

## Request for Reimbursement of Adoption Home Study

The Department of Social Services shall reimburse up to \$3,000 for an adoptive home study in accordance with SDCL 25-6-9.1 and ARSD 67:14:32:32.

Reimbursement shall be made upon receipt of an invoice, with the name of the person or child placement agency completing the home study, and a copy of the home study. Please submit request within 60 days of home study completion to expedite payment.

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Adoptive Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Study Date: \_\_\_\_\_

Total Reimbursement: \_\_\_\_\_

**1. Include invoice with the following information:**

- Provider's name and address
- Family name on home study
- Date of invoice
- Dates of service
- Completion of home study date
- Break down of the cost of services to equal total amount of reimbursement

**2. Include copy of completed home study and attachments, including background checks.**

**3. Include copy of license or credentials required under §26-6-14, 36-26-17 or 26-6-15.**

**4. Submit reimbursement documents to email inbox [DSSAHSRR@state.sd.us](mailto:DSSAHSRR@state.sd.us).**

**Your Name and Return Address:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
City State Zip

\*W9 form must be completed within past year  
(W9 form located on the DSS website)

\_\_\_\_\_  
Your return email address

Return completed form by email to: [DSSAHSRR@state.sd.us](mailto:DSSAHSRR@state.sd.us)