

**South Carolina Department of Social Services**  
**Request for Non-Recurring Costs Reimbursement for Special Needs**  
**Adoptions**

**Adoptive Family Information**

Adoptive Parent's Name \_\_\_\_\_

Adoptive Parent's Soc. Sec. # \_\_\_\_\_ Adoptive Parent's DOB \_\_\_\_\_

Adoptive Parent's Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian of Other Pacific Islander
- White

Is Adoptive Parent of Hispanic Origin?  Yes  No  Unknown – Abandoned  Unknown – Incapacitated  Declined

Adoptive Parent's Name \_\_\_\_\_

Adoptive Parent's Soc. Sec # \_\_\_\_\_ Adoptive Parent's DOB \_\_\_\_\_

Adoptive Parent's Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian of Other Pacific Islander
- White

Is Adoptive Parent of Hispanic Origin?  Yes  No  Unknown – Abandoned  Unknown – Incapacitated  Declined

Adoptive Family Structure

- Married Couple
- Unmarried Couple
- Single Male
- Single Female

Is one or both of the adoptive parents related to the child by blood or marriage? Yes No

If yes, specify the relationship of the related Adoptive Parent to child by selecting one of the following: Biological Brother, Adoptive Brother, Step Father, Step Brother, Brother in Law, Half Brother, Grandfather, Nephew, Cousin, Uncle **or** Not related by blood or marriage.

If yes, specify the relationship of the related Adoptive Parent to child by selecting one of the following: Biological Sister, Adoptive Sister, Step Mother, Step Sister, Sister in Law, Half Sister, Grandmother, Niece, Cousin, Aunt **or** Not related by blood **or** marriage.

Residential Address (Street) \_\_\_\_\_ Telephone(s) (Home) \_\_\_\_\_

(Apt. #, Lot #, Etc.) \_\_\_\_\_ (Cell) \_\_\_\_\_

(City, State, Zip Code) \_\_\_\_\_ (Email) \_\_\_\_\_

Mailing Address (if different from Residential) \_\_\_\_\_ County of Residence \_\_\_\_\_

(Street or PO Box) \_\_\_\_\_

(Apt. #, Lot #, Etc.) \_\_\_\_\_

(City, State, Zip Code) \_\_\_\_\_

### **Child Information**

Birth Name \_\_\_\_\_ Adoptive Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Sex Female Male

Child's Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian of Other Pacific Islander
- White

Is Child of Hispanic Origin? Yes No Unknown – Abandoned Unknown – Incapacitated Declined

Is this child currently in SCDSS custody? Yes No

If yes explain \_\_\_\_\_

Has this child ever been in SCDSS custody? Yes No If yes explain

\_\_\_\_\_

### **Birth Parent Information**

Birth Mother Year of Birth \_\_\_\_\_ Birth Father Year of Birth \_\_\_\_\_

Was Birth Mother Married at Time of Child's Birth? Yes No

Date of Termination of Parental Rights or Relinquishment Birth Mother \_\_\_\_\_

Date of Termination of Parental Rights or Relinquishment Birth Father \_\_\_\_\_

### **Financial Assistance Information**

Do you (adoptive parents) currently receive any money for this child? Yes No

If yes, specify type such as SSI Disability, SSA Survivor's Benefit, Foster Care Board Payment or Family Independence.

\_\_\_\_\_

**Why is this adoption a special needs adoption? Please select all that apply**

- White child 10 years old or older
- Black or mixed race child 6 years old or older
- A child having a physical, mental or emotional handicap (Specify by selecting one of the following)
  - Mental Retardation \*
  - Visually or Hearing Impaired \*
  - Physically Disabled \*
  - Emotionally Disturbed \*
  - Other Medically Diagnosed Condition Requiring Special Care \*
- A child at risk of having a physical, mental or emotional handicap
- A member of a white sibling group of three children being placed together one of whom is at least 6 years of age
- A member of a white sibling group of four or more white children of any age
- A member of a black or mixed race sibling group of two children being placed together one of whom is at least 6 years of age
- A member of a black or mixed race sibling group of three or more black or mixed race children of any age
- A member of a sibling group being placed together one of whom is a special needs child.

**\*If you selected one of these items you must refer to Attachment A.**

If you selected a child at risk of having a physical, mental or emotional handicap please explain (such as the child is at risk due to prenatal drug exposure or there is no medical or social history on the birth father or there is a birth parent history of mental illness).

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**Adoptive parents must provide documentation of special need such as a copy of child's birth certificate or statement from child's physician.**

Do you need financial assistance to complete this adoption?  Yes  No

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Signature Adoptive

Parent Date

**Please return completed form and all supporting documentation to:**

**South Carolina Department of Social Services  
State Office Division of Adoption Services  
P.O. Box 1520  
Columbia, South Carolina 29202  
Attention: Avery O'Toole**

**Or Fax To: 803-898-1209**

**Or Email To: [avery.otoole@dss.sc.gov](mailto:avery.otoole@dss.sc.gov)**

**All information requested is necessary due to federal and state reporting requirements.**

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**Attachment A**

**Please select all that apply to the child you are adopting. Please note that for any item selected you must provide supporting documentation.**

