed prior to the next meeting if: The family is requesting services in the same month, have a crisis, or other critical factors in securing services for the youth and/or family.

A complete application must be in place before it can be reviewed by the committee. Any incompletes or applications pending will be reviewed either at the next meeting or via an earlier review by the Assistant Deputy Director, if the family warrants a crisis approval., see 5101:2-44-13 (G).

Applications must be complete and only on the JFS 1050 (revised (7/2016)). If your application is incomplete the entire application will be returned to you within 15 days of the date stamped by the PCSA, with an explanation as to why. No old or prior approved PASSS applications will be accepted, old applications will be returned. Our agency is not responsible for incomplete responses or blanks, such applications will be returned.

You must be a resident of Franklin County to apply of the office of Franklin County Children Services.

Within 45 days of submission of a completed application, the PASSS review committee shall make its recommendation to the PCSA Executive Director or designee.

Within 3 days of approving or denial of recommendation/application the applicant will be notified via JFS form (1074 approval) or (7334 denial). PASSS funds available are contingent on state monies being available, see 5101:2-44-13 (I).

Application is to include:

- JFS form 1050 – Application
- JFS form 1052 – Provider Licensure Form – This form has to be sent back to us with the application. If your youth see multiple providers, each provider must complete this form in full.
- JFS 1681 – Financial Form outlining what your current financial picture demonstrates (tax form 1040 year 2019 only). If you did not file 2019 taxes due to non-taxable income then a written statement that is notarized will be used as proper documentation.
- ADOPT 1 – Quarterly Provider Cost Break Down
- Letter of Hardship – specifically stating why resources are outside of your economic resources.
- Copy of private insurance denying you for specific services or a provider book outlining what services are not covered.
- Social and Medical History on child(ren) prior to Adoption. In order for the agency to determine that the physical or developmental handicap or mental or emotional condition existed before the petition was filed or developed after the petition was filed and can be directly attributed to factors in the child's pre-adoption background or medical history or biological family's background or medical history, you must submit a copy of the Child Study Inventory that you signed prior to adoption or an equivalent document.
- Letter from Provider recommending services
- Copy of Final Decree
- W-9 – if you are paying for approved services and then need to be reimbursed.
- Listing of community resources that have been contacted including the dates and results of those contacts.

Clear written statement of the child(ren) special needs, statement must document the following:

Treatment Plan – must be submitted by the parent with their application. Treatment plans are to be completed by the service provider which details the therapeutic interventions that will be provided for each child for the period in which the approval is in effect. The treatment plan shall be submitted within 30 days of the adoptive child’s initial visit to the provider.

A professional in the area of which the service is being requested must provide your Professional Statement of Need for the services being requested. They must also have at least an LISW license and the service they are giving the assessment/recommendations is required to be their area of expertise. The statement must also indicate the origin of the problem and recommendations related to the future treatment. This statement must be supported by an assessment or evaluation.

If a child is continuing to see a provider from last year, this requirement still must be met and attached to the application at the time you are applying. There will be no exceptions and applications will be considered as denied if this is not met.

If you were approved for the PASSS program for State Fiscal Year July 1, 2019 and ending on June 30, 2020, then you do not need to send a copy of your final decree or your social/medical history for the youth prior to adoption.

No application under any circumstances will be approved without all of the above documents.

Franklin County Children Services can refer family to services/providers if available to ensure that the PASSS Program is a payer of last resort.

Payment for services will not exceed the Ohio Medicaid rate. Please see 5101:2-44-13 (K) for further details.

Each child is eligible for up to \$10,000 per State Fiscal Year. Exception is noted in 5101:2-44-13.1 (K) (L).

Families meeting need for Extraordinary Funds must complete application 1051, have a letter from professional recommending out of home placement and reunification with youth must be goal.

If you are in need of crisis services, please contact your local CSB or Adoption Agency to provide assistance.

The following lists are examples of services that are not covered and will not be considered and are in accordance with 5101:2-44-13.1 (N) 1-16 and (O).

No form of educational services to include equipment and supplies - no exceptions

No dental/orthodontia services - no exceptions

No medical co-pays - no exceptions

No prescriptions - no exceptions

No insurance deductibles - no exceptions

No camp services - no exceptions

No recreational services - no exceptions

No Travel related expenses of any kind - no exceptions

No computer equipment/supplies - no exceptions

No childcare services - no exceptions

For all services requested you are required to complete the Quarterly Provider Cost Breakdown. This form is included in your packet. If Agency does not received any information that funding is being utilized, the family will be notified of Agency intent to release funds for that quarter back to the State. You will be notified 5 days before the release of funds is to happen. (See rule 5101:2-44-13 (N)). Justifications for funds not being used are due back to the Agency within 5 working days of your notification, if not received by that date we will automatically release funds to the State. If you want to pay for the service on a quarterly basis, you can submit your receipt for reimbursement before the deadline. The deadlines for each quarter are as follows:

July 1st thru Sept. 30th - invoice/receipt needs to reach this office by October 10th.

Oct. 1st thru Dec. 31st - invoice/receipt needs to reach this office by January 10th.

Jan. 1st thru March 31st - invoice/receipt needs to reach this office by April 10th.

April 1st thru June 30th - invoice/receipt needs to reach this office by July 5th.

Approval for services will be effective the 1st day of the month in which Executive Director signs the application. Services provided prior to this date will not be allowed for reimbursement.

NO EXCEPTIONS.

Providers billing invoices must be an original and include the following:

Name of child

Date of Service

What service entails

Need invoice on their agency letterhead with address, phone, fax and email address.

We do not pay for services in advance

Provider needs to complete W-9 (attached) to be paid

If family has paid for services, we must see a paid receipt form the provider showing payment has been charged to the account.

Respite if Approved must be submitted on the attached form. Respite as per the attached rule cannot be used for camp or daycare.

