

**NORTH CAROLINA DIVISION OF SOCIAL SERVICES
ADOPTION ASSISTANCE AGREEMENT AMENDMENT**

The Adoption Assistance Agreement previously entered into by and between the

_____ County Department of Social Services and

Name(s) of Adoptive Parent(s)

on _____ regarding _____ whose
Date of Original Agreement Signed Name of Child

adoption was finalized on _____ is hereby amended to reflect
Date of Decree of Adoption

pre-existing but previously undocumented physical, emotional, or psychological handicapping condition(s) which are not otherwise covered by private health insurance, Medicaid, or other community resources.

I/We have attached medical, mental health, psychological, therapeutic or other evaluations that document my child's current special needs with respect to the following psychological, physical; or emotional condition(s):

This Adoption Assistance Agreement Amendment is effective _____, and only adds the previously undocumented physical, emotional, and/or psychological handicapping pre-existing conditions listed above to the existing Adoption Assistance Agreement between the adoptive parent(s) and the Agency for Vendor payment reimbursements. Vendor payment documentation and approval procedures remain the same as stated on the existing Adoption Assistance Agreement.

I/We declare that all information provided on this form and attachments are accurate to the best of my/our knowledge and reflect the newly documented special needs of the child listed above.

Signature of Adoptive Mother Date Print Full Name of Adoptive Mother

Signature of Adoptive Father Date Print Full Name of Adoptive Father

Signature of Agency Director or Designee Date Print Full Name of Agency Director or Designee

A signed copy of the Adoption Assistance Agreement Amendment was given (mailed) to the adoptive parent(s) on _____.

(enter date given to adoptive parents)