



JELI

**Concurrent
Planning
Work
Group**

DHS Adoptions Toolkit

- Timeliness of Adoptions—Identification of the Adoption Resource
- Adoption Process Timeline
- Adoption Placing Process
- Who's Who at DHS Central Office Child Permanency Program
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 - CF 421 (Adoption Child Summary)
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 - CF 969A (Adoption Assistance Application Child's Information)
 - CF 969B (Adoption Assistance/Guardianship Assistance Family Application Guide)
 - CF 969C (Adoption Assistance Application—Title IV-E)
- Adoption Disruption and Dissolution
- ACF memo

*The Honorable
Lisa Greif (Chair)*

*The Honorable
Beth Allen*

*The Honorable
Gregory Baxter*

*The Honorable
Valeri Love*

*Referee/Judge Pro
Tem Michele Rini*



Timeliness of Adoptions - Identification of the Adoption Resource

JELI

Concurrent Planning Work Group

JELI CONCURRENT PLANNING WORKGROUP INITIATIVE

We strongly urge the **juvenile judges in Oregon to have a review hearing every 60 days when the concurrent plan of adoption has been implemented and there is not an identified adoptive resource/placement**; however, with judicial time being coveted and the drain on DHS, attorneys, CASA, etc. to try to add another review hearing to the already busy court dockets, **an alternative would be to require, in lieu of a hearing, DHS to supply a written report** answering questions about the status of recruiting and identifying an adoptive resource/placement. If the court is not satisfied with the information DHS has provided, then a review hearing could immediately be scheduled.

JUDICIAL INQUIRY

For the DHS Caseworker...

These questions are meant as a guideline for judges.
Some questions may not be applicable to every case.

(1) If the current placement resource is unwilling to be the adoptive resource, has the agency attempted to address any underlying concerns and explained the benefits of adoption to the current resource?

(2) If the current placement resource was rejected as the adoptive placement, are there any concerns that could be remedied (i.e., square footage of the home, household member permanently leaves the home) to make that placement viable?

(3) If an adoptive placement has not been identified, what is the agency doing to recruit and process potential adoptive resources?

(4) What is the child specific recruitment plan?

(5) What ongoing efforts been made to locate and contact relatives? Are there adults/families with whom the child has or has had a positive relationship who are potential adoptive resources? What is the status of contacting and investigating these adults/families?

(6) How many individuals have expressed an interest in adopting the child and what is the status of investigating these individuals?

(7) Has the child been placed on adoption lists locally, regionally, and nationally? Has the agency utilized the media, adoption exchange programs, and the internet to seek adoptive resources? What sites/lists is the child on?

(8) What is the status of any pending home studies?

(9) If an interstate compact is needed, has the process begun? Has the ICPC referral (form 100A) been submitted? If there are delays in the ICPC process, what is being done to resolve them?

*The Honorable
Lisa Greif (Chair)*

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*Referee/Judge Pro
Tem Michele Rini*

**IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR _____ COUNTY**

In the Matter of:

)
)
)
)
)
)

Case Number: _____

A Child.

COURT REPORT In Lieu Of Review Hearing When Primary
Plan Has Changed To Adoption and No Adoptive
Resource/ Placement Has Been Identified

If the current placement resource is unwilling to be the adoptive resource, has the agency attempted to address any underlying concerns and explained the benefits of adoption to the current resource?

If the current placement resource was rejected as the adoptive placement, are there any concerns that could be remedied (i.e., square footage of the home, household member permanently leaves the home) to make that placement viable?

If an adoptive placement has not been identified, what is the agency doing to recruit and process potential adoptive resources? What is the child specific recruitment plan? Has the child been placed on adoption lists locally, regionally, and nationally? Has the agency utilized the media, adoption exchange programs, and the internet to seek adoptive resources? What sites/lists is the child on?

How many individuals have expressed an interest in adopting the child and what is the status of investigating these individuals? What is the status of any pending home studies?

What ongoing efforts been made to locate and contact relatives? Are there adults/families with whom the child has or has had a positive relationship who are potential adoptive resources? What is the status of contacting and investigating these adults/families?

