

STATE OF NORTH CAROLINA

_____ COUNTY

SPECIAL CHILDREN ADOPTION INCENTIVE FUND

VERIFICATION OF CHILD'S HEALTH CONDITION

I certify that the child, _____, has the following health condition, and this health condition is expected to result in significant impairment in the child's ability to function in the home, school or community and to endure throughout his/her childhood. The child's health condition and resulting impairment are:

Physician's Signature

Date