



FILLING OUT AND RETURNING THE PRI FORM

(REVISED 11/01/2021)

DCS has requested that you fill out the Payment Request Information (PRI) form to gather the information DCS believes they need to make an initial subsidy offer. After we provide this completed form to DCS, a subsidy negotiator will be assigned. That subsidy negotiator will contact me with either an initial subsidy offer or a request for additional financial information. The more information you provide now, the less likely they are to request more documentation later. Please fill this form out and use additional sheets if necessary. DCS will want to see documentation to back up any expenses or income you have (see the very last page of the Adoptive Parent Information Sheet).

IMPORTANT: In my experience, the families that I see that get 100%, or close to 100%, are the families that compile 200-300 (or more) pages of documentation to support this request. It is always very organized (pages are all facing the same direction and all pages are in order), sometimes with a table of contents and even photos of the children and a brief summary of each child being adopted. The documentation should account for every penny the family spends each year along with notes from doctors, teachers, and therapists. Not everyone that does this gets 100%, but it should help yield a higher subsidy offer from DCS.

SCANNING AND RETURNING THE PRI AND SUPPORTING DOCUMENTS: We understand technology is not everyone's strong suit and you may find this process challenging or even frustrating. If this is you, please ask someone who you trust to have help you complete these steps.

Please make sure to follow these instructions CAREFULLY:

1. Include everything in one PDF. **Your PRI form will be rejected if you send back multiple emails with multiple PDFs or other attachments.** If you are still working on gather information, wait until you have everything you need before you proceed to the next step.
2. Assemble all of your documents in the following order:
 - a. Table of Contents
 - b. Photos of the child(ren)
 - c. PRI form (2 pages per child)
 - d. Adoptive Parent Financial Information Sheet (17 pages)

DO NOT RETURN THIS PAGE WITH YOUR PRI FORM



- e. Photos and bios for each child (optional)
 - f. W-9 & Direct Deposit Forms (2 pages)
 - g. All other supporting documentation (see page 17 of the Adoptive Parent Financial Information Sheet)
 - h. Do NOT include documentation from the subsidy eligibility paperwork that DCS provided you.
3. Make sure all pages are facing the same direction and are all in the same orientation.
 4. Please make sure you are not missing any pages from the PRI and Adoptive Parent Information Sheet.
 5. Set your scanner to scan in black & white at a medium to low resolution. If you do not do this, your PDF size will exceed the size limit accepted by the DCS email server (20MB).
 6. You may now scan the documents.
 7. After scanning is complete, please review the PDF. Please ensure you followed the above steps.
 8. If your scanner gives you an option to create a link to share the PDF do NOT use that option. Please do not email us a Google, Dropbox, Adobe or any other file sharing link.
 9. Email the PDF to grant@kirsh.com & kylee@kirsh.com.

Please try to get this back to me ***within a week*** to keep things moving forward. If you are not able to get this back to me in one week please email me immediately telling me what date you will have it completed and emailed back to me.

DO NOT RETURN THIS PAGE WITH YOUR PRI FORM

ONE FORM PER CHILD



**PAYMENT REQUEST INFORMATION (PRI)
INDIANA ADOPTION ASSISTANCE PROGRAM**

State Form 54911 (R / 10-14)
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
- To assist in the determination of an appropriate adoption subsidy amount, you must fill out the form completely and return this completed form, along with any and all documentation you wish for the Department to consider in support of your answers, below.
 - This completed request and your accompanying documents must be received by the Department **within thirty (30) days** of receiving the Final Adoption Program Eligibility Determination or, in the case of a modification, the date of your notification of your eligibility to modify.
 - You will be contacted for your adoption assistance negotiation.