Respite approvals are for \$2,400.00 per State Fiscal Year. An additional \$2,400.00 for mental health respite can be reviewed on an exceptional and unexpected basis. If medical and/or surgical needs of caregiver would warrant additional respite and there is documentation from professional working with caregiver and/or child outlining need for additional funding.

See attached Respite Invoice that must be utilized to be paid.

Sample invoice is to be shared with provider. Anything not on Letterhead or without name, address, phone, or email address (optional) will be returned to you without payment.

See attached Sample Provider Invoice that must have the correct information as denoted on sample.

PASSS SPECIALIZED RESPITE RECEIPT
STATE FISCAL YEAR 2020/2021

Provider Name: _____

Provider Address: _____

Provider Phone: _____

Provider Signature: _____

I HAVE RECEIVED: \$ **FROM:** _____
(Adoptive Parent's Name)

MONTH: _____

Sunday/ Date w/hrs	Monday/ Date w/hrs	Tuesday/ Date w/hrs	Weds./ Date w/hrs	Thursday/ Date w/hrs	Friday/ Date w/hrs	Saturday/ Date w/hrs

Rate per hour \$ **Amount to be PAID: \$**

******PLEASE BE AWARE THAT PASSS RESPITE RECEIPTS WILL NOT BE PROCESSED FOR SERVICES RENDERED MORE THAN 6 MONTHS OLD. ALSO KNOW THAT PAYMENTS MAY NOT BE RECEIVED MONTHLY.******

After receiving prior approval for from the PASSS Program, adoptive parent should submit receipts to the:

Adoption Assistant:
Darriel Hawkins
855 W. Mound Street
Columbus, OH 43223



Adoptive Family Name: _____

Child's Name: _____

Full Address: _____

Phone: _____

Effective 6/18/2020

All invoices must be sent to:

**Darriel Hawkins
Administrative Assistant
855 W. Mound Street, 2nd Floor - Adoptions
Columbus, OH 43223**

Or Email: PASSS@fccc.us

Any invoice not sent to the address and in the time frames noted below are the sole responsibility of the family.

The PASSS program is run on a state fiscal year. The year begins on July 1, 2020 and ends on June 30, 2021. No exceptions to this rule will be made. Families are solely responsible for ensuring bills and invoices are properly submitted to our office. Any bill or invoice not submitted in accordance with the above will be returned directly to the family for payment.

Please let it be known that invoices can be paid directly to approved provider or the family has the option to pay provider and be reimbursed by FCCS via approved PASSS funds.

**PASSS billing for State Fiscal Year (SFY) ends on June 30, 2021.
Anything received after that time is the full responsibility of the family.**

5101:2-44-13.1 Eligibility and application process for the post adoption special services subsidy (PASSS) program..

(A) "Post Adoption Special Services Subsidy" (PASSS) is a state-funded program designed to assist eligible families, after adoption finalization, to receive services consistent with paragraphs (E) to (L) of this rule.

(B) PASSS funding is based on a state fiscal year (SFY), July first through June thirtieth. The family is eligible from the first day of the month in which the completed application is approved. Applicants may only request funding for services rendered during the SFY in which the JFS 01050 "Application for a Post Adoption Special Services Subsidy" (rev. 7/2016) is made. A new JFS 01050 shall be submitted if additional services are requested during the same SFY or any subsequent SFY. The new application shall contain updated information, if applicable, as outlined in paragraph (D) of this rule, including updated financial information.

(C) A public children services agency (PCSA) shall enter into a PASSS agreement with the child's adoptive parent(s) if the agency considers the child to be in need of public care or protective services. All of the following requirements shall be met to be eligible for PASSS:

(1) The child resides in the Ohio county and the home of the parent(s) in which the application is made.

(2) The child has been adopted by someone other than a step parent.

(3) The child has a physical or developmental handicap or mental or emotional condition that either:

(a) Existed before the adoption petition was filed.

(b) Developed after the adoption petition was filed and can be directly attributed to factors in the child's preadoption background or medical history, or biological family's background or medical history.

(4) The child meets either of the following requirements:

(a) The child is under the age of eighteen.

(b) The child is at least eighteen years of age and less than twenty-one years of age and is mentally or physically handicapped as defined below:

(i) Mentally handicapped is the condition of intellectual disability and/ or mental illness.

(ii) Physically handicapped is the impairment of vision, speech, or hearing; congenital orthopedic impairment, orthopedic impairment caused by disease, or orthopedic impairment from other

causes (e.g., amputation); impairment caused by chronic or acute health problems (e.g., rheumatic fever); or a concomitant of the aforementioned.

(5) Other sources of assistance are inadequate or are unavailable to meet the child's immediate needs.

(D) The PCSA shall retain a completed JFS 01050 with the following documentation:

(1) A clear written statement of the child's special need as defined in paragraph (C)(3) of this rule. The statement shall be supported by an assessment or evaluation from a qualified professional including an opinion as to the origin of the problem, past history, prognosis and recommendations related to future treatment needs. For the purpose of this rule, a qualified professional is defined as a licensed independent social worker (LISW), professional counselor licensed by section 4757.23 of the Revised Code, physician, physician assistant, certified nurse practitioner, psychiatrist, psychologist, or occupational, physical or speech therapist, a licensed social worker (LSW) or other licensed/certified professionals who are under the direct supervision of any of the professionals listed in this paragraph. The qualified professional shall not be responsible for providing public casework services to the child. The qualified professional's diagnosis of handicap or condition must be within the professional's area of expertise.

(2) A completed JFS 01052 "Credentials of Professional Providers of PASSS Funded Therapeutic Services and Memorandum of Understanding" (rev. 4/2019), if applicable.

(3) A written statement that clearly indicates why the requested service is not within the resources of the family, a copy of the JFS 01681 "Applicant Financial Statement" (rev. 10/2000) and a copy of the family's most recent IRS 1040.

