

## MINOR ADOPTION FEE WORKSHEET

ATTACHMENT TO:            PETITION FOR PRE-APPROVAL OF FEES AND CHARGES  
   DISCLOSURE OF ANTICIPATED DISBURSEMENTS  
   DISCLOSURE AND ACCOUNTING OF DISBURSEMENTS  
   PAID

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**INSTRUCTIONS:** Enter information and amounts where appropriate. Items which **DO NOT** apply should be noted by *N/A*.

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Department of Human Resources (“DHR”) or

\_\_\_\_\_ or  
(Name of Licensed Child Placing Agency)

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DHR Investigation Fee \$300.00 (§ 26-10-4.1)

Professional Placement Fee \_\_\_\_\_ % of income; Minimum \$ \_\_\_\_\_ and  
Maximum \$ \_\_\_\_\_

Professional Placement Fee; Flat Fee of \$ \_\_\_\_\_

Professional Placement Fee (Special Needs Child) \_\_\_\_\_ % of income;  
Minimum \$ \_\_\_\_\_ and Maximum \$ \_\_\_\_\_; Fee to be charged is \$ \_\_\_\_\_

Professional Placement Fee (Special Needs Child); Flat Fee of \$ \_\_\_\_\_

Application Fee \$ \_\_\_\_\_

Home Study Fee (Pre-Placement) \$ \_\_\_\_\_

Home Study Update Fee (Pre-Placement) \$ \_\_\_\_\_

Home Study Post-Placement Fee \$\_\_\_\_\_

Supervision (per hour rate)/Interviews/Consultations/Counseling \$\_\_\_\_\_

Fingerprint Fee \$\_\_\_\_\_ x \_\_\_\_\_ persons; paid to \_\_\_\_\_

Interview Fee \$\_\_\_\_\_

Interstate Compact Fee \$ \_\_\_\_\_

Travel (Mileage for Social Worker) \_\_\_\_\_ or \$ \_\_\_\_\_ per mile

Medical Tests (AIDS, Drug Screening, Other), per person \$ \_\_\_\_\_  
per test performed \_\_\_\_\_

Review Fee \$\_\_\_\_\_

Medical Examinations \$ \_\_\_\_\_ /hour; Range \$ \_\_\_\_\_ to \$ \_\_\_\_\_;  
\$ \_\_\_\_\_ Flat

Psychiatric Examinations \$ \_\_\_\_\_ /hour; Range \$ \_\_\_\_\_ to \$ \_\_\_\_\_;  
\$ \_\_\_\_\_ Flat

Medical Care of Mother (Be specific as to amount, reason and vendor)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Medical Care of Child (Be specific as to amount, reason and vendor)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Maternity Care (Be specific as to amount, reason and vendor)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Living Expenses as may be permitted as an act of charity (Be specific as to amount,  
reason and vendor)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Other Professional Service, Legal, etc., excluding Medical (List amount, service  
and name of vendor)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Other Medical (List amount, service and name of vendor)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Other (Be specific, list item, vendor, and indicate flat rate, range or per hours charge, etc.)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_