

CERTIFICATION

I hereby certify that I am authorized to submit the title IV-E Plan on behalf of

Oregon Department of Human Services, Children, Adults and Families
(Designed State/Tribal Agency)

Date 1-11-2012


Lois Ann Day (Signature)

Director, Child Welfare Programs,
Department of Human Services
(Title)

APPROVAL
DATE: _____

EFFECTIVE
DATE: _____

(Signature, Associate Commissioner, Children's Bureau)

Title IV-E Plan – State of Oregon

STATE ASSURANCES

I hereby assure that the State agency administering the title IV-E programs will spend an amount equal to the amount of savings (if any) in State expenditures under title IV-E resulting from the application of section 473(a)(2)(A)(ii) to all applicable children for a fiscal year to provide to children or families any service (including post adoption services) that may be provided under this part or part B, **and will document how such amounts are spent, including on post-adoption services.**

On behalf of Oregon Department of Human Services, Children, Adults and Families
(Designed State Agency)

Date 1-11-2012



Lois Ann Day (Signature)

Director, Child Welfare Programs,
Department of Human Services

(Title)

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DATE: _____

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