● Full legal name of child		● Date of birth (month, day, year)	
● Any prior name(s) of the child		● County of DCS local office	
● Name of applicant / adoptive parent A		● Telephone number ()	
● Name of applicant / adoptive parent B		● Telephone number ()	
● Address of applicant / adoptive parent(s) (number and street, city, state, and ZIP code)			
Name of main contact (applicant or attorney) GRANT M. KIRSH		E-mail address of main contact (applicant or attorney) grant@kirsh.com	
Name of attorney (if applicable) KIRSH & KIRSH, P.C. - GRANT M. KIRSH		Telephone number (317) 575-5555	
Address of attorney (number and street, city, state, and ZIP code) 2930 East 96th Street, Indianapolis, Indiana 46240			
1. Please identify the amount of the foster care payment you currently receive (or received at the time of your adoption of the child), if any. \$ ● ____ per day			
2. Please identify the ordinary and special needs of the child and the costs of those needs for which you are seeking adoption assistance subsidy (e.g., costs of food, clothing, shelter, travel to medical appointments, etc.). Please attach documentation that supports what you have identified here (providing a spreadsheet and using additional sheets, if necessary).			
Need		Cost of Need	
[SEE ATTCHED FINANCIAL INFORMATION]		[SEE ATTCHED FINANCIAL INFORMATION]	
[SEE ATTCHED FINANCIAL INFORMATION]		[SEE ATTCHED FINANCIAL INFORMATION]	
[SEE ATTCHED FINANCIAL INFORMATION]		[SEE ATTCHED FINANCIAL INFORMATION]	
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[SEE ATTCHED FINANCIAL INFORMATION]		[SEE ATTCHED FINANCIAL INFORMATION]	
[SEE ATTCHED FINANCIAL INFORMATION]		[SEE ATTCHED FINANCIAL INFORMATION]	
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3. Please identify any and all circumstances of your family (including family size) and your ability to provide support to meet the needs of the child. Please include all income and resources currently available. (Provide a spreadsheet or use additional sheets if necessary.)			
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4. In addition to the items identified in number 3 above, please identify any additional resources available to your family that are available to meet the needs of the child, such as medical coverage, private health insurance, public education, child's income sources (for example: Retirement, Survivor, Disability Insurance (RSDI)) and community resources. *(Use additional sheets if necessary.)*

5. Please identify any and all other specific facts pertaining to the child or your family that you consider relevant to the goal of incorporating the adoptive child into the lives of the adoptive family members. *(Using additional sheets if necessary.)*

6. Based on the above, what amount of subsidy are you requesting to combine with your resources to cover the needs of the child?

\$ _____ per day

I (We) hereby affirm, under the penalties of perjury, that I am the above-named applicant, that I have personally prepared or assisted to prepare the foregoing document, and that the same is true to the best of my knowledge and belief.

● Signature of applicant / adoptive parent A

● Date (month, day, year)

● Printed name of applicant / adoptive parent A

● Signature of applicant / adoptive parent B

● Date (month, day, year)

● Printed name of applicant / adoptive parent B

ONE FORM PER CHILD



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● Name of applicant / adoptive parent B		● Telephone number ()	
● Address of applicant / adoptive parent(s) (number and street, city, state, and ZIP code)			
Name of main contact (applicant or attorney) GRANT M. KIRSH		E-mail address of main contact (applicant or attorney) grant@kirsh.com	
Name of attorney (if applicable) KIRSH & KIRSH, P.C. - GRANT M. KIRSH		Telephone number (317) 575-5555	
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● Signature of applicant / adoptive parent B

● Date (month, day, year)

● Printed name of applicant / adoptive parent B

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Name of main contact (applicant or attorney) GRANT M. KIRSH		E-mail address of main contact (applicant or attorney) grant@kirsh.com	
Name of attorney (if applicable) KIRSH & KIRSH, P.C. - GRANT M. KIRSH		Telephone number (317) 575-5555	
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ONE FORM PER CHILD



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● Signature of applicant / adoptive parent A

● Date (month, day, year)

● Printed name of applicant / adoptive parent A

● Signature of applicant / adoptive parent B

● Date (month, day, year)

● Printed name of applicant / adoptive parent B



PROSPECTIVE ADOPTIVE PARENT FINANCIAL INFORMATION

(REVISED 02/17/2021)

PROSPECTIVE ADOPTIVE PARENT(S):

Name: _____
First, Middle, Last

Name: _____
First, Middle, Last

The following information is being provided for the purposes of adoption subsidy negotiations for the child(ren) listed below. By signing at the bottom of this form you authorize your attorney, Grant M. Kirsh of Kirsh & Kirsh, P.C. to disclose all this information directly to the Indiana Department of Child Services and anyone else involved in the adoption and/or the adoption subsidy negotiation process.

