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.

Your Name and Return Address:

___________________________________  _______________________________________
Name       Signature    Date
___________________________________
Street Address      Name of Agency
___________________________________  *W9 form must be completed within past year
City                                State                         Zip  (W9 form located on the DSS website)
___________________________________
Your return email address

Return completed form by email to: DSSAHSRR@state.sd.us