



**TEXAS FARM BUREAU®  
HEALTH PLANS**

**Certification of Intent To Adopt and Financial Responsibility**

By my signature affixed hereto, I \_\_\_\_\_ certify that \_\_\_\_\_, the child for whom I have applied, has been placed with me in anticipation of adoption by me within six (6) months. Such child resides with me, depends upon me for fifty-one percent (51%) of his or her support and does not earn more than one hundred and fifty percent (150%) of the current minimum wage, based upon a forty (40) hour week.

I understand and acknowledge, if approved, coverage will end for this child placed with me in anticipation of adoption on the date the child is removed from placement if placement is disrupted prior to the final adoption. If placement is disrupted or if there is a change in the status of any of the conditions for coverage set out above I will immediately notify Texas Farm Bureau Health Plans of such change.

I further understand and acknowledge that acceptance of coverage for \_\_\_\_\_ constitutes acceptance of financial responsibility for payment of charges associated with this child's coverage. This financial responsibility shall endure for the lifetime of the coverage.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date