



Mike DeWine, Governor
Jon Husted, Lt. Governor

Matt Damschroder, Director

Ohio Adoption Grant Program:

A request has been received by _____ who is applying for The Ohio Adoption Grant program to confirm the adoptive parent served as a foster parent caring for _____ prior to the adoption.

Our agency verifies the following:

First and Last Name of Adoptive Child:	
First and Last Name of Adoptive Parent(s):	
Placement Begin Date:	
Placement End Date:	

Please contact me at _____ or _____ with any questions.

Sincerely,

30 East Broad Street
Columbus, OH 43215
Jfs.ohio.gov