CHILD(REN) TO BE ADOPTED:

CHILD #1

First, Middle, Last _____ Age ____/____/____ Date of Birth \$_____/day Current Per Diem \$_____/day Subsidy Requested

CHILD #2

First, Middle, Last _____ Age ____/____/____ Date of Birth \$_____/day Current Per Diem \$_____/day Subsidy Requested

CHILD #3

First, Middle, Last _____ Age ____/____/____ Date of Birth \$_____/day Current Per Diem \$_____/day Subsidy Requested

CHILD #4

First, Middle, Last _____ Age ____/____/____ Date of Birth \$_____/day Current Per Diem \$_____/day Subsidy Requested

CHILD #5

First, Middle, Last _____ Age ____/____/____ Date of Birth \$_____/day Current Per Diem \$_____/day Subsidy Requested

ADOPTIVE PARENT
INITIALS

ADOPTIVE PARENT
INITIALS



OTHERS LIVING IN YOUR HOME:

_____	_____	__/__/__	_____
First, Middle, Last	Age	Date of Birth	Relation
_____	_____	__/__/__	_____
First, Middle, Last	Age	Date of Birth	Relation
_____	_____	__/__/__	_____
First, Middle, Last	Age	Date of Birth	Relation
_____	_____	__/__/__	_____
First, Middle, Last	Age	Date of Birth	Relation
_____	_____	__/__/__	_____
First, Middle, Last	Age	Date of Birth	Relation
_____	_____	__/__/__	_____
First, Middle, Last	Age	Date of Birth	Relation
_____	_____	__/__/__	_____
First, Middle, Last	Age	Date of Birth	Relation

INSTRUCTIONS: Please read these instructions carefully prior to filling out this form.

1. **DO NOT LEAVE ANY LINES BLANK.** If a line does not apply to you please write N/A or \$0.00.
2. If there is not enough room in the pages below please feel free to use additional pages to include all relevant information. Please make sure to return all pages, including blank pages when you return this document.
3. For any amount you include on the following pages DCS may request supporting documentation. Please be prepared to provide supporting documentation if you elect not to do so when you submit this completed form initially. DCS’s first request for documentation typically includes all documents listed on page 16 of this document.
4. Please include at least three (3) months (twelve (12) months is best though) of bank statements and/or credit card statements.

ADOPTIVE PARENT
INITIALS

ADOPTIVE PARENT
INITIALS



Natural Gas.....\$ _____/month

Electricity.....\$ _____/month

Internet.....\$ _____/month

Cable/Satellite TV.....\$ _____/month

TV Streaming Services.....\$ _____/month

Land Phone Line.....\$ _____/month

Water.....\$ _____/month

Sewer.....\$ _____/month

Trash.....\$ _____/month

Cell Phone.....\$ _____/month

Home Security.....\$ _____/month

Health Insurance (Not already deducted from paychecks).....\$ _____/month

Out of Pocket Medical/Dental/Optical.....\$ _____/month

Groceries/Toiletries/Cleaning Supplies.....\$ _____/month

Eating Out.....\$ _____/month

Entertainment.....\$ _____/month

Car Payment.....\$ _____/month

Car Insurance.....\$ _____/month

Gasoline.....\$ _____/month

Car Maintenance.....\$ _____/month

Pet Food & Pet Care.....\$ _____/month

ADOPTIVE PARENT
INITIALS

ADOPTIVE PARENT
INITIALS



Relationship with Birth Parents (PO Box, travel expenses for visits).....\$ _____/month

Charitable Giving/Donations/Tithing.....\$ _____/month

Annual Vacation Costs.....\$ _____/year

Total Student Loan Balance.....\$ _____

Student Loan Payment.....\$ _____/month

Total Credit Card /Consumer Debt.....\$ _____

Credit Card / Consumer Debt Payment.....\$ _____/month

Other Expenses _____ \$ _____/month

Other Expenses _____ \$ _____/month

Other Expenses _____ \$ _____/month

Other Expenses _____ \$ _____/month

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Other Expenses _____\$ _____/month

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_____ / _____ / _____
 First, Middle, Last Age Date of Birth

Daycare.....\$ _____/month

Haircuts.....\$ _____/month

Therapies.....\$ _____/month

Clothing.....\$ _____/month

School Lunches.....\$ _____/month

Extracurricular Activities.....\$ _____/month

Annual School Supplies.....\$ _____/year

Annual School Fees.....\$ _____/year

Annual Birthday/Holiday Gifts.....\$ _____/year

Other: _____ \$ _____/month

Other: _____ \$ _____/month

Other: _____ \$ _____/month

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Annual School Supplies.....\$ _____/year

