



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Chad Poppell
Secretary

DATE: December 3, 2020

TO: Regional Managing Directors
Community-Based Care Lead Agency CEOs

THROUGH: Patricia Babcock, Deputy Secretary *Patricia Babcock*

FROM: Patricia Medlock, Assistant Secretary for Child Welfare *Pat Medlock*
Robert Anderson, Assistant Secretary for Operations *Robert H. Anderson*

SUBJECT: Updates to the Adoption Benefits for State Employees Program

PURPOSE: The purpose of this memorandum is to provide notification that the program eligibility and application for the Adoption Benefits for State Employees Program has been updated and will be effective December 7, 2020.

BACKGROUND: Section 409.1664, Florida Statutes (F.S.), became effective July 1, 2015, which reinstated the Adoption Benefits for State Employees Program for qualified adoptive employees. Qualified adoptive employees are outlined as full-time or part-time employees of a state agency (Executive, Legislative and Judicial Branches, including the Department of Lottery), the state universities, community colleges, school districts, charter schools, Florida Virtual School, Water Management Districts and instructional personnel employed by the Florida School for the Deaf and Blind. State employees and other eligible applicants who adopt a child from Florida's child welfare system will receive a one-time lump sum of \$10,000 for a special needs child and \$5,000 for a non-special needs child.

On July 1, 2020, updates were made to s. 409.1664 F.S.; expanding the definition of qualifying adoptive employees to include veterans, servicemembers, and OPS workers who have been employed with a state agency for at least one year.

In an effort to include the new qualifying adoptive employees and streamline the application process, the following changes were made to rule 65C-16.021, Florida Administrative Code:

- Open enrollment for applications has been moved to **the first business day of January to the last business day of March**. Applications received outside of this timeframe will not be processed and a new application will need to be submitted during the next open enrollment.
- The program application has been updated to include the new qualifying adoptive employees. **All** applications must be completed on the updated form. Applications not completed on the updated form will be returned to the applicant and will require resubmission on the correct form.

A Resource Guide for State Employees or Other Qualified Applicant Benefits has been created to assist the applicants, employers, and Community-Based Care Lead Agency and their

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

subcontracted providers with correctly completing and submitting applications for the Adoption State Employee Benefit program.

ACTION REQUIRED: Please share this memorandum with all staff who will be completing tasks associated with the Adoption State Employee Benefit Program.

CONTACT INFORMATION: If you have any questions or need clarification regarding this memorandum, please contact Shevanda Haywood, Florida Adoption Reunion Registry Specialist, at 850-717-4128 or StateEmployee.Adoption@myflfamilies.com.

cc: Regional Family and Community Services Directors
Sheriff Offices Conducting Child Protective Investigations
Center for Child Welfare

Attachments:

Resource Guide for State Employees or Other Qualified Applicant Benefits
Adoption Benefits for State Employees and Other Eligible Applicants



Resource Guide for State Employees or Other Qualified Applicant Benefits

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Section 409.1664, Florida Statutes, authorized monetary benefits for State Employees and Other Eligible. The following information is intended to outline the eligibility criteria and provide detailed instructions on requirements of the application and application process. If you have any questions, please contact Shevanda Haywood, Florida Adoption Reunion Registry Specialist, at 850-717-4128 or shevanda.haywood@myflfamilies.com.

I. Eligibility Criteria

Who is an Eligible Applicant?

Eligible applicants are those who have adopted through Florida's child welfare system. Qualified adoptive employees may be employed as full time or part-time and include:

- State Employees (OPS workers who have been employed for at least a year)
- Department of Lottery
- Water Management Districts*
- State Universities*
- Community Colleges
- Florida School for the Deaf and Blind (instructional personnel) *
- School Districts*
- Charter Schools*
- Florida Virtual*
- Veterans and servicemembers

*Employees contracted with an agency are not eligible.

What Types of Adoptions are Eligible for the Adoption Benefit?

If, prior to the adoption, the child was in the permanent custody of the Florida Department of Children and Families and the final order of adoption was granted on or after July 1, 2015 (inception date of program), the child may be eligible. Children adopted internationally, through interventions, or privately do not qualify.