**Emotionally Disturbed**

Attention Deficit Disorder (ADD)	Schizophreniform Disorder
Attention Deficit/ Hyperactivity Disorder (ADHD)	Schizophrenia
Adjustment Disorder	Schizophrenic Affective Disorder
Agoraphobia	Schizotypal Personality Disorder
Anemia/Blood Disorder	Separation Anxiety Disorder
Anorexia	Sleep Disorder
Attachment Disorder	Somatoform Disorder
Antisocial/Other Personality Disorders	Suicide Ideation/Attempts
Attention Deficit Disorder	Reactive Attachment Disorder
Avoidant Personality Disorder	Schizoaffective Disorder
Bipolar Disorder/Manic Depression	Schizoid Personality Disorder
Borderline Personality Disorder	
Bulimia	
Conduct Disorder	
Cyclothymic Disorder	
Delusional Disorder	
Dependent Personality Disorder	
Depressive Disorder	
Dysthymic Disorder	
Gender Identity Disorder/LGBT	
Generalized Anxiety Disorder	
Histrionic Personality Disorder	
Impulse Control Disorder	
Obsessive Compulsive Disorder	
Oppositional Defiant Disorder	
Panic/Anxiety Disorders	
Paranoid Personality Disorder	
Phobias	
Post-Traumatic Stress Disorder (PTSD)	
Psychotic Disorder	

## **Mental Illness**

Attention Deficit Disorder (ADD)  
Tourette Syndrome  
Attention Deficit/ Hyperactivity Disorder (ADHD)

Adjustment Disorder

Agoraphobia

Anemia/Blood Disorder

Anorexia

Attachment Disorder

Antisocial/Other Personality Disorders

Attention Deficit Disorder

Avoidant Personality Disorder

Bipolar Disorder/Manic Depression

Borderline Personality Disorder

Bulimia

Conduct Disorder

Cyclothymic Disorder

Delusional Disorder

Dependent Personality Disorder

Depressive Disorder

Dysthymic Disorder

Gender Identity Disorder/LGBT

Generalized Anxiety Disorder

Histrionic Personality Disorder

Impulse Control Disorder

Obsessive Compulsive Disorder

Oppositional Defiant Disorder

Panic/Anxiety Disorders  
Paranoid Personality Disorder  
Phobias  
Post-Traumatic Stress Disorder (PTSD)  
Psychotic Disorder  
Reactive Attachment Disorder  
Schizoaffective Disorder  
Schizoid Personality Disorder  
Schizophreniform Disorder  
Schizophrenia  
Schizophrenic Affective Disorder  
Schizotypal Personality Disorder  
Separation Anxiety Disorder  
Sleep Disorder  
Somatoform Disorder  
Suicide Ideation/Attempts

### **Hearing Impaired**

Deaf  
Hearing Loss (ICD-9: 389)  
Hearing Loss-Partial  
Visual Disturbances (ICD-9: 368)

### **Mental Retardation**

Borderline Intellectual Functioning  
Down Syndrome  
Hydrocephalus

Mental Retardation-Cause Not specified

Mental Retardation-Genetic

Microcephaly

**Physically Disabled**

Amputee

Arthritis

Brittle

Bones/Osteogenesis  
imperfectus

Cerebral Palsy

Chronic Motor Tic  
Disorder

Club Foot

Diplegia

Dwarfism

Multiple Sclerosis

Muscular Dystrophy

Myasthenia Gravis

Neurofibromatosis

Paralysis-Diplegic

Paralysis-Paraplegic

Paralysis-Quadriplegic

Parkinson's Disease

Poliomyelitis

Rheumatoid  
Arthritis(juvenile)

Spina Bifida

## **Visually Impaired**

Blindness and Low Vision (ICD-9: 369)  
Cataracts  
Congenital anomaly of the eye  
Diabetic Retinopathy  
Glaucoma  
Retinal Detachment and Defects (ICD-9:361)

## **Other Medically Diagnosed Condition**

Acquired Immunodeficiency Syndrome (AIDS)  
Alzheimer's Disease  
Aplastic Anemia  
Asperger's Syndrome  
Asthma  
Autism  
Blood Disorder that required hospitalization once a month  
Cancer  
Pervasive Development Disorder  
Chronic Granulomatous Disease  
Cleft Palate/Cleft Lip  
Coagulation Defects  
Congenital Heart Anomaly  
Congenital Cystic Lung  
Crohn's Disease  
Cushing's syndrome  
Cystic Fibrosis  
Dementia  
Diabetes

Disorders Involving the Immune Mechanism(code 279)

Encephalopathy

Epilepsy

Fetal Alcohol Effect (FAE)

Fetal Alcohol Spectrum Disorder (FASD)

Fetal Alcohol Syndrome

Fetal Drug Addiction

Heart Defect

Heart Disease

Heart murmur, vigorous activity curtailed

Hemophilia

Human Immunodeficiency HIV Disease (HIV)

Human T-Cell Lymphotropic Virus-III

Hypertension

Immunodeficiency

Kidney Disease

Klienefelter's syndrome

Late Effects of Tuberculosis

Learning Disability

Leukemia

Liver disease

Lupus

**Other Medically Diagnosed Condition (Continued)**

Malignant Neoplasms (Malignant Tumors)

Craniofacial Anomalies

Nutritional Deficiency

Organic Brain Syndrome

Other Human T-Cell Lymphotropic Virus-III

Pancreatic Disease

Pervasive Developmental Disorders Not Otherwise Specified

Rett Disorder

Sarcomas

Seizure Disorder

Shaken Baby Syndrome

Sickle Cell Anemia

Central Auditory Processing Disorder

Developmental Articulation Disorder

Dyslexia

Expressive Language Disorder

Motor Skills Disorder

Non-specific Learning Disorder

Receptive Language Disability

Sensory Integration Disorder