(4) A listing of community resources, as outlined on the JFS 01050, that have been contacted including the date and results of those contacts.

(5) A copy of the relevant provisions in any public or private health insurance policy held by the family regarding the child's eligibility for services and the services that are covered under the policy.

(E) As a condition of continued eligibility for PASSS funds, the adoptive parent(s) shall submit a copy of the child's treatment plan, completed by the service provider, which details the therapeutic intervention(s) that will be provided to the child for the period in which the JFS 01050 will be in effect. The treatment plan shall be submitted to the PCSA within thirty days of the adoptive child's initial visit to the provider.

(F) The PCSA may encumber PASSS funds for the reasonable costs of services for any of the following allowable services:

(1) Medical and surgical services. All medical and surgical services shall be determined to be medically necessary by a qualified professional. The medically necessary service shall be the

lowest cost alternative that effectively addresses and treats the child's medical problem(s). Medical and surgical services shall not include the cost of orthodontia.

(2) Psychiatric, psychological, and counseling services. All psychiatric, psychological and counseling services shall be determined to be necessary by a qualified professional.

(3) Residential treatment, therapeutic foster care or in-patient hospitalization services (excluding private non-profit, therapeutic wilderness camps) if required by psychiatric, psychological or counseling needs and approved by a qualified professional.

(a) These services may include maintenance costs as long as the costs are included as part of a residential treatment, therapeutic foster care or in-patient hospitalization program.

(b) Residential treatment services shall not include the cost of educational services.

(c) Approved services for any type of residential treatment facility or therapeutic foster care home shall be provided by a residential facility or therapeutic foster care home that is licensed by the Ohio department of job and family services (ODJFS) or the Ohio department of mental health and addiction services (OMHAS) or a comparable agency which is recognized by a state or a similar licensing body.

(4) Respite care services for the purpose of this rule are defined as services designed to provide planned or emergency temporary relief of child caring functions . Respite care services may provide planned or emergency short-term and time-limited breaks for families of children with medical, surgical or mental health needs of the child. Respite care services shall be administered by an independent provider who resides outside the family home and is not related to the applicant. Under special circumstances that the PCSA outlines in its adoption policy a provider related to the family can be approved. Respite care services are not hospice, regular child care, therapy, nursing services and other rehabilitative services. Respite care services may be approved for:

(a) Medical and surgical respite care services if required by medical or surgical needs of the child. Medical and surgical respite care services shall not exceed two thousand four hundred dollars per child per SFY . A PCSA may elect, on a case by case basis, to approve up to an additional two thousand four hundred dollars per child per SFY for medical and surgical respite care services under special circumstances that the PCSA also outlines in its adoption policy.

(b) Mental health respite care services if required by psychiatric, psychological or counseling needs. Mental health respite care services shall not exceed two thousand four hundred dollars per child per SFY . A PCSA may elect, on a case by case basis, to approve up to an additional two thousand four hundred dollars per child per SFY for mental health respite care services under special circumstances that the PCSA also outlines in its adoption policy.

(G) Approved services shall address the child's physical or developmental handicap or mental or emotional condition that either existed before the adoption petition was filed or developed after

the adoption petition was filed and can be attributed to factors in the child's preadoption background, medical history, or biological family's background or medical history.

(H) Approved services that involve any type of therapy must be provided by a qualified professional, as outlined in this rule, and the JFS 01052, who is practicing within his or her scope of practice as noted by his or her education, training and experience. The provider shall indicate that his or her therapeutic interventions will comply with all treatment aspects contained in rules 5122-26-16, 5122-26-16.1, and 5122-26- 16.2 of the Administrative Code.

(I) Interventions involving planned physical restraint or coercion (e.g., "compression holding" or "rebirthing therapy"), or promotion of regression for "reattachment" shall not be provided utilizing PASSS dollars. In addition, the following therapeutic techniques shall not be permitted on a treatment plan to be paid from PASSS funds under any circumstances:

(1) Face down restraint with back pressure.

(2) Any technique that obstructs the airway or impairs breathing.

(3) Any technique that obstructs vision.

(4) Any technique that restricts the recipient's ability to communicate.

(5) Pepper spray, mace, handcuffs or electronic restraint devices such as stun guns.

(6) A drug or medication that is used as a restraint to control behavior or restrict the individual's freedom of movement that is not a standard treatment for the individual's medical or psychiatric condition.

(J) Except as provided in paragraph (K) of this rule, no more than ten thousand dollars shall be encumbered for any one child in one SFY.

(K) If the review committee and executive director or designee determines either of the following exists, the limit in paragraph (J) of this rule may be increased up to five thousand dollars for a total of fifteen thousand dollars per child per SFY if:

(1) The family's income and resources substantially decreased due to the involuntary loss of employment and the family has completed the JFS 01051 "Application for Additional Post Adoption Special Services Subsidy (PASSS) Funding for Extraordinary Circumstances" (rev. 7/2016).

(2) A qualified professional as described in paragraph (D)(1) of this rule recommends residential treatment, in-patient hospitalization, or therapeutic foster care to prevent disruption of the adoption. This recommendation shall be submitted along with a copy of the JFS 01051.

(L) If a family is requesting additional PASSS funding and meets the requirements outlined in paragraph (K) of this rule, the review committee and the PCSA executive director or designee shall review and approve the JFS 01051 along with the initial JFS 01050.

(M) The adoptive parent or parents who receive PASSS funds are required to pay at least a five per cent co-pay of the total cost of all approved services provided to the child.

(1) If the gross income of the child's adoptive family is less than two hundred per cent of the federal poverty guideline, the PCSA may waive the five per cent requirement.

(2) If the gross income of the child's adoptive family is at or above two hundred per cent of the federal poverty guideline, the PCSA may lower the co-pay percentage of the total cost or waive it. If waived or lowered below five per cent, this will result in a local share payment percentage for the county agency.