Annual School Fees.....\$ _____/year

Annual Birthday/Holiday Gifts.....\$ _____/year

Other: _____ \$ _____/month

Other: _____ \$ _____/month

Other: _____ \$ _____/month

Other: _____ \$ _____/month

Other: _____ \$ _____/month

Other: _____ \$ _____/month

Other: _____ \$ _____/month

_____ / _____ / _____
 First, Middle, Last Age Date of Birth

Daycare.....\$ _____/month

Haircuts.....\$ _____/month

Therapies.....\$ _____/month

Clothing.....\$ _____/month

School Lunches.....\$ _____/month

Extracurricular Activities.....\$ _____/month

Annual School Supplies.....\$ _____/year

Annual School Fees.....\$ _____/year

Annual Birthday/Holiday Gifts.....\$ _____/year

Other: _____ \$ _____/month

Other: _____ \$ _____/month

Other: _____ \$ _____/month

Other: _____ \$ _____/month

Other: _____ \$ _____/month

Other: _____ \$ _____/month

Other: _____ \$ _____/month

_____ / _____ / _____
 First, Middle, Last Age Date of Birth

- Daycare.....\$ _____/month
- Haircuts.....\$ _____/month
- Therapies.....\$ _____/month
- Clothing.....\$ _____/month
- School Lunches.....\$ _____/month
- Extracurricular Activities.....\$ _____/month
- Annual School Supplies.....\$ _____/year
- Annual School Fees.....\$ _____/year
- Annual Birthday/Holiday Gifts.....\$ _____/year
- Other: _____.....\$ _____/month
- Other: _____.....\$ _____/month
- Other: _____.....\$ _____/month
- Other: _____.....\$ _____/month
- Other: _____.....\$ _____/month
- Other: _____.....\$ _____/month
- Other: _____.....\$ _____/month

_____ / _____ / _____
 First, Middle, Last Age Date of Birth

- Daycare.....\$ _____/month
- Haircuts.....\$ _____/month
- Therapies.....\$ _____/month
- Clothing.....\$ _____/month
- School Lunches.....\$ _____/month
- Extracurricular Activities.....\$ _____/month
- Annual School Supplies.....\$ _____/year
- Annual School Fees.....\$ _____/year
- Annual Birthday/Holiday Gifts.....\$ _____/year
- Other: _____.....\$ _____/month
- Other: _____.....\$ _____/month
- Other: _____.....\$ _____/month
- Other: _____.....\$ _____/month
- Other: _____.....\$ _____/month
- Other: _____.....\$ _____/month
- Other: _____.....\$ _____/month



One-Time Child Specific Expenses:

List below all one-time expenses for each child you are seeking to adopt. These would include things like a bed, bedroom furniture, a bicycle, toys, games, sporting equipment and team uniforms, repairs to home for damage caused by child(ren), retrofitting cost to made home assessable to a handicapped child:

<u>CHILD FIRST NAME</u>	<u>DESCRIPTION OF EXPENSE</u>	<u>AMOUNT SPENT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Reasonable Future Expenses:

ADOPTIVE PARENT
INITIALS

ADOPTIVE PARENT
INITIALS



DCS will consider reasonable future expenses that you may start to incur within the first twelve (12) months that your subsidy agreement goes into effect. Please indicate what these expenses might be.

DESCRIPTION OF RECURRING FUTURE (NEXT TWELVE (12) MONTHS) EXPENSES

_____	\$_____ /month
_____	\$_____ /month
_____	\$_____ /month
_____	\$_____ /month
_____	\$_____ /month
_____	\$_____ /month
_____	\$_____ /month
_____	\$_____ /month

DESCRIPTION OF ONE-TIME FUTURE (NEXT TWELVE (12) MONTHS) EXPENSES

_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____

ADOPTIVE PARENT
INITIALS

ADOPTIVE PARENT
INITIALS



The undersigned hereby authorize Kirsh & Kirsh, P.C. to provide the above information, and any other documentation provided to KIRSH & KIRSH, P.C. to the Indiana Department of Child Services and anyone else for the purposes of adoption subsidies and adoption subsidy negotiations.

X

Adoptive Parent #1 Signature

X

Adoptive Parent #2 Signature

Adoptive Parent #1 Printed Name

Adoptive Parent #2 Printed Name

Date Signed

Date Signed



ADDITIONAL DOCUMENTATION

After we provide DCS with the information you just provided, and the case gets assigned to one of the subsidy negotiators, that negotiator typically comes back and requests some, or all, of the following documentation. It is best to include the below listed documents when you return this form.

