



Clear

ADOPTION SUBSIDY DISCLAIMER

The adoption subsidy program, including maintenance subsidy, medical subsidy, Medicaid and non-recurring adoption expenses, has been explained to me and I fully understand the purpose and operation of the program. I have been given the opportunity to consider the benefits of the program and my adopted child's condition in relationship to these benefits.

Having carefully considered the above, I state that I am able to assume full responsibility for _____ without the assistance available
Child's Name
through the above mentioned programs.

Prospective Parent 1 Signature

Prospective Parent 2 Signature

Date

Counselor's Signature

Date