(3) If the service amount is higher than the approved amount, the adoptive parent is responsible for the co-pay percentage amount and the overage cost of the service.

The PCSA may not exceed the ten thousand dollars or fifteen thousand dollars encumbrance per child, per SFY as outlined in paragraphs (J) and (K) of this rule, respectively. The encumbrance shall not include the five per cent payment required of the adoptive parent(s).

(N) The PCSA shall not approve PASSS funding for any of the following:

(1) Educational services such as tuition and tutoring.

(2) Dental and/or orthodontia services including dental/oral surgery.

(3) Medical and/or mental health co-payments, prescriptions and/or prescription co-payments.

(4) Camp and any recreational services including but not limited to karate, gymnastics, dance classes and fitness club memberships.

(5) Travel related expenses such as mileage reimbursement, airfare, lodging etc., and automobile purchases and repairs. PASSS funding may be used for specific types of vehicle modifications, e.g. lift added to van, car or transportation services that are related to the child's special needs.

(6) Computer equipment and software. PASSS funding may be used for software suggested by a qualified professional that will help or improve the mental and physical condition of the special needs child.

(7) Child care services.

(8) Property fences.

(9) Food, meal supplements and nutrition drinks.

(10) Service animals.

(11) Services provided by a PCSA or private child placing agency (PCPA) to make arrangements for adoptive placements.

(12) Services that are equivalent to or are of greater benefit to other members of the family, not including family counseling and respite.

(13) Services to a child for whom a parent-child relationship does not exist.

(14) Services that facilitate contact with a parent whose rights have been terminated.

(15) Services for a child in the custody of a PCSA, PCPA, court or any other agency.

(16) Legal fees to finalize the adoption or for any other legal action.

(O) The PCSA may elect to approve PASSS funding for an insurance deductible, for the child only, in lieu of approving PASSS funds for the cost of services for the child. This shall only be done on a case by case basis under special circumstances that the PCSA has outlined in its adoption policy and when the PCSA has determined that it would be more cost effective to pay the insurance deductible than to pay for the cost of the services.

Effective: 8/1/2019

Five Year Review (FYR) Dates: 4/10/2019 and 08/01/2024

Promulgated Under: 119.03

Statutory Authority: 5153.166

Rule Amplifies: 5153.163

Prior Effective Dates: 10/02/1980, 07/01/1990, 01/13/1992 (Emer.), 09/21/1992, 07/01/1994, 09/18/1996, 01/30/1998, 03/06/2000 (Emer.), 06/01/2000, 07/01/2001, 07/01/2004, 07/01/2008, 05/01/2009, 12/01/2011, 05/15/2014, 12/01/2015, 05/01/2017

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(B) PASSS funding is based on a state fiscal year (SFY), July first through June thirtieth. The family is eligible from the first day of the month in which the completed application is approved. Applicants may only request funding for services rendered during the SFY in which the JFS 01050 "Application for a Post Adoption Special Services Subsidy" (rev. 7/2016) is made. A new JFS 01050 shall be submitted if additional services are requested during the same SFY or any subsequent SFY. The new application shall contain updated information, if applicable, as outlined in paragraph (D) of this rule, including updated financial information.

(C) A public children services agency (PCSA) shall enter into a PASSS agreement with the child's adoptive parent(s) if the agency considers the child to be in need of public care or protective services. All of the following requirements shall be met to be eligible for PASSS:

(1) The child resides in the Ohio county and the home of the parent(s) in which the application is made.

(2) The child has been adopted by someone other than a step parent.

(3) The child has a physical or developmental handicap or mental or emotional condition that either:

(a) Existed before the adoption petition was filed.

(b) Developed after the adoption petition was filed and can be directly attributed to factors in the child's preadoption background or medical history, or biological family's background or medical history.

(4) The child meets either of the following requirements:

(a) The child is under the age of eighteen.

(b) The child is at least eighteen years of age and less than twenty-one years of age and is mentally or physically handicapped as defined below:

(i) Mentally handicapped is the condition of intellectual disability and/ or mental illness.

(ii) Physically handicapped is the impairment of vision, speech, or hearing; congenital orthopedic impairment, orthopedic impairment caused by disease, or orthopedic impairment from other

causes (e.g., amputation); impairment caused by chronic or acute health problems (e.g., rheumatic fever); or a concomitant of the aforementioned.

(5) Other sources of assistance are inadequate or are unavailable to meet the child's immediate needs.

(D) The PCSA shall retain a completed JFS 01050 with the following documentation:

(1) A clear written statement of the child's special need as defined in paragraph (C)(3) of this rule. The statement shall be supported by an assessment or evaluation from a qualified professional including an opinion as to the origin of the problem, past history, prognosis and recommendations related to future treatment needs. For the purpose of this rule, a qualified professional is defined as a licensed independent social worker (LISW), professional counselor licensed by section 4757.23 of the Revised Code, physician, physician assistant, certified nurse practitioner, psychiatrist, psychologist, or occupational, physical or speech therapist, a licensed social worker (LSW) or other licensed/certified professionals who are under the direct supervision of any of the professionals listed in this paragraph. The qualified professional shall not be responsible for providing public casework services to the child. The qualified professional's diagnosis of handicap or condition must be within the professional's area of expertise.

(2) A completed JFS 01052 "Credentials of Professional Providers of PASSS Funded Therapeutic Services and Memorandum of Understanding" (rev. 4/2019), if applicable.

(3) A written statement that clearly indicates why the requested service is not within the resources of the family, a copy of the JFS 01681 "Applicant Financial Statement" (rev. 10/2000) and a copy of the family's most recent IRS 1040.

(4) A listing of community resources, as outlined on the JFS 01050, that have been contacted including the date and results of those contacts.

