

Ohio Department of Job and Family Services  
**APPLICATION FOR ADDITIONAL  
 POST ADOPTION SPECIAL SERVICES SUBSIDY (PASSS) FUNDING  
 FOR EXTRAORDINARY CIRCUMSTANCES**

Public Children Services Agency		Date of Application	
Child's Name: Last	First	Date of Birth	
Name of Adoptive Parent		Name of Adoptive Parent	
Address	City	State	Zip Code
<p>I am requesting additional PASSS funding in the amount of \$ _____ for the above-mentioned child due to one of the following circumstances:</p> <p><input type="checkbox"/> Involuntary loss of employment during the State Fiscal Year (SFY) in which this application was made and the required services exceed the initial ten thousand dollars provided; or</p> <p><input type="checkbox"/> A qualified professional has recommended residential treatment, inpatient hospitalization or therapeutic foster care (a copy of this recommendation is attached) for my child listed above to prevent disruption of the adoption.</p> <p>This additional PASSS funding will be used to complete the following services _____</p>			
<p>I affirm, under penalty of perjury, that the information in this application is accurate. I understand that verification of my financial situation will be required. I understand and agree that the PCSA may contact other persons or organizations to obtain the necessary proof of eligibility and level of benefits. I understand that in some instances, I may be asked to give consent to the PCSA to make whatever contacts are necessary to determine eligibility. I consent to the release of this form and supporting documentation to the review committee established under Ohio Administrative Code rule 5101:2-44-13. I acknowledge that approval is contingent upon the availability of state funds for this program.</p> <p>I understand that my application will be reviewed within twenty days after the quarter during the state fiscal year (SFY) in which it was approved. If the results of this review determine that the approved funds have not been utilized, I will be notified by the PCSA, within five days of the review, of their intent to release these funds. I will have twenty days to produce any outstanding invoices for that quarter. If the invoices are not submitted to the PCSA within the twenty days, the funds will be released to the Ohio Department of Job and Family Services and I will be financially responsible for any outstanding balances.</p>			
Signature of Adoptive Parent	Date	Signature of Adoptive Parent	Date
<p><b>COMPLETION OF THIS FORM IS REQUIRED FOR ADDITIONAL POST ADOPTION SPECIAL SERVICES SUBSIDY FUNDS.</b></p> <p><b>RIGHT TO A STATE HEARING:</b> You have a right to a state hearing before the Ohio Department of Job and Family Services if your application is denied or if you disagree with any other actions taken on your application. For a complete explanation of your hearing rights and the hearing process, please read the JFS 04059 "Explanation of State Hearing Procedures". A copy of the JFS 04059 should be given to you along with this application form.</p>			
<b>FOR AGENCY USE ONLY</b>			
<p>This application complies with OAC Rule 5101:2-44-13.1    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>This request is approved in the amount of \$ _____. This request is partially approved in the amount of \$ _____.</p> <p>This request is denied due to:   <input type="checkbox"/> Extraordinary circumstance not established   <input type="checkbox"/> State funds not available   <input type="checkbox"/> Services not appropriate</p> <p><input type="checkbox"/> Age of the child    <input type="checkbox"/> Child is in the custody of a PCSA or PCPA    <input type="checkbox"/> Other</p>			
Signature of PCSA Director or Designee		Date	