If I Qualify, What Types of Benefit May I Receive?

- ***Adoption of a Special Needs Child:*** A monetary benefit in the amount of \$10,000 per child. (Pro-rated for part-time employees)
- ***Adoption of a Non-Special Needs Child:*** A monetary benefit in the amount of \$5,000 per child. (Pro-rated for part-time employee)

Who is Considered a Special Needs Child?

A child whose permanent custody has been awarded to the Florida Department of Children and Families or to a Florida licensed child-placing agency and who meets one or more of the following criteria:

- Has established significant emotional ties with his or her foster parents
- Is eight years of age or older;
- Has a developmental disability;

- Has a physical or emotional handicap;
- Is of a black or racially mixed heritage; or
- Is a member of a sibling group of any age, provided that two or more members of a sibling group remain together for purposes of adoption

II. Eligibility Process

When Are Applications Accepted for Adoption Benefits?

The Office of Child Welfare will accept applications during the annual open enrollment period, beginning the first business day of January and concluding on the last business day of March. To be considered for benefits, applicants must submit a completed Application for Adoption Benefits.

Eligible applicants who are denied a benefit due to lack of funds do not have to submit a new application during the next annual open enrollment period. Payment will be provided to eligible applicants during the next open enrollment, based on program available funding.

What Else Should I Know About These Monetary Benefits?

The funding of the program varies each year, and the amount of the annual appropriation affects how many applicants will receive a monetary benefit. By law, payments must be made in a lump sum and are considered supplemental wages, and applicable payroll taxes must be deducted.

III. Application Instructions

Below are the instructions for each part of the application.

Part I: This section should be completed by the applicant. If you are a veteran or servicemember, please ensure that the DD214 form or Common Access Card (CAC) is attached to the application.

Part II: This section must be completed by the employing agency to verify that the employee is or was employed with the agency (not an independent contractor) at the time of the adoption. Non-state agencies are required to enter their EIN number to assist in the payment process. Veterans and servicemembers must apply for an EIN and will **only** enter their EIN number in this section. Please see below in *Things to Remember for instructions on* how to obtain an EIN.

Part III: This section must **only** be completed by the person who has been designated by the lead Community- Based Care Agency regarding the adoption. The person certifying this information should also review the FSFN case to ensure AFCAR errors have been addressed.

Part IV: This section will be completed by the Office of Child Welfare Staff. Once all verification has been completed, the information will be sent to the Department of Children and Families accounting and payroll departments to process the payment.

Things to remember:

- Applications are received between the first business day of January and the last business day of March. Applicants who apply outside of the specified time frames will not be reviewed, and the applicant will have to re-submit the application during the following open enrollment period.
- Notification regarding receipt of the benefit will be provided after the last business day of March.
- Payments for part-time employees will be prorated based on the applicant's full-time equivalency at the time of the adoption for the benefits.
- Payments are provided to the applicant's employer (except for Veterans and Servicemembers) no later than June 30th of that year.
- Veterans and Servicemembers are must register in My Florida Market Place (MFMP) as a vendor/client maintaining an "active status" and submit the Florida Department of Financial Services (DFS) On-Line Substitute form W-9 Form.
 - MFMP - Customer Service Center: 866-352-3776;
 - http://www.dms.myflorida.com/business_operations/state_purchasing/myfloridamarketplace/mfmp_vendors
 - DFS - Substitute Form W-9 - Customer Service Office: 850-413-5519;
 - <https://flvendor.myfloridacfo.com/>
 - Submission of the Substitute Form W-9 is a two-step process, so be sure to complete the registration (Step 1) and the on-line Florida Substitute Form W-9 (Step 2).
 - Within 24-48 hours of registration, you will receive an email providing you with a User ID. Use this ID to sign on to the same website and complete step 2, which is the Substitute Form W-9.
 - The W-9 registration information must match what was submitted when you registered as a provider/vendor in My Florida Market Place (MFMP).
- The one-time benefit amount is subjected to all applicable payroll taxes. Veterans and Servicemembers are required to ensure that tax deductions are made regarding the one-time payment.



