



PRIVATE ADOPTION AGENCY REIMBURSEMENT PROGRAM (PAARP)

1st Claim (*Placement*) 2nd Claim (*Final*) Claiming both (*Placement & Final*)

SECTION I

ADOPTION AGENCY		ADOPTION AGENCY NUMBER
ADDRESS	CITY	ZIP
CONTACT PERSON	E-MAIL ADDRESS	
TELEPHONE	NEW PAARP ADOPTION AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION II

CHILD'S NAME (<i>USE FIRST NAME ONLY</i>)	ADOPTION CASE NUMBER (<i>ADA</i>)	CMS/CWS CHILD IDENTIFIER NUMBER
---	-------------------------------------	---------------------------------

SECTION III

Is this a tribal customary adoption?

YES NO

DATE HOME STUDY APPROVED	DATE ADOPTION PLACEMENT AGREEMENT SIGNED	DATE ADOPTION FINALIZED
PLACING COUNTY AGENCY	COUNTY ADOPTION WAS FINALIZED IN	

SECTION IV

Three signed AAP 4 forms required when an agency is claiming for 1st claim (placement) or when claiming both placement and final.

IS CHILD ELIGIBLE FOR FEDERAL AAP?

YES NO Attach 3 copies of form AAP 4

I certify that the above information requested is accurate to the best of my knowledge.

SIGNATURE OF AUTHORIZED OFFICIAL OF PRIVATE ADOPTION AGENCY	DATE
---	------