1. Individual state and federal income tax returns from the most recent tax filing;
2. Last three paystubs from each prospective adoptive parent;
3. Statements from the Social Security Administration or other government entity indicating benefits received by any member of the household;
4. Complete copies of bank statements for all bank accounts in either prospective parent's name for the three months preceding the request for subsidy negotiation;
5. Bills/monthly statements/invoices/other documentation demonstrating regular and recurring expenses of the household that the family seeks the negotiator to consider e.g.:
 - a. Mortgage/rent
 - b. Homeowner's or renter's insurance, property taxes (if these amounts are not included in the mortgage escrow)
 - c. HOA fees, home security monitoring
 - d. Utility bills (electricity, natural gas or propane, water, sewer, trash, etc.)
 - e. Cable/landline/Internet bills
 - f. Cell phone bills
 - g. Car payments
 - h. Car insurance
 - i. Life insurance or medical insurance that is not deducted from wages
 - j. Out of pocket medical/dental/optical
 - k. Credit card bills
 - l. Student loan statements
 - m. Any other debt payments
 - n. Charitable giving/tithe
 - o. Any other expenses your clients want us to consider in arriving at a subsidy offer.
6. Proof of day-care/child-care costs, if applicable.



AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

State Form 47551 (R7 / 5-18)
Approved by State Board of Accounts, 2018
Prescribed by Auditor of State, 2018

* This agency is requesting disclosure of your Federal Identification Number / Social Security Number in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

In accordance with **IC 4-13-2-14.8**, a person who has a contract with the State of Indiana or submits invoices to the State of Indiana for payment shall authorize the direct deposit by electronic funds transfer of all payments by the state to the person.

This form must be completed in order to receive payment from the State of Indiana and any time there is a change in banking information. This form must be accompanied by a W9. If you are changing an e-mail address to receive electronic notifications of EFT deposits, please contact vendors@auditor.in.gov.

New Enrollment

Change of Existing Account

Prior Routing Number: _____

Prior Account Number: _____

SECTION 1: AUTHORIZATION

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Name of Company or Individual (as shown on the account)

Federal Identification Number / Social Security Number *

Address (Number and Street and/or PO Box Number)

City, State, and ZIP Code (00000-0000)

SECTION 2: DIRECT DEPOSIT INFORMATION

Type of Account:

Checking (Demand)

Savings

Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

Financial Institution: _____

Routing Number (9 digits): _____

Account Number (maximum 17 digits - include leading zeros): _____

SECTION 3: E-MAIL ADDRESS TO RECEIVE ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS *Required

(Please contact vendors@auditor.in.gov to add more than four addresses.)

All future notices of EFT deposits to the bank account specified above will be sent to the following e-mail addresses:

By checking this box, I authorize the information provided on this form to be accurate and I agree with the provisions on the reverse side of this form. I also authorize the State of Indiana to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request.

NAME (type) _____ TITLE _____ TELEPHONE _____

AUTHORIZED SIGNATURE* _____ DATE (month, day, year) _____

* Under **IC 26-2-8-106**, your electronic signature on this form represents the same legal authority as your written signature.

INSTRUCTIONS:

1. **Complete all three sections and sign and date the bottom of the form.**
Note: If signing electronically, the form must be saved first, and then opened in Adobe Acrobat. For help in creating a digital ID please click [here](#).
2. **File the completed form with the agency that you do business with.**
3. **Retain a copy of the completed form for your records.**

By Signing This Form:

You are responsible for ensuring that this form was approved and instructions above are followed. By signing this form, you represent that it is understood by all parties that, if approved:

1. The State of Indiana must initiate credits (deposits) in various amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the listed checking (demand) or savings account designated in the financial institution named in Section 2.
2. If necessary, you will accept reversals from the State for any credit entries made in error to the bank account per National Automated Clearing House Association (NACHA) regulations.
3. You may only revoke this request and authorization by notifying the Auditor of State (AOS) by e-mailing vendors@auditor.in.gov or in writing at the following address: **Indiana Auditor of State, 200 W Washington St. Ste 240, Indianapolis, IN 46204**. The authorization will remain in effect until the office has adequate time to act upon the request.
4. A new Automated Direct Deposit Authorization Agreement is required for change in existing account information. The previous account information must be provided. Failure to timely notify the AOS of an account change will delay payment.
5. The State of Indiana and its entities are not liable for late payment penalties or interest if you fail to provide information necessary for an electronic funds transfer and/or you do not properly follow these Instructions.
6. E-mail address(es) must be provided in Section 3 to allow for appropriate application of all payments through Electronic Notification.
7. You acknowledge that it will cause disruption to the notification process if the e-mail addresses provided for electronic funds transfer notification are frequently changed or changed without promptly providing an updated e-mail address to the AOS.
8. You acknowledge that an e-mail notification returned as undeliverable may be removed from the Auditor's e-mail notification system.
9. You are responsible for contacting the AOS if you are not receiving electronic notices of EFT deposits.

