

STATE EMPLOYEE AND OTHER APPLICANTS ADOPTION INCENTIVE PROGRAM



Who: Full or part-time employee of the State (Executive, Legislative, and Judicial Branches, including the Department of Lottery), the State Universities, Community Colleges, School Districts, Water Management Districts and instructional personnel employed by The Florida School for the Deaf and Blind and, charter school or the Florida Virtual School employees provided the employee is paid from regular salary appropriations (not OPS or otherwise “temporary” or casual labor).

What Type of Adoption: If the child was in the permanent custody of the Florida Department of Children and Families prior to their adoption and the final order of adoption was granted on or after July 1, 2015 (inception date of program), the child may be eligible. Children adopted internationally, through interventions, or privately do not qualify. You may be eligible to receive \$5,000 (non-special needs) or \$10,000 (special needs) per child.

When: Applications are accepted during the annual open enrollment period, from March 1 - April 30, 2019.

Where: Applications should be emailed to: HQW.StateEmployee.Adoption@myflfamilies.com

Questions? Please contact the Adoption Information Center at (800) 96-ADOPT.

Adoption Benefits for State Employees and Other Eligible Applicants

What Law Authorizes the Adoption Benefit?

Section 409.1664, Florida Statutes, authorizes monetary benefits to certain employees who adopt a child from the Florida Child Welfare System.

Who Administers the Adoption Benefit?

The Department of Children and Families' Office of Child Welfare administers the program. The Adoption Unit of the Office of Child Welfare is responsible for accepting applications, determining the benefit award for each eligible applicant, and transferring the budget to each agency or school district that has an eligible employee.

Who is an Eligible Applicant?

A full-time or part-time employee of the State (Executive, Legislative, and Judicial Branches, including the Department of Lottery), the State Universities, Community Colleges, School Districts, Water Management Districts and instructional personnel employed by the Florida School for the Deaf and Blind. The employee must be paid from regular salary appropriations (not OPS or otherwise "temporary" or casual labor) at the time the adoption is finalized. Effective July 1, 2017, a qualifying adoptive employee of a charter school or the Florida Virtual School may retroactively apply for the adoption benefit if he or she was employed by a charter school or the Florida Virtual School at the time the adoption was finalized.

What Types of Adoptions are Eligible for the Adoption Benefit?

If the child was in the permanent custody of the Florida Department of Children and Families prior to the adoption and the final order of adoption was granted on or after July 1, 2015 (inception date of program), the child may be eligible. Employees who have adopted internationally, through interventions, or privately are not eligible for the state adoption benefit.

If I Qualify, What Types of Benefits May I Receive?

- ***Adoption of a Special Needs Child:*** A monetary benefit in the amount of \$10,000 per child. (pro-rated for part-time employees).
- ***Adoption of a Non-Special Needs Child:*** A monetary benefit in the amount of \$5,000 per child. (pro-rated for part-time employee).

Who is Considered a Special Needs Child?

A child whose permanent custody has been awarded to the Florida Department of Children and Families or to a Florida licensed child-placing agency and who meets one or more of the following criteria:

- Has established significant emotional ties with his or her foster parents
- Is eight years of age or older;
- Has a developmental disability;
- Has a physical or emotional handicap;
- Has a physical or emotional handicap;
- Is of a black or racially mixed heritage; or
- Is a member of a sibling group of any age, provided that two or more members of a sibling group remain together for purposes of adoption.

When Are Applications Accepted for Adoption Benefits?

The Office of Child Welfare will accept applications during the annual open enrollment period, March 1, 2019 – April 30, 2019. To be considered for benefits, applicants must submit a completed Application for Adoption Benefits. Employees who apply and are determined to be qualified but are not awarded a benefit must re-apply the next year.

What Else Should I Know About These Monetary Benefits?

The funding of the program varies each year and the amount of the annual appropriation affects how many applicants will receive a monetary benefit. By law, payments must be made in a lump sum and are considered supplemental wages and applicable payroll taxes must be deducted.

Where Can I Locate the Application?

The application is located on the DCF website, your local Human Resources office, and the Adoption Information Center (Applications from the prior program are not valid).

Who Can I Contact?

For more information, call the Adoption Information Center at 1 (800) 962-3678.



ADOPTION BENEFITS FOR STATE EMPLOYEES AND OTHER ELIGIBLE APPLICANTS

Parts I, II and III must be completed. The Part III section must be completed by the Community Based Care Agency that facilitated or subcontracted the facilitation of the adoption. Please submit the completed application to:

StateEmployee.Adoption@myflfamilies.com

Please Note: A separate application must be submitted for each adopted child.

Part I – Employee Application: *To be completed by employee. (Please print)*

The Social Security Number is requested to record adoption benefit payments and report payments to the IRS as required by law.

Employee Name:

Employee Social Security No.:

Employee Mailing Address:

Employee Phone Number: (Work)

(Home)

Employee Agency:

Class Title:

Class Code:

Position No.:

Part-Time

Full-Time

FTE:

Amount of Benefit applied for:

\$5,000

\$10,000

Community Based Care Agency:

Name: _____

Phone No.: (____) ____ - ____

Address: _____

Adoptive Child Name: _____

Date of Birth: _____

Date of Final Order of Adoption: _____

Employee Signature:

Date: _____

Part II – Employing Agency Certification: *To be completed by the agency head or designee. (Please print)*

I hereby verify that the employment status and FTE of the applicant listed in Part I of this form are accurate and the applicant was an employee of this agency at the time the **adoption finalized**.

Name: _____

Phone

Number: _____

Title: _____

Agency Head Signature:

Date: _____

Part III – Certification by Department of Children and Families: *To be signed and completed by the Community Based Care Agency that facilitated or subcontracted the facilitation of the adoption. (Please print)*

Adoptive Child Name: _____

Date of Birth: _____

Pre-Adoptive

FSFN

Post

Pre-Adoption

Adoption

Child Name: _____

Case Number: _____

Case Number: _____

I hereby certify that the above named child is:

1. a child whose permanent custody (termination of parental rights order) was awarded to the Department of Children and Families **(if this box is not checked, child is ineligible).**

AND

2. a child who does not meet the criteria of “special needs”.

OR

3. a child with one or more special needs:
(Please check as many of the boxes below as are applicable.)

- 1. Has established significant emotional ties with his or her foster parents.
- 2. Is eight years of age or older.
- 3. Has a developmental disability.
- 4. Has a physical or emotional handicap.
- 5. Is of a black or racially mixed parentage.
- 6. Is a member of a sibling group of any age, provided two or more members of the sibling group remain together for the purposes of adoption.

AND

- Except when a child is being adopted by the child’s foster parent or relative caregivers, a child for whom a reasonable but unsuccessful effort has been made to place the child without providing a maintenance subsidy. (ALL children receiving subsidy already meet this criteria.)

Date of Final Order of Adoption: _____

CBC Agency: _____

Name of Signatory (please print): _____

Title: _____

Phone

Number: _____

Certifying

Signature: _____

Date: _____

Part IV – For Office of Child Welfare Staff Only

Is applicant eligible? Yes Amount of Total Benefit: \$ _____
 No

Date Request for Payment Submitted: _____

Name: _____

Title: _____

Signature: _____

Date: _____

Comments: