



Clear

Subsidized Adoption Program DATA SHEET

CASE #: _____
(Father's or Single Parent's S.S. No.)

ADOPTIVE FAMILY DATA

CHECK ONE: ☐ Initial Report ☐ Rate Revision ☐ Close Case

CASE STATUS: ☐ NEW ☐ RE-OPEN

Surname Man Woman

Street Address City State Zip Code Telephone No.

Gross Annual Income: _____ Husband's: _____ Wife's: _____

Own Children in Family: _____ Under 21: _____
Number Number

Children Recommended
Or Eligible for Subsidy: _____ Additional
Foster Children: _____
Number Number

Names: _____

PAYMENT DATA

Type of Subsidy	Effective Date	Review	Amount	Termination Date

REASON FOR TERMINATION: ☐ Service Completed ☐ Subsidy No Longer Needed ☐ Other

Worker Supervisor

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