**PASSS Family Checklist - Paper & Email**

Family Last Name:

Date Service(s) to Begin:

*Note: Funding is available for services received during the state fiscal year, which runs July 1 - June 30. A new application is required each state fiscal year*.

**Eligibility Pieces**

☐ Child/young person resides in Ohio.

☐ Child/young person lives in the home of the adoptive parent(s). If the young person is in residential or foster care at the time of application, PASSS funds may be available if the plan is for the young person to return to the adoptive home.

☐ Child/young person has been adopted by someone other than a stepparent.

☐ Child/young person has a physical or developmental disability or mental or emotional condition.

☐ The disability or condition existed before the adoption petition was filed. If the disability or condition was identified after the adoption, it is due to factors in the child/young person's pre-adoption background or medical history, or biological family's background or medical history.

☐ The child/young person is under the age of eighteen.

☐ The child/young person is at least eighteen years of age and less than twenty-one years of age and has been diagnosed with a mental, developmental, or physical disability and the disability or illness would limit functioning or impair activities of daily living.

☐ Other sources of assistance are inadequate or are unavailable to meet the child/young person’s immediate needs.

**Application Pieces**

☐ DCY 01050 – Application for Post Adoption Special Services Subsidy  
Application must be fully completed including:

* A clear written statement of the child/young person's special needs.
* A statement of why the service is needed and is beyond the family’s financial resources.
* A list of community resources that have been contacted including the date and results of those contacts.

☐ DCY 01051 – Application for Additional Post Adoption Special Services Subsidy (PASSS) Funding for Extraordinary Circumstances (if applicable)

* Applicable only if there is an involuntary loss of employment during the fiscal year or
* A qualified professional has recommended residential treatment, inpatient hospitalization, or treatment foster care. A copy of the recommendation must be included with the application.

☐ DCY 01052 – Credentials of Professional Providers of PASSS Funded Therapeutic Services and Memorandum of Understanding (if applicable)

☐ DCY 01681 – Applicant Financial Statement, signed by both adoptive parents (if applicable)

☐ DCY 01420 – Authorization to Release Confidential SACWIS Information (SACWIS ID is not required)

**Additional Documentation**

☐ An assessment or evaluation from a qualified professional describing the disability or condition and recommending the requested services. This can include documentation that the disability or condition developed prior to the adoption, can be attributed to factors in the child’s or family’s background, or is a condition which likely existed pre-adoption, although it hadn’t been identified (i.e., a developmental disability).

☐ The service(s) being requested and an estimate of the cost of each service.

☐ The most recent IRS 1040, including documentation if filing late or not filing taxes.

☐ Insurance policy regarding the service(s) requested, if applicable, and eligibility for services under this program.

* If the service provider does not take the child/family’s insurance, include a statement from the provider documenting that.

☐ For an adoption from foster care/public agency, a family may provide the Child Study Inventory or Social and Medical History (form 1616) to document that the disability or condition is related to pre-adoptive conditions or history.

☐ Is there a professional/provider you are working with to fill out this application? If so, please include their name and contact information below.

Note: Families may be asked to provide additional documentation to aid in the approval process.

Please include this checklist with your completed application packet.