

**Rule Summary and Fiscal Analysis (Part A)****Department of Job and Family Services**

Agency Name

**Division of Social Services**

Division

**Michael Lynch**

Contact

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**5101:2-49-01**

Rule Number

**AMENDMENT**

TYPE of rule filing

Rule Title/Tag Line

**Adoption assistance application process.****RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **Yes**

2. Are you proposing this rule as a result of recent legislation? **No**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **5101.141**

5. Statute(s) the rule, as filed, amplifies or implements: **5101.11**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

This rule is proposed for amendment as a result of the five-year review.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

This rule sets forth the administrative requirements for the adoption assistance program. Changes: the responsibilities of the public children service agencies (PCSA) are detailed in paragraph (A), the revision dates of forms have been updated and minor language changes are proposed to clarify the administrative requirements for the PCSAs that administer the adoption assistance program.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule incorporates one or more references to the Social Security Act. This question is not applicable to those references in this rule because such references are exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(B)(2).

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(3).

This rule incorporates one or more dated references to an ODJFS form or forms. Each cited ODJFS form is dated and is generally available to persons affected by this rule via the inner-web at <http://innerapp.odjfs.state.oh.us/forms/inner.asp> or on the inter-net at <http://www.odjfs.state.oh.us/forms/inter.asp> in accordance with RC 121.75(E).

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not Applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

*Not Applicable.*

11. If **revising** or **refiling** this rule, identify changes made from the previously

filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

*Not Applicable.*

12. 119.032 Rule Review Date: **3/14/2014**

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

**FISCAL ANALYSIS**

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

\$0.00

This proposed rule will not impact the agency's projected budget during the current biennium.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Not applicable.

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

No new costs.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

**S.B. 2 (129th General Assembly) Questions**

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **Yes**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **Yes**

A Public Child Placing Agency must have a license in order to place children for adoption.

B.) Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? **Yes**

A Public Child Placing Agency (PCPA) must have a licence to operate as a child placing agency in Ohio.

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **Yes**

This proposed rule requires the PCPA to inform all adoptive parents about the adoption assistance program and provide the JFS 01616 "Social and Medical History" (rev.6/2009), JFS 01673 "Assessment for Child Placement (homestudy)"(rev.8/2011), the JFS 01692 "Application for Adoption of a Foster Child" (rev.6/2009) and out of state approved home study forms for children that they have placed for adoption that have applied for the adoption assistance program.

Ohio Department of Job and Family Services  
**PERMANENT SURRENDER OF CHILD**

I, _____ am _____ years old and am the Parent/Guardian of _____			
<small>full name</small>		<small>child's name</small>	
born on _____ in _____, _____, _____			
<small>date of birth</small>	<small>city of birth</small>	<small>county of birth</small>	<small>state of birth</small>
who currently lives at _____ sign this permanent surrender			
<small>parent's street address/city /state</small>			
as the child's <input type="checkbox"/> mother, <input type="checkbox"/> father, <input type="checkbox"/> putative father, <input type="checkbox"/> guardian, and hereby request _____			
<small>agency name</small>			
to take permanent custody and control of the child. I am unable to care for said child for the following reasons:			
The Assessor has provided the following counseling and discussed alternatives to the surrender: _____			
Date on which this was provided: _____ Name of Assessor: _____			
I agree and understand that under Ohio law, signing this document means:			
1. All my rights as a parent to the above named child will end. This includes, but is not limited to, all rights to visitation, communication, support, religious affiliation and the right to consent to the child's adoption.			
2. The Agency shall have permanent custody of the child and shall have the right to place the child in any adoptive home or other substitute care settings it finds in the child's best interest (Ohio Revised Code Sections 3107.01 and 3107.06).			
This permanent surrender was taken at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM, on the _____ of _____, 20 _____ in			
<small>time</small>		<small>day</small>	<small>month</small>
<small>year</small>		<small>year</small>	
the following location: _____			
I have read this permanent surrender or it was read to me before I signed it. I was given the opportunity to ask questions concerning this permanent surrender and those questions were fully answered to my satisfaction. I understand and agree to the terms of this permanent surrender of my child. I am signing this permanent surrender of my child voluntarily and at least 72 hours after the birth of the child.			
Witness	Date	Signature of Parent/Guardian	Date
By my signature below, I _____ by virtue of my authority as _____ of _____,			
<small>agency representative's name</small>		<small>agency representative's title</small>	<small>agency name</small>
which is an agency duly authorized pursuant to Ohio Revised Code Sections 5103.03 and 5153.16, to accept permanent custody of			
children by surrender, hereby accept permanent custody of _____ from _____.			
<small>child's name</small>		<small>parent's name</small>	
Witness	Date	Signature of Authorized Agency Representative	Date
Under Ohio law, Ohio Revised Code Section 5103.15(B), approval of the juvenile court is required if this agreement is entered into by a public children service agency or is executed by a private child placing agency for a child six months of age or older.			
By my signature, below, I hereby approve the transfer of permanent custody of (child's name) _____			
by the child's parent/guardian to the (agency name) _____			
I find that continuation in the home is contrary to the best interest of the child and that the placement is in the best interest of the child.			
Name of Court		Signature of Judge	Date
This has been duly recorded on page number _____ of volume number _____ of the records of this court.			

