

**ADOPTION/GUARDIANSHIP VERIFICATION OF ONGOING
MONTHLY SUBSIDY PAYMENT AMOUNT**

DATE: _____ / _____ / _____

CHILD ID: _____

CHILD NAME: _____

PROSPECTIVE ADOPTIVE PARENT(S) GUARDIAN(S)

NAME(S): _____

PROVIDER ID NUMBER: _____

PROPOSED ONGOING MONTHLY PAYMENT AMOUNT: \$ _____

RETURN VERIFICATION TO

WORKER NAME: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____

CENTRAL PAYMENT UNIT RESPONSE

AGREE WITH AMOUNT DISAGREE WITH AMOUNT

IF **DISAGREE**, MAXIMUM AMOUNT AUTHORIZED: \$ _____

NAME _____ DATE: _____

***PLEASE FAX FORM TO CPU AT 217-557-0639
IF QUESTIONS, PLEASE CONTACT CPU AT 1-800-525-0499***