

STATE OF NORTH CAROLINA

_____ COUNTY

SPECIAL CHILDREN ADOPTION INCENTIVE FUND

SUPPLEMENTAL ADOPTION ASSISTANCE AGREEMENT

This Supplemental Adoption Assistance Agreement has been entered into by and between the
_____ County of Social Services, _____,
Address

(_____) _____ thereafter called the "Agency" and _____
Telephone Number Adoptive Parents
_____, (_____) _____
Address Telephone Number

hereafter called the "Adoptive Parent(s)", for the purpose of facilitating the adoption of _____
Child's First Name
born on _____, and to aid the adoptive family in providing proper care of
this child.

I/We, the prospective adoptive parent(s), agree(s) that I/we intend to adopt _____
Child's First Name

and have signed this document prior to the finalization of the adoption so that this child can receive a
supplemental payment from the Special Children Adoption Incentive Fund. I/We have already signed the
regular Adoption Assistance Agreement on behalf of this child.

I/We agree(s) to accept payments from the Special Children Adoption Incentive Fund in the amount of
\$ _____ per month as a supplement to the standard adoption assistance benefits.

**I/We understand(s) that the Special Children Adoption Incentive Fund benefits are not an
entitlement and are subject to the continuing availability of state and county funds.**

I/We, the Adoptive Parent(s), and we, the Agency, have read, understand, and agree to the terms and
provisions of this Supplemental Adoption Assistance Agreement.

Adoptive Parent 1 Date

Adoptive Parent 2 Date

Authorized Agency Director's Signature Date

A signed copy of the Supplemental Adoption Assistance Agreement was given/sent to the adoptive
parent(s) on _____
Date