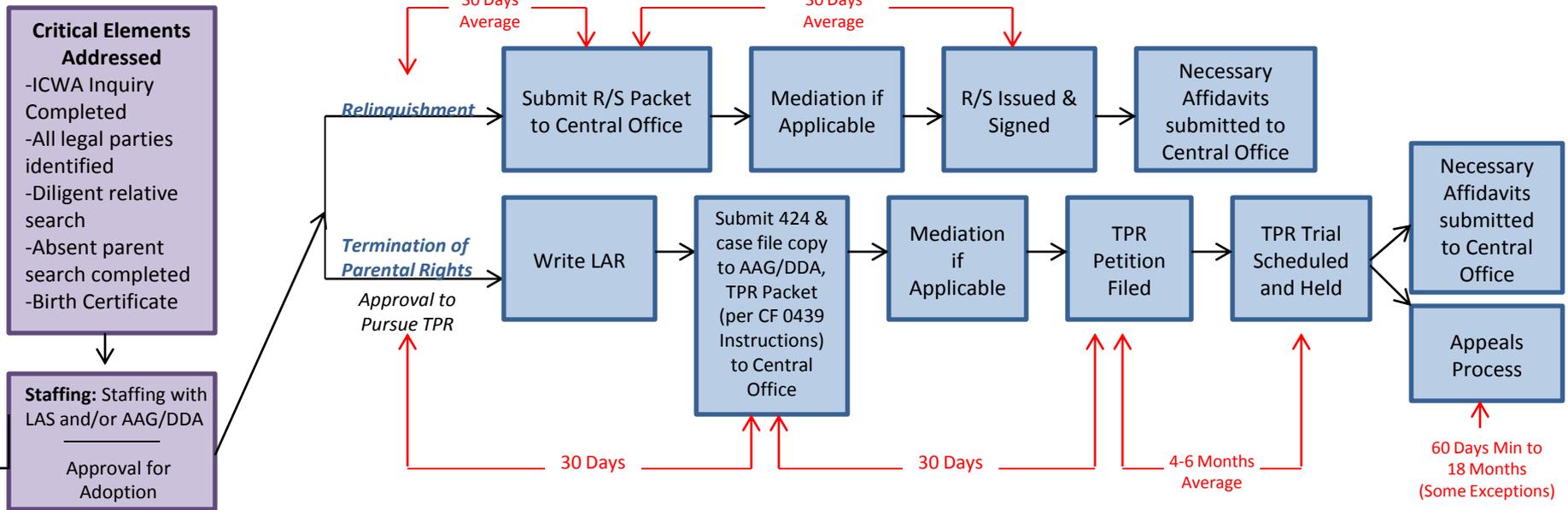
If an interstate compact is needed, has the process begun? Has the ICPC referral (form 100A) been submitted? If there are delays in the ICPC process, what is being done to resolve them?

