

Post-Adoption Special Services Subsidy (PASSS)

The fiscal year for PASSS is from July 1 through June 30 of every year. You must complete a new application each fiscal year. PASSS can only cover services rendered beginning the first day of the month that the application is approved. PASSS allotments are \$10,000 per child per fiscal year. If the child requires residential treatment, an additional \$5000 can be made available.

In order to qualify for PASSS the following criteria must be met:

1. The child and parent must reside together, and the application is made in the county of residence.
2. The child is adopted by a family other than a stepparent.
3. The child has a physical or developmental handicap or mental or emotional condition that existed prior to the adoption petition being filed.
4. If developed after the adoption petition was filed, can be directly attributed to factors in the child's preadoption background or medical history, or biological family's background or medical history.
5. Child is under the age of 18 or less than the age of 21 if there is a mental or physical handicap.
6. Other resources of assistance are inadequate or are unavailable to meet the child's immediate needs.

Please read the application (JFS 01051) carefully as well as the directions for completing the application (JFS 01051-1). Only complete the Application for Additional Post Adoption Special Services Subsidy (PASSS) Funding for Extraordinary Circumstances if it fits your situation. Please note, PASSS is the last resort for payment after all other financial means are exhausted.

The following information must be included with the PASSS Application (One application per child):

1. Proof of the child's adoption
2. Proof of the child's age
3. A letter from a professional (licensed or certified counselor, physician, psychiatrist, psychologist, or licensed independent social worker (LISW) stating the child's special physical, mental, developmental, or emotional need at the time of the application. The letter should also include the root cause of the problem, if known.
4. Written statement that clearly indicates why the services requested is not within the means of the family's resources.
5. Applicant Financial Statement (JFS 01681) and a copy of your most recent Income Tax Form (1040).
6. Copy of private insurance policy that shows coverage or lack of coverage for the services requested (or denial letter from the insurance).

7. Documentation that all other resources have been exhausted.

8. Completion of the Credentials for Providers of PASSS Funded Therapeutic Services and Memorandum of Understanding (JFS 01052). Please read the directions for completion of the form (JFS 01052-I).

If all these items are not included with the application, it will hold up the application process and the approval. Please note that the PASSS committee meets the third Thursday of every month. In order to be assessed in a timely manner, the PASSS application must be returned to the office by 4:30 p.m. the Monday before the meeting.

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Form JFS 04059 is the Explanation of State Hearing Procedures.

If you have any questions regarding your application, please contact Mary Pantalone, LSW at (330) 661-0818 or Courtney Zeilmann at (330) 661-0809.