(5) A copy of the relevant provisions in any public or private health insurance policy held by the family regarding the child's eligibility for services and the services that are covered under the policy.

(E) As a condition of continued eligibility for PASSS funds, the adoptive parent(s) shall submit a copy of the child's treatment plan, completed by the service provider, which details the therapeutic intervention(s) that will be provided to the child for the period in which the JFS 01050 will be in effect. The treatment plan shall be submitted to the PCSA within thirty days of the adoptive child's initial visit to the provider.

(F) The PCSA may encumber PASSS funds for the reasonable costs of services for any of the following allowable services:

(1) Medical and surgical services. All medical and surgical services shall be determined to be medically necessary by a qualified professional. The medically necessary service shall be the

lowest cost alternative that effectively addresses and treats the child's medical problem(s). Medical and surgical services shall not include the cost of orthodontia.

(2) Psychiatric, psychological, and counseling services. All psychiatric, psychological and counseling services shall be determined to be necessary by a qualified professional.

(3) Residential treatment, therapeutic foster care or in-patient hospitalization services (excluding private non-profit, therapeutic wilderness camps) if required by psychiatric, psychological or counseling needs and approved by a qualified professional.

(a) These services may include maintenance costs as long as the costs are included as part of a residential treatment, therapeutic foster care or in-patient hospitalization program.

(b) Residential treatment services shall not include the cost of educational services.

(c) Approved services for any type of residential treatment facility or therapeutic foster care home shall be provided by a residential facility or therapeutic foster care home that is licensed by the Ohio department of job and family services (ODJFS) or the Ohio department of mental health and addiction services (OMHAS) or a comparable agency which is recognized by a state or a similar licensing body.

(4) Respite care services for the purpose of this rule are defined as services designed to provide planned or emergency temporary relief of child caring functions . Respite care services may provide planned or emergency short-term and time-limited breaks for families of children with medical, surgical or mental health needs of the child. Respite care services shall be administered by an independent provider who resides outside the family home and is not related to the applicant. Under special circumstances that the PCSA outlines in its adoption policy a provider related to the family can be approved. Respite care services are not hospice, regular child care, therapy, nursing services and other rehabilitative services. Respite care services may be approved for:

(a) Medical and surgical respite care services if required by medical or surgical needs of the child. Medical and surgical respite care services shall not exceed two thousand four hundred dollars per child per SFY . A PCSA may elect, on a case by case basis, to approve up to an additional two thousand four hundred dollars per child per SFY for medical and surgical respite care services under special circumstances that the PCSA also outlines in its adoption policy.

(b) Mental health respite care services if required by psychiatric, psychological or counseling needs. Mental health respite care services shall not exceed two thousand four hundred dollars per child per SFY . A PCSA may elect, on a case by case basis, to approve up to an additional two thousand four hundred dollars per child per SFY for mental health respite care services under special circumstances that the PCSA also outlines in its adoption policy.

(G) Approved services shall address the child's physical or developmental handicap or mental or emotional condition that either existed before the adoption petition was filed or developed after

(10) Service animals.

(11) Services provided by a PCSA or private child placing agency (PCPA) to make arrangements for adoptive placements.

(12) Services that are equivalent to or are of greater benefit to other members of the family, not including family counseling and respite.

(13) Services to a child for whom a parent-child relationship does not exist.

(14) Services that facilitate contact with a parent whose rights have been terminated.

(15) Services for a child in the custody of a PCSA, PCPA, court or any other agency.

(16) Legal fees to finalize the adoption or for any other legal action.

(O) The PCSA may elect to approve PASSS funding for an insurance deductible, for the child only, in lieu of approving PASSS funds for the cost of services for the child. This shall only be done on a case by case basis under special circumstances that the PCSA has outlined in its adoption policy and when the PCSA has determined that it would be more cost effective to pay the insurance deductible than to pay for the cost of the services.

Effective: 8/1/2019

Five Year Review (FYR) Dates: 4/10/2019 and 08/01/2024

Promulgated Under: 119.03

Statutory Authority: 5153.166

Rule Amplifies: 5153.163

Prior Effective Dates: 10/02/1980, 07/01/1990, 01/13/1992 (Emer.), 09/21/1992, 07/01/1994, 09/18/1996, 01/30/1998, 03/06/2000 (Emer.), 06/01/2000, 07/01/2001, 07/01/2004, 07/01/2008, 05/01/2009, 12/01/2011, 05/15/2014, 12/01/2015, 05/01/2017

Ohio Department of Job and Family Services
EXPLANATION OF STATE HEARING PROCEDURES

What is a State Hearing?

If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the County Department of Job and Family Services (CDJFS), the County Child Support Enforcement Agency (CSEA), and agencies under contract with them.

A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then, you will have a chance to tell why you think the action is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing and recommend a decision based on whether or not the rules were correctly applied in your case.

How to Ask for a Hearing

To ask for a hearing, call or write your local agency or write to the Ohio Department of Job and Family Services, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your assistance or services, you will receive a state hearing request form. Fill out the request form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574.

We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food assistance, you may request a hearing on the amount of your food assistance at any time during your certification period.

If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

How to Request a Telephone Hearing

If you cannot attend the hearing at the scheduled location as a result of not having transportation, child care, medical limitations, etc., you can call 1-866-635-3748 and choose to participate by telephone. If you participate by telephone, the hearing officer assigned to your appeal will call you on the day of your hearing at the scheduled time for your hearing at the telephone number you provide.

Continuing Assistance or Services

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, you must request a state hearing within 15 days of receiving that notice in order to continue receiving your benefits until your hearing decision is issued.

In the food assistance program, your benefits will not continue if you were denied or if the certification period has expired. After the certification period, you must reapply and be found eligible.

If your assistance or services have been changed without written notice, or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings, to inquire if you should receive continuing benefits. Call us, toll free at the following number: 1-866-635-3748, and choose option number one from the automated voice menu.

