

**10A NCAC 70M .0702 PAYMENTS FROM THE SPECIAL NEED ADOPTION INCENTIVE FUND**

(a) Payments from the Special Need Adoption Incentive Fund will be made by the State Division of Social Services to the adoptive parent(s).

(b) Participating county departments of social services shall submit claims for payments to the State Division of Social Services.

(c) The initial payment claim must include the following items:

- (1) verification of child's placement authority;
- (2) verification that the child has lived with the foster family six consecutive months submitted on the "Living Arrangements for Past Six Months" Form DSS-5214;
- (3) a copy of written statement from a licensed physician regarding the child's health condition;
- (4) a copy of written statement from a licensed health, mental health, or developmental disability professional regarding the status of the child's condition;
- (5) a copy of signed adoption assistance agreement;
- (6) a copy of signed supplemental assistance agreement; and
- (7) a copy of Decree of Adoption.

(d) Monthly payment claims shall be submitted on the "Request for Special Children Adoption Incentive Fund Payment" Form DSS-5211, which may be accessed at <https://www2.ncdhhs.gov/info/olm/forms/dss/dss-5211-ia.pdf>.

*History Note: Authority G.S. 108A-49; 108A-50; 108A-50.1; 143B-153;  
Eff. August 1, 2021.*