

# PARENT APPLICATION FOR ADOPTION MEDICAL SUBSIDY FOR AN ADOPTED CHILD

## Michigan Department of Human Services (DHS)

**DIRECTIONS:** (Please TYPE or PRINT Clearly.)

- An adoption medical subsidy may be requested for physical, emotional, or mental conditions which existed or the cause of which existed prior to the adoption.
- A child may be eligible for medical subsidy if:
  - The child is being adopted or was adopted from the Michigan public child welfare system.
  - The child is under age 18 at the time of the certification of the medical subsidy condition(s) by the DHS Subsidy Office.
  - The identified physical, mental or emotional condition or its cause existed before the Order Placing Child (PCA 320) was issued by the Court.
- Current (within the last 12 months) signed medical and/or professional documentation of diagnosed conditions, must be submitted with this application.
- If the required documentation is not received with the application but is received **within** 90 calendar days of receipt of the application by the Adoption Subsidy Office, **and** a medical subsidy is approved, the effective date of eligibility will be retroactive to the date the application was received.
- If the required documentation is not received within 90 calendar days, the application will be denied. Reapplication can be made.
- **To establish an adoption medical subsidy, parents must:**
  1. Complete and mail this form with original signatures to:  
Michigan Department of Human Services  
Adoption Subsidy Office, Ste 412  
P.O. Box 30037  
Lansing, MI 48909                      Telephone: (517) 335-6304
  2. Submit professional documentation identifying the condition and documenting that the condition or the cause of the condition existed prior to adoption. **Current documentation must be signed by the professional** (dated within the last 12 months) and must be attached to the application. **Physical/medical conditions must be diagnosed by a licensed physician. Mental or emotional conditions must be diagnosed by a licensed psychologist, licensed psychiatrist, or fully licensed master's social worker.**

### Adoption Medical Subsidy Coverage

An adoption medical subsidy may provide payment for necessary treatment of conditions certified eligible under the Adoption Medical Subsidy Program. Services must be provided by a licensed and/or trained person or by a licensed facility. Parents are responsible for the selection of service providers, and obtaining any required preauthorizations.

**Most services MUST HAVE THE PRIOR APPROVAL** of the Adoption Subsidy Program Case Specialist. Examples of services include, but not limited to: outpatient psychotherapy/counseling; transportation; physical care services; educational services, such as speech therapy, physical therapy, occupational therapy, tutoring, or education equipment/supplies; residential treatment or placement outside the family home; durable medical equipment, such as wheel chairs, ramps, etc.

**DO NOT ATTACH MEDICAL BILLS TO THIS APPLICATION.**

#### A. IDENTIFYING INFORMATION

Child's Adoptive Name (Last, First, Middle Initial)	Child's Birth Name (If known) (Last, First, Middle initial)	Child's Date of Birth
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Adoptive Parent's Name (Last, First, Middle Initial)	Adoptive Parent's Name (Last, First, Middle Initial)
Adoptive Parent's Date of Birth	Adoptive Parent's Date of Birth

Complete Address (Number and Street)			
City	State	Zip Code	Telephone Number (    )

**B. ELIGIBILITY INFORMATION**

1. Has the child previously been determined eligible for the Michigan Adoption Support Subsidy Program and/or the Medical Subsidy Program?  
 Yes, complete Sections C, D, E.  
 No, complete B2, B3, B4, C, D, E.
  
2. Was the child in the legal custody of the Michigan public child welfare system at the time the adoption petition was filed?  
 Yes     No  
 Date of Adoption Finalization \_\_\_\_\_  Not finalized
  
3. Copies of the following documents must be submitted:
  - PCA 309, Consent to Adoption by Agency/court
  - PCA 322, Order Committing to Agency/DHS
  - Order of Adoption, Birth Certificate, Social Security Card
  
4. Adoptive parent's Social Security number: \_\_\_\_\_

**C. CONDITION(S) FOR WHICH A MEDICAL SUBSIDY IS BEING REQUESTED**

List specific physical, mental or emotional conditions for which a medical subsidy is being requested:

1) _____	4) _____
2) _____	5) _____
3) _____	6) _____

**D. OTHER PAYMENT RESOURCES INFORMATION**

Has the child been determined eligible for any of the following resources?

1. Family Support Subsidy administered by the Department of Community Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Children's Special Health Care Services administered by the Department of Community Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Medicaid program administered by the Department of Human Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Private health insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Supplemental Security Income (SSI)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**E. ACKNOWLEDGEMENT**

I (we) understand the eligibility requirements for Adoption Medical Subsidy as described on this form.

I (we) understand if the child is found eligible for an Adoption Medical Subsidy, all available resources including private health insurance, Medicaid, Children's Special Health Care Services, other available public monies and local or intermediate school district services, must be exhausted before requesting a Medical Subsidy payment to service providers, or to reimburse the family.

I (we) understand if the child is receiving Family Support Subsidy Payments through the Department of Community Health, there is **no** eligibility for payment through the medical subsidy program.

I (we) understand the medical subsidy application must be received and eligibility approved by the Adoption Subsidy Office **before** the child's 18<sup>th</sup> birthday.

<i>Adoptive Parent's Signature (required)</i>	Date (required)	<i>Adoptive Parent's Signature (required if 2 parent)</i>	Date (required)
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Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	AUTHORITY: P.A. 292 of 1980. RESPONSE: Voluntary. PENALTY: Form must be received by the Adoption Subsidy Office in order to be considered for a medical subsidy.
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