If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

County Conference

An informal meeting with a person from the local agency may settle the issue without the need for a state hearing.

Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your county worker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have a county conference to have a state hearing. Asking for a county conference will not delay your state hearing.

When Will the Hearing be Held?

After your request for a hearing is received, the Bureau of State Hearings will send you a scheduling notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice will also tell you what to do if you cannot come to the hearing as scheduled.

Where are Hearings Held?

Hearings are usually held at the local agency. If you are unable to go there, the hearing may be held some other place that is convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that in your hearing request.

Postponement of the Hearing

If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food assistance program, postponement is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.

If You Do Not Attend the Hearing

The Bureau of State Hearings will send you a dismissal notice if you do not come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing along with any verification. Verifications are documents or papers that prove why you missed your scheduled hearing. Once you have submitted your good cause verification, the hearing authority will decide if the documentation you provide is sufficient. If you do not call within 10 days and show good cause or proof for missing the hearing, it will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take.

If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

Before the Hearing

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local legal aid program to see if you qualify for free help.

If you do not know how to reach your local aid office, call 866-529-6446 (866-LAW-OHIO), toll-free, for the local number or search the Legal Aid directory at <http://www.ohiolegalservices.org/programs>. If you want notice of the hearing sent to your lawyer, you must give the Bureau of State Hearings your lawyer's name and address.

You and your representative have the right to look at your case file and the written rules being applied to your case. If your hearing is about work registration or employment and training, you may also look at your employment and training file. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or receiving copies of case record documents.

The local agency does not have to show you confidential records, such as names of people who have given information against you, records of criminal proceedings, and certain medical records.

Confidential records which you could not look at or question cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

Subpoena

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want to subpoena.

At the Hearing

You may bring witnesses, friends, relatives, or your lawyer to help you present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions, and bring papers or other evidence to support your case.

The hearing will be recorded by the hearing officer so that the facts are taken down correctly. After the hearing decision is issued, you can get a free copy of the recording by contacting the Bureau of State Hearings.

The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail issued by the hearing authority.

Group Hearings

The Bureau of State Hearings may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing.

You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

After the Hearing

You should receive a hearing decision within 60 days of your hearing request if the hearing was only about food assistance, and within 90 days for all other programs.

If you disagree with the hearing decision, your written decision will tell you how to ask for an administrative appeal.

Compliance with the Hearing Decision

If the hearing decision orders an increase in your food assistance, you should get the increase about 10 days from the decision date. If the decision orders a decrease in your food assistance, you should get the new, smaller amount the next time you regularly get food assistance.

In all other programs, the agency must take the action ordered by the decision within 15 days of the date the decision is issued, but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

Another Action Requires Another Hearing

If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or hearing decision, you must ask for another hearing if you disagree with the new action. A separate hearing will be conducted on the new notice.

Ohio Department of Job and Family Services
APPLICATION FOR POST ADOPTION SPECIAL SERVICES SUBSIDY

SECTION I: AGENCY INFORMATION	
Name of Public Children Services Agency	Date of Application

SECTION II: FAMILY DATA			
Name of Adoptive Father (<i>first and last</i>)		Name of Adoptive Mother (<i>first and last</i>)	
Home Address	City, State and Zip Code		Telephone Number ()
Number of dependent children in home	Adopted	Biological	Other
			Annual Family Income

SECTION III: CHILD DATA			
Last Name of Adoptive Child		First Name of Adoptive Child	Date of Birth
Social Security Number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Adoption Finalized
Type of Adoption <input type="checkbox"/> Attorney <input type="checkbox"/> International <input type="checkbox"/> Private <input type="checkbox"/> Public		Was the child adopted by a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Briefly describe your child's physical/developmental handicap or mental/emotional condition and attach a statement from a qualified professional.			

SECTION IV: SERVICES AND/OR THERAPEUTIC TECHNIQUE(S) REQUESTED			
THERAPEUTIC TECHNIQUE(S) REQUESTED			
<i>These therapies address behavioral, emotional or other mental health issues (Check all that apply)</i>			
Type of Therapy	Name of Provider	Licensing Board	Cost of Service(s)
<input type="checkbox"/> Psychiatric Counseling			\$
<input type="checkbox"/> Psychological Counseling			\$
<input type="checkbox"/> Substance Abuse Counseling			\$
<input type="checkbox"/> Other (<i>Specify</i>)			\$
<input type="checkbox"/> Other (<i>Specify</i>)			\$
OTHER SERVICES REQUESTED			\$
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Speech Therapy	\$
Respite <input type="checkbox"/> Medical (\$2,400 MAXIMUM) <input type="checkbox"/> Mental Health (\$2,400 MAXIMUM)			\$
<i>(Check all that apply)</i>			
Additional Respite <input type="checkbox"/> Medical (\$2,400 MAXIMUM) <input type="checkbox"/> Mental Health (\$2,400 MAXIMUM)			\$
<i>(Check all that apply)</i>			
<input type="checkbox"/> Medical Equipment	<input type="checkbox"/> Surgery		
			\$
OUT OF HOME CARE REQUESTED			
Type of Out of Home Care	Name of Treatment Facility	Licensed By	Cost of Service(s)

received, if applicable).				
<input type="checkbox"/> Alcohol and Drug Addiction Board	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DATE	\$
<input type="checkbox"/> Alcohol, Drug Addiction and Mental Health (ADAMH)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DATE	\$
<input type="checkbox"/> Family and Children First Council	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DATE	\$
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DATE	\$
<input type="checkbox"/> MR/DD Family Resource Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DATE	\$
<input type="checkbox"/> Prevention, Retention, Contingency Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DATE	\$
<input type="checkbox"/> Private/Family Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DATE	\$
<input type="checkbox"/> Public School District	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DATE	\$
<input type="checkbox"/> State Adoption Subsidy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DATE	\$
<input type="checkbox"/> Title IV-E Adoption Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DATE	\$
<input type="checkbox"/> Title XX Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DATE	\$
<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DATE	\$
<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DATE	\$
TOTAL RECEIVED				\$
<input type="checkbox"/> Residential Treatment (EXCLUDING EDUCATIONAL COSTS)				\$
<input type="checkbox"/> In-patient Hospitalization				\$
<input type="checkbox"/> Therapeutic Foster Care				\$
TOTAL COSTS OF ALL SERVICES REQUESTED				\$

