

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**AMENDMENT
TO A FULLY EXECUTED AND APPROVED
ADOPTION SUBSIDY AGREEMENT**

This is to acknowledge a change in the name of the adoptive parent(s) listed on the approved Adoption Subsidy Agreement for:

CHILD'S NAME:
DATE OF BIRTH:
DATE SUBSIDY APPROVED (Attach a copy of the approved subsidy agreement):

The parties to the Adoption Subsidy Agreement mutually agree as follows:

- SECTION 1 of the Adoption Subsidy Agreement is amended to change the name of the adoptive parent(s) to now read as follows:

NAME (Adoptive Parent(s)/Guardian): _____

ADDRESS: _____

- All other terms and conditions of the Adoption Subsidy Agreement Shall otherwise remain in effect.

Adoptive Parent/Guardian Signature: _____

Date: _____

Adoptive Parent/Guardian Signature (OPT.): _____

Date: _____

Voluntary Agency Official's Signature: _____

Date: _____

Local DSS Official's Signature: _____

Date: _____

NYSAS Official's Signature: _____

Date: _____

* Attach a copy of the legal document to verify the reason for payee name change.