_____, 20____

Date

DHS Caseworker's Signature

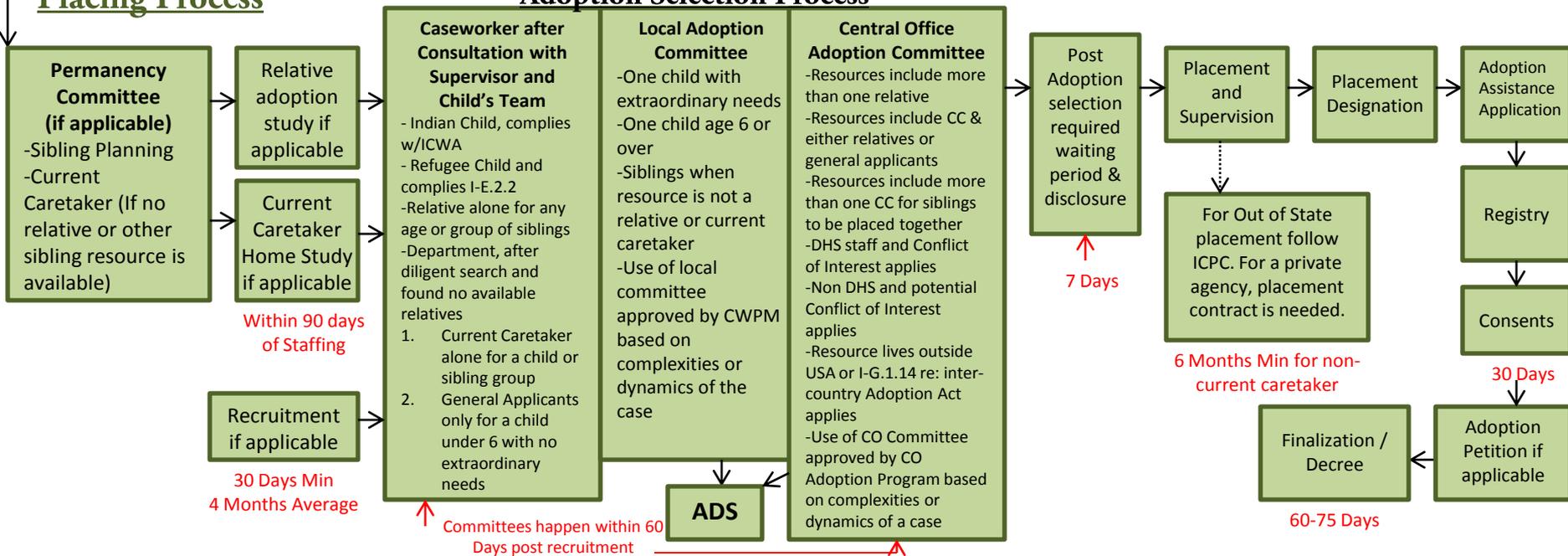
Freeing Process



Adoption Process Timeline

Placing Process

Adoption Selection Process



Adoption Placing Process

A	<ul style="list-style-type: none"> Staffing with LAS and/or AAG/DDA Approval for Adoption 		
B	<ul style="list-style-type: none"> Permanency Committee (if applicable) <ul style="list-style-type: none"> Sibling Planning Current caretaker * Known to the child** Relative/current caretaker home studies (if applicable) <p style="text-align: center;">A+ 90 days</p>	<ul style="list-style-type: none"> Recruitment (if applicable) <p style="text-align: center;">A + 30 days minimum 4 months average</p>	<p>*Only considered when no suitable relative **Considered only after other priority persons. Decision based on the relationship, child needs, and matching considerations</p>
C	<p><u>Caseworker Selection after consultation with supervisor and child's team</u></p> <ul style="list-style-type: none"> Placement complies with ICWA, if Indian Child Placement complies with policy, if refugee child Relative alone for child or sibling group After diligent search <ul style="list-style-type: none"> Current caretaker alone for child or sibling group General applicant-child under 6-no extraordinary needs <p style="text-align: center;">B+ 60 days</p>	<p><u>Local Adoption Committee with ADS selection</u></p> <ul style="list-style-type: none"> One child with extraordinary needs One child age 6 or over Siblings when resource not a relative/current caretaker Non caretaker foster parent being considered with general applicants <p style="text-align: center;">B+ 60 days</p>	<p><u>Central Office Adoption Committee with ADS selection</u></p> <ul style="list-style-type: none"> more than one relative current caretaker and relative/general applicant more than one current caretaker for siblings to be placed together DHS staff conflict of interest Non DHS potential conflict Resource lives outside of USA <p style="text-align: center;">B + 60 days</p>
D	<p>Required post selection waiting period and disclosure</p> <p style="text-align: center;">C + 7 days</p>	<p>Required post selection waiting period and disclosure</p> <p style="text-align: center;">C+7 days</p>	<p>Required post selection waiting period and disclosure</p> <p style="text-align: center;">C+7 days</p>
E	<p>Placement and supervision</p> <ul style="list-style-type: none"> ICPC for out of state Placement designation*** Adoption Assistance application**** Registry Consents <p style="text-align: center;">D+ 30 days - 6 months min for non caretaker</p>	<p>***If a child has been legally free for six months and has not been placed for adoption or DHS has not initiated adoption proceedings, a permanency hearing is required.</p>	<p>****DHS must begin negotiation with the adoptive family no later than 60 days after receipt of a completed adoption assistance application submitted for a legally free child in the home of an approved pre-adoptive family</p>
F	<ul style="list-style-type: none"> Adoption petition if applicable Finalization/ Decree <p style="text-align: center;">E + 60-75 days</p>		