SECTION VI: AFFIRMATION			
<p>I have provided the Public Children Services Agency (PCSA) with a copy of <u>all</u> of the following documentation:</p> <p><input type="checkbox"/> a clear written statement of my child's special needs; <input type="checkbox"/> an assessment and/or evaluation from a qualified professional;</p> <p><input type="checkbox"/> an estimate of the cost of service(s) that will be provided; <input type="checkbox"/> updated financial information; and</p> <p><input type="checkbox"/> my public or private insurance policy regarding the services required, if applicable, and eligibility for services under this program.</p> <p>I affirm, under penalty of perjury, that the information in this application is accurate. I understand that verification of my financial situation will be required. I understand and agree that the PCSA may contact other persons or organizations to obtain the necessary proof of eligibility and level of benefits. I understand that in some instances, I may be asked to give consent to the PCSA to make whatever contacts are necessary to determine eligibility. I consent to the release of this form and supporting documentation to the review committee established under Ohio Administrative Code rule 5101:2-44-13. I acknowledge that approval is contingent upon the availability of state funds for this program.</p> <p>I understand that as a condition of continued eligibility for PASSS funds I am required to submit a copy of my child's treatment plan within 30 days of the initial visit, completed by the service provider, details the therapeutic intervention(s) that will be provided for the period in which this application is in effect.</p> <p>I understand that my application will be reviewed within twenty days after the close of each quarter during the state fiscal year (SFY) in which it was approved. If the results of this review determine that the approved funds have not been utilized, I will be notified by the PCSA, within five days of the review, of their intent to release these funds. I will have twenty days from that notification to produce any outstanding invoices for that quarter. If I do not submit the invoices to the PCSA within the twenty days, the funds will be released to the Ohio Department of Job and Family Services and I will be financially responsible for any outstanding balances in these invoices.</p>			
Signature of Adoptive Father	Date	Signature of Adoptive Mother	Date

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 "Explanation of State Hearing Procedures," JFS 04059. A copy of the JFS 04059 should be given to you along with this application form.

COMPLETION OF THIS FORM IS REQUIRED FOR THE ESTABLISHMENT OF A POST ADOPTION SPECIAL SERVICES SUBSIDY.

Ohio Department of Job and Family Services
**CREDENTIALS OF PROFESSIONAL PROVIDERS OF PASSS FUNDED
 THERAPEUTIC SERVICES AND MEMORANDUM OF UNDERSTANDING**

Child's Name <i>(first and last)</i>	Date of Birth
Specify the therapy being provided to the child	
Professional Experience (please describe your professional experience with the therapy you will provide to the child)	
Education and Training (please list all specific education and training relative to the therapy you will provide to the child)	
Professional Credentials	
Name of Provider <i>(first and last)</i>	
Name of Practice/Office	
Street Address of Practice/Office	
City, State and Zip Code	(Area Code) Telephone Number
Ohio License #	Licensing Board
<p><i>My therapeutic interventions will comply with all treatment aspects contained in Ohio Administrative Code rules 5122-26-16 "Seclusion, restraint and time-out," 5122-26-16.1 "Mechanical restraint and seclusion," and 5122-26-16.2 "Physical restraint" I proclaim competence to the therapeutic technique(s) specified and acknowledge that my practice is governed under laws and rules of the occupational regulatory board specified above.</i></p>	
Signature of Provider of Service(s)	Date

Ohio Department of Job and Family Services
**APPLICATION FOR ADDITIONAL
 POST ADOPTION SPECIAL SERVICES SUBSIDY (PASSS) FUNDING
 FOR EXTRAORDINARY CIRCUMSTANCES**

Public Children Services Agency		Date of Application	
Child's Name: Last		First	Date of Birth
Name of Adoptive Parent		Name of Adoptive Parent	
Address	City	State	Zip Code
<p>I am requesting additional PASSS funding in the amount of \$ _____ for the above-mentioned child due to one of the following circumstances:</p> <p><input type="checkbox"/> Involuntary loss of employment during the State Fiscal Year (SFY) in which this application was made and the required services exceed the initial ten thousand dollars provided; or</p> <p><input type="checkbox"/> A qualified professional has recommended residential treatment, inpatient hospitalization or therapeutic foster care (a copy of this recommendation is attached) for my child listed above to prevent disruption of the adoption.</p> <p>This additional PASSS funding will be used to complete the following services _____</p>			
<p>I affirm, under penalty of perjury, that the information in this application is accurate. I understand that verification of my financial situation will be required. I understand and agree that the PCSA may contact other persons or organizations to obtain the necessary proof of eligibility and level of benefits. I understand that in some instances, I may be asked to give consent to the PCSA to make whatever contacts are necessary to determine eligibility. I consent to the release of this form and supporting documentation to the review committee established under Ohio Administrative Code rule 5101:2-44-13. I acknowledge that approval is contingent upon the availability of state funds for this program.</p> <p>I understand that my application will be reviewed within twenty days after the quarter during the state fiscal year (SFY) in which it was approved. If the results of this review determine that the approved funds have not been utilized, I will be notified by the PCSA, within five days of the review, of their intent to release these funds. I will have twenty days to produce any outstanding invoices for that quarter. If the invoices are not submitted to the PCSA within the twenty days, the funds will be released to the Ohio Department of Job and Family Services and I will be financially responsible for any outstanding balances.</p>			
Signature of Adoptive Parent		Date	Signature of Adoptive Parent
			Date
<p>COMPLETION OF THIS FORM IS REQUIRED FOR ADDITIONAL POST ADOPTION SPECIAL SERVICES SUBSIDY FUNDS.</p> <p>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 the JFS 04059 "Explanation of State Hearing Procedures". A copy of the JFS 04059 should be given to you along with this application form.</p>			
<p>FOR AGENCY USE ONLY</p>			
<p>This application complies with OAC Rule 5101:2-44-13.1 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>This request is approved in the amount of \$ _____. This request is partially approved in the amount of \$ _____.</p> <p>This request is denied due to: <input type="checkbox"/> Extraordinary circumstance not established <input type="checkbox"/> State funds not available <input type="checkbox"/> Services not appropriate</p> <p><input type="checkbox"/> Age of the child <input type="checkbox"/> Child is in the custody of a PCSA or PCPA <input type="checkbox"/> Other</p>			
Signature of PCSA Director or Designee			Date