ADOPTION BENEFITS FOR STATE EMPLOYEES AND OTHER ELIGIBLE APPLICANTS

Please review the Adoption Benefits for State Employees or Other Eligible Applicants Reference Guide to ensure that eligibility for this benefit is met and all documentation is properly captured.

Parts I, II and III must be completed. The Part III section must be completed by the Community Based Care Agency that facilitated or subcontracted the facilitation of the adoption. Please submit the completed application to:

StateEmployee.Adoption@myflfamilies.com

Please Note: A separate application must be submitted for each adopted child.

Part I – Employee Application: *To be completed by employee. (Please print)*

The Social Security Number is requested to record adoption benefit payments and report payments to the IRS as required by law.

Employee Name:

Employee Social Security No.:

Employee Mailing Address:

Employee Phone Number: (Work)

(Home)

Employee Email

Employee Agency:

Veteran or Servicemember: ☐ Yes (Please attach DD214 or copy of Common Access Card (CAC) and copy of Driver's License)

Amount of Benefit applied for: ☐ \$5,000 ☐ \$10,000

Community Based Care Agency:

Name: _____

Phone No.: (____) ____ - ____

Address: _____

Adoptive Child Name: _____

Date of Birth: _____

Date of Final Order of Adoption: _____

Employee Signature:

Date: _____

Part II – Employing Agency Certification: *To be completed by the agency head or designee. (Please print)*

I hereby verify that the employment status and FTE of the applicant listed in Part I of this form are accurate and the applicant was an employee of this agency at the time the **adoption finalized**. Please note that contracted providers such as Adjunct professors, Graduate Assistants and Substitute teachers are not eligible. OPS staff must be employed with a Florida state agency for at least one year prior to adoption finalization to be eligible.

Name: _____

Phone

Number: _____

Title: _____

Employee Class Title:

Employee Class Code:

Position No.:

Employee Status: ☐ Part-Time ☐ Full-Time

FTE: (part-time employees' FTE must be converted to the equivalent of a full-time FTE)

Employee Classification ☐ FTE ☐ OPS (OPS employees must be employed with a Florida state agency for at least 1 year prior to adoption finalization)

Number of years employed in OPS position:

Agency's Vendor ID/EIN:

Agency Head Signature:

Email:

Date:_____

Comments:

Part III – Certification of Department of Children and Families: *To be signed and completed by the Community Base Care Agency that facilitated or subcontracted the facilitation of the adoption. (Please print)*

Adoptive Child Name: _____

Date of Birth: _____

Pre-Adoptive

FSFN

Post

Pre-Adoption

Adoption

Child Name: _____

Case Number: _____

Case Number: _____

I hereby certify that the above-named child is:

1. ☐ a child whose permanent custody (termination of parental rights order) was awarded to the Department of Children and Families **(if this box is not checked, child is ineligible).**

AND

2. ☐ a child who does not meet the criteria of "special needs".

OR

3. ☐ a child with one or more special needs:

(Please check as many of the boxes below as are applicable.)

- ☐ 1. Has established significant emotional ties with his or her foster parents.
- ☐ 2. Is eight years of age or older.
- ☐ 3. Has a developmental disability.
- ☐ 4. Has a physical or emotional handicap.
- ☐ 5. Is of a black or racially mixed parentage.
- ☐ 6. Is a member of a sibling group of any age, provided two or more members of the sibling group remain together for the purposes of adoption.

AND

- ☐ Except when a child is being adopted by the child's foster parent or relative caregivers, a child for whom a reasonable but unsuccessful effort has been made to place the child without providing a maintenance subsidy. (ALL children receiving subsidy already meet this criterion.)

Date of Final Order of Adoption: _____

CBC Agency: _____

Name of Signatory (please print): _____

Title: _____

Phone

Number: _____

Certifying

Signature: _____

Date: _____

Part IV – For Office of Child Welfare Staff Only

Is applicant eligible? ☐ Yes Amount of Total Benefit: \$ _____
☐ No

Date Request for Payment
Submitted: _____

Name: _____

Title: _____

Signature: _____

Date: _____

Comments: