

Initial PAARP Placement Claim  
\$5,000

**DOCUMENTS NEEDED**

- **6 copies of form AD 830 (1 original & 5 copies)**
- **3 copies of form AD 558 “Notice of Placement Form (1 original & 2 copies)**
- **3 copies of form AAP 4 (1 original & 2 copies)**
- **3 copies of form AD 4348 (1 original & 2 copies)**

**A. 6 copies of form AD 830 (1 original & 5 copies)**

*Form AD 830 must have the following information:*

- a. Agency’s name, address and telephone #
- b. State Case Number ADA and Child’s first name (Boxes 1 & 2)
- c. AAP Eligibility (Box 3) must have “federal” or “non federal”
- d. AAP Case Number (Box 4) is not required at this time
- e. County Making AAP Payment (Box 5) is required
- f. Agency’s Cost for Placement (Box 6) is required for reimbursement
- g. Net Amount Claimed (Box 7) is required. This information should reflect the amount of the adoption agency’s claim, it will either be \$5,000 or \$10,000  
The total amount of the claim should be entered in the “total claim” box
- h. Reimbursement Amount (Box 8) is not required (It’s used by the accounting dept.)
- i. An original signature and date on the form is required.

**B. 3 copies of form AD 558 “Notice of Placement Form (1 original & 2 copies)**

**C. 3 copies of form AAP 4 (1 original & 2 copies)**

Form AAP 4 (Federal Eligibility Information) must be filled out completely with the following information:

- a. One (1) signature is needed on the bottom of the form. If signature is not included, call the agency and have them mail or fax a copy of the signed form.
- b. Eligibility will be indicated under the paragraph titled *Federal Eligibility Information*.

**D. 3 copies of form AD 4348 (1 original & 2 copies)**

Form AD 4348 must be filled out completely with the following information:

- a. Adoption Case Number (ADA)
- b. CMS/CWS Case Identification Number
- c. Federal eligibility is determined by referencing the AAP 4 which is part of the documentation package.
- d. Date Case Home Study was approved.