Ohio Department of Job and family Services
APPLICANT FINANCIAL STATEMENT

Name <i>(Last, First Middle)</i>	Number of Dependent Adults <i>(Include self)</i>	Number of Dependent Children
----------------------------------	--	------------------------------

The following information is being asked to assist you and the agency in your child placement planning. Please complete the financial statement using estimated monthly amounts.

A. MONTHLY INCOME

1. Family Member _____	Gross Pay per Month \$ _____	Net pay per month	\$ _____
2. Family Member _____	Gross Pay per Month \$ _____	Net pay per month	\$ _____
3. Other income (real estate, adoption subsidy, retirement, child support, public assistance, social security, etc.)			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
TOTAL NET MONTHLY INCOME			\$ _____

B. MONTHLY EXPENDITURES

1. Rent or mortgage (including taxes and insurances)	\$ _____
2. Utilities (including telephone)	\$ _____
3. Other fixed expenses	\$ _____
a. Child care	\$ _____
b. Car payments	\$ _____
c. Credit card payments	\$ _____
d. Other loan payments	\$ _____
e. Child support or alimony	\$ _____
f. Regular savings/investments	\$ _____
g. Other (specify)	\$ _____
TOTAL MONTHLY EXPENDITURES	
	\$ _____

COMPLETION OF THIS FORM IS REQUIRED FOR THE AGENCY TO PROCEED WITH YOUR APPLICATION FOR A CHILD.

C. ASSETS

	TOTAL VALUE
1. Residence Market value	\$
2. Other real estate Market value	\$
3. Cars – Specify	\$
_____	\$
_____	\$
4. Savings	\$
5. Stocks/Bonds	\$
6. Other assets - Specify	\$
TOTAL ASSETS	\$

D. LIABILITIES

	BALANCE OWED
1. Residence mortgage	\$
2. Other mortgage	\$
3. Car loans	\$
4. Other loans	\$
5. Credit cards	\$
6. Other	\$
TOTAL LIABILITIES	\$

E. INSURANCE COVERAGE

	Total Coverage Amount	Monthly Cost to Applicant	Company
Life Insurance	\$	\$	
Applicant _____	\$	\$	
Applicant _____	\$	\$	
Children _____	\$	\$	
Medical Insurance	\$	\$	
Automobile Insurance	\$	\$	
Other	\$	\$	

F. ANY PERTINENT INFORMATION NOT COVERED

Applicant Signature	Date
---------------------	------

Applicant Signature	Date
---------------------	------

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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Employer identification number								
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

INSTRUCTIONS

1. Clearly **print or type** the individual's name or business name. **IMPORTANT -- Payment will be processed and checks will be issued to this name!!**
2. Check the appropriate type of business. An individual should check individual/sole proprietorship box.
A business should check the box under which they are legally operating.
3. Clearly **print or type** the complete address. **IMPORTANT -- Checks will be mailed to this address!!**
4. Enter the tax identification number (TIN) for the individual or organization named. For individuals, this is your social security number (SSN). For other entities, this is the employer identification number (EIN).
5. Sign and date the certification. For an individual, the signature must be the person named. For a business, the signature should be a representative of the named business/organization with authorization to sign.
6. Forms should be returned to the following address or faxed to (614) 341-6090: Attn: **Amber King**

Franklin County Children Services
Adoption Department-2nd Floor
855 W. Mound Street
Columbus, Ohio 43223

Note: This form may be reproduced. A facsimile copy with all required information is acceptable.

FCASPL 354 (Post Adoption Special Services Subsidy (PASSS) Program Poverty Guidelines)

Family, Children and Adult Services Procedure Letter No. 354

June 24, 2020

TO: Family, Children and Adult Services Manual Holders

FROM: Kimberly Hall, Director

SUBJECT: Post Adoption Special Services Subsidy (PASSS) Program Poverty Guidelines

Pursuant to division (C) of Ohio Revised Code section 5153.163 and paragraph (M) of Ohio Administrative Code rule 5101:2-44-13.1 the following schedule is to be used only when determining whether families are required to pay 5% of the total costs of all services received under the post adoption special services subsidy program effective July 1, 2020.

The schedule represents 200% of the 2020 Federal Poverty Guidelines Federal Register, Vol. 85, No. 12, January 17, 2020, pp. 3060-3061) rounded to the nearest dollar and adjusted for family size.

FAMILY SIZE	200% OF FEDERAL POVERTY GUIDELINES
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
For each additional person add	\$8,960

INSTRUCTIONS: The following chart depicts what materials should be deleted from the Family, Children and Adult Services Manual (FCASM) and what materials are to be inserted the FCASM.

LOCATION	REMOVE AND FILE AS OBSOLETE	INSERT/REPLACEMENT
PROCEDURE LETTERS	FCASPL No. 341	FCASPL No. 354