



THE CITY OF NEW YORK  
ADMINISTRATION FOR CHILDREN'S SERVICES

**ADOPTION SUBSIDY CHANGE OF ADDRESS REQUEST FORM**

Please review the instructions on reverse side before completing this form

CASE NUMBER: \_\_\_\_\_  
(5-digits)

**NAME OF ADOPTIVE MOTHER/LEGAL GUARDIAN/REPRESENTATIVE PAYEE/  
ADOPTED YOUTH (OWN PAYEE):**

\_\_\_\_\_  
(PRINT FIRST AND LAST NAME CLEARLY)

**NAME OF ADOPTIVE FATHER/LEGAL GUARDIAN/REPRESENTATIVE PAYEE:**

\_\_\_\_\_  
(PRINT FIRST AND LAST NAME CLEARLY)

**NAME(S) OF ADOPTED CHILD(REN)  
UNDER 21 YEARS OF AGE:**

(To list additional adopted  
children, attach a separate  
piece of paper with your  
case No. at top of the sheet.)

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_ APT NO.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL#: ( ) \_\_\_\_\_ - \_\_\_\_\_

**OLD ADDRESS:** \_\_\_\_\_ APT NO.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL#: ( ) \_\_\_\_\_ - \_\_\_\_\_

**X** \_\_\_\_\_  
SIGNATURE OF ADOPTIVE MOTHER/LEGAL GUARDIAN/REPRESENTATIVE PAYEE/  
ADOPTED YOUTH (OWN PAYEE)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

**X** \_\_\_\_\_  
SIGNATURE OF ADOPTIVE FATHER/LEGAL GUARDIAN/REPRESENTATIVE PAYEE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

I certify that the above information is correct. I understand that I must report any changes to ACS.

**ATTACH A COPY (FOR EACH PAYEE) OF YOUR PHOTO IDENTIFICATION CARD.**

(FRONT)



**THE CITY OF NEW YORK  
ADMINISTRATION FOR CHILDREN'S SERVICES**

**INSTRUCTIONS FOR COMPLETING THE ADOPTION SUBSIDY CHANGE OF ADDRESS  
REQUEST FORM**

**SPECIAL NOTE:**

If one adoptive parent/legal guardian/representative payee is no longer in the household due to separation/divorce, death, or domestic violence;

**Please contact the Adoption Subsidy Customer Service at (212) 676-2825.**

Please make sure to do the following:

- Print your name in clearly using black or blue ink. **NOTE:** Each payee on the Adoption Subsidy Agreement must sign the change of address request form.
- If there are two adoptive parents/legal guardians/representative payees, then both names and signatures are required.
- List the name(s) and date of birth of your adopted child(ren) under age 21.
- Print your new address and your old address.
- Sign your name(s) and date form. **NOTE:** Signature(s) must be legible. **Each payee on the Adoption Subsidy Agreement must sign the change of address request, and each payee must attach a copy of their photo ID (such as a Medicaid Card, SNAP\* Card, U.S. Passport, or a valid Driver's/Non-driver's State ID).**

RETURN THIS FORM WITH A COPY OF YOUR PHOTO ID CARD (FOR EACH PAYEE) TO:

**NYC Administration for Children's Services**  
Attn: Adoption Subsidy Mail Center  
150 William Street, 14th Floor  
New York, NY 10038

Or you can fax your change of address request form to (212) 676-9032 to the attention of the Correspondence Unit. If we receive your request before the 10th of any given month, you will receive your subsidy check the following month at the new address.

**NOTE: INCOMPLETE CHANGE OF ADDRESS FORMS WILL NOT BE PROCESSED.**

\*Supplemental Nutrition Assistance Program (SNAP) is the new name for Food Stamps.

**(BACK)**