ADOPTION BENEFITS FOR STATE EMPLOYEES AND OTHER ELIGIBLE APPLICANTS

Parts I, II and III must be completed. The Part III section must be completed by the Community Based Care Agency that facilitated or subcontracted the facilitation of

Part III Certification by Department of Children and Families: *To be signed and completed by the Community Based Care Agency that facilitated or subcontracted the facilitation of the adoption. (Please print)*

Adoptive Child Name: _____ **Date of Birth:** _____

Pre-Adoptive Child Name:	FSFN Pre-Adoption Case Number:	Post Adoption Case Number:

I hereby certify that the above named child is:

1. ☐ a child whose permanent custody (termination of parental rights order) was awarded to the Department of Children and Families **(if this box is not checked, child is ineligible).**

AND

2. ☐ a child who does not meet the criteria of "special needs".

OR

3.