Ohio Department of Job and Family Services  
**PERMANENT SURRENDER OF CHILD**

Instructions for Completion of ODJFS FORM 01666

Enter all information as indicated on the form. These instructions are meant to assist you in gathering and entering the pertinent information to insure the proper execution of a permanent surrender.

Full name	Enter the full name of the parent/guardian who is making the permanent surrender.	Time	Enter the time the permanent surrender was signed by the parent/guardian.
Age	Enter the age of the parent/guardian who is making the permanent surrender.	Day	Enter the day the permanent surrender was signed by the parent/guardian.
Child's name	Enter the full name of the child being surrendered.	Month	Enter the month the permanent surrender was signed by the parent/guardian.
Date of birth	Enter the child's date of birth.	Year	Enter the year the permanent surrender was signed by the parent/guardian.
City of birth	Enter the city in which the child was born.	Location	Enter the location the permanent surrender was signed by the parent/guardian.
County of birth	Enter the county in which the child was born.	Signatures	Each parent/guardian who is a party to the surrender is required to sign and date the surrender document in the presence of a witness. The signature of the witness is required.
State of birth	Enter the state in which the child was born.	Agency representative name	Enter the name of the agency representative.
Parent's street address	Enter the address of the current residence of the parent/guardian.	Agency representative title	Enter the appropriate title of the agency representative.
City	Enter the city of residence of the parent/guardian.	Agency name	Enter the full name of the agency accepting the permanent surrender.
State	Enter the state of residence of the parent/guardian. (NOTE: Check the appropriate categories to identify the legal relationships of the parent/guardian to the child being surrendered.)	Child's name	Enter the full name of the child being surrendered.
Agency name	Enter the full name of the agency accepting the permanent surrender.	Parent's name	Enter the full name of the parent/guardian who is signing the permanent surrender.
	(NOTE: Enter the reasons for the permanent surrender. Be clear and concise.)	Signature	The agency representative signs the permanent surrender in the presence of a witness, who also signs the document. It is dated by both at the time of signatures.
	(NOTE: Identify counseling services, alternative placements discussed, and date(s) of the discussions(s) prior to the permanent surrender.)		

**COURT APPROVAL OF THE "PERMANENT SURRENDER OF CHILD" FORM**

All agreements for permanent surrender involving a public children services agency must be approved by the juvenile court. In addition, children who are six months of age or older, and who are surrendered to private child placing agencies, must be approved by the court. When private child placing agencies accept permanent surrender of a child less than six months of age, for the sole purpose of adoption, approval of the court is not required.

The agency must file a request with the court for approval of the "PERMANENT SURRENDER OF CHILD" form. When an agency requests approval of a permanent surrender, a case plan must accompany the request.

Distribution: One copy to Agency; One copy to Parent; One copy to Court

Ohio Department of Job and Family Services  
**TITLE IV-E ADOPTION ASSISTANCE APPLICATION**

Ohio Administrative Code Chapter 5101:2-49 requires that an application be completed for each child for whom adoption assistance is requested. Note: If adoption assistance is provided on behalf of a child who is receiving SSI it will be the responsibility of the adoptive parent(s) to advise the Social Security Administration regarding the child's receipt of Title IV-E adoption assistance. This application must be completed by the adoptive parent(s).

SECTION I: ADOPTIVE PARENT(S) INFORMATION			
Name of Adoptive Mother ( <i>first and last</i> )	Name of Adoptive Father ( <i>first and last</i> )	Phone Number	
Address			
City, State, Zip			
SECTION II: AGENCY INFORMATION			
Name of Custodial Agency		Name of Caseworker	
Address			
City, State, Zip			Phone Number
SECTION III: CHILD'S INFORMATION			
Name of Adoptive Child ( <i>First, Middle, Last</i> )		Date of Birth ( <i>mm/dd/yyyy</i> )	<input type="checkbox"/> Male <input type="checkbox"/> Female
COMPLETE IF CHILD WILL BE ATTENDING SCHOOL			
Name of School		School District	Grade
What are the child's special needs?			
SECTION IV: STATEMENT TO WAIVE ADOPTION ASSISTANCE			
<i>I affirm that I understand that my child may be eligible for Title IV-E Adoption Assistance, but I do not wish to receive any payment or benefits as it relates to the adoption of the above named child. By signing my name on the line below, I waive my right to adoption assistance for my adoptive child.</i>			
_____ (Adoptive Mother)		_____ (Adoptive Father)	
SECTION V: HEALTH INSURANCE			
If the child is or will be covered by health, accident, or hospital insurance, complete the following			
Policy Holder		Policy Number	
Name of Insurance Company		Effective Date	
Benefits to be paid <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> Person Insured			
Identify any limitations/riders affecting the coverage for the child			
SECTION VI: SIGNATURE(S)			
Adoptive Mother's Signature		Date	Adoptive Father's Signature
			Date