Adoption Placing Process

- A. **To begin the process the case must first be staffed and approved for adoption.**
- B. **A permanency committee is required to separate siblings for whom adoption is being planned or if a current caretaker wants to adopt and there are no other relative resources.**
- Where is the child placed? How long has she/he been there? Has there been disruption in the continuity of care (residential, multiple placements, etc.)?
 - Have the needs of the child been identified (updated assessments, medical, educational, social and psychological histories)?
 - Has a potential adoptive resource been identified (relative, current caretaker, or other persons with a significant relationship)?
 - If the placement resource is unwilling to adopt, has the agency attempted to address their underlying concerns and/or explained the benefits of adoption?
 - What efforts have been made to approve the placement as the adoptive placement?
 - If the home study is not complete, when will it be?
 - If the applicant is currently not approved to adopt, can concerns be remedied (square footage, household member permanently leaves the home, prior safety concerns have been addressed or mitigated, etc.)?
 - Is the required paperwork to open an adoption file completed and forwarded to Central Office (CF422, ICWA, birth certificate)?
 - What is the status of the TPR or Relinquishments (petition filed, trial date set, pre-trial conference, release and surrender and irrevocability paperwork requested and received)?
- If there is not an identified, resource adoption recruitment must occur.**
- If an adoptive placement has not been identified, what is the agency doing to recruit identify and consider adoptive families?
 - Is the recruitment bulletin completed and sent to Central Office and what is the child specific recruitment plan (locating and contacting other relatives, placing the child on adoption lists locally, regionally and nationally, media and other adoption exchanges, internet, etc.)?
 - What is the status of home studies?
 - Is interstate compact needed? Has the process begun? Has a referral been made (ICPC Form 100A)? If there are delays, what is being done to resolve them?
- C. **Has the Adoption Selection Process occurred?**
- If the child is an ICWA child, does the prospective placement comply with ICWA? If not, what efforts have been made to identify a placement under ICWA?
 - If the child is a refugee child, does the prospective placement comply with I-E.2.2?
 - Has the Caseworker/ADS notified the adoption workers, family, and other parties to the case?
 - Did the agency share all relevant information about the child with the adoptive family? (CF 963)
 - What remains to be done and what is the timeframe for accomplishing each task?
- D. **Required post adoption selection waiting period, disclosure and selection review completed if appropriate.**

Adoption Placing Process

E. Placement and Supervision

- Has the placement been designated? Pagan putative father affidavit been completed?
- Are necessary transition services in place? Have post adoption services been discussed with the family?
- Is the required paperwork to designate an adoptive placement completed and scanned into OR-KIDS (CF 421 Child summary less than one year old, CF246 medical/genetic report, adoption selection report, selected family's home study, placement memo if not a current caretaker, ICPC approval if appropriate)?
- Has the placement been designated by Central Office?
- Has the Adoption Assistance application been submitted (CF 450)/ Assigned/ Approved? Has adoption assistance been negotiated? Has it been opened? If not, why not?
- Has the Adoption Registry information been sent to both the birth parents and the adoptive parents?
- Is this to be an open adoption; if so has a referral for adoption mediation occurred? What is the status of adoption mediation?

F. Finalization of the Adoption

- Is the required paperwork to finalize an adoption been completed and forwarded to central office (affidavits if necessary, Statements of Verification, original permanent custody orders or release and surrenders)?
- Has the consent been signed? An attorney chosen? The adoption petition filed?
- What is the date in which DHS anticipates the adoption will finalize? What specific steps must occur and what is the time frame for each of these steps?

Additional Things to Consider

- Carefully consider diligent efforts to locate relatives finding.
- Deny delays in permanency hearings unless there is good cause.
- Ask the caseworker what has been completed and what is needed.
- If the caseworker cannot answer ask her/him to come back to court with a supervisor or provide an e-mail from the LAS about what is needed.
- Review relative/current caretaker adoption cases every 90 days.
- Review recruitment cases every 60 days until an adoptive resource is identified.
- Have the adoptive family attend the next court hearing to express concerns leading to their delay
- Ask the caseworker for a time frame, and if it isn't met set a court hearing
- Consider asking the CRB to review the case (would require a discussion with CRB administration to assess level of capacity in each county)



Child Permanency Program **4-14**
500 Summer Street NE, E-71, Salem, OR 97301
FAX # 503-945-6633 * Adopt or Foster an Oregon DHS Child:1-800-331-0503

**WHO'S WHO AND WHAT WE DO IN CENTRAL
OFFICE CHILD PERMANENCY PROGRAM!**

FUNCTION	SUPPORT STAFF	PHONE	PROGRAM STAFF	PHONE
Child Permanency Program Manager			Kathy Prouty	947-5358
Assistant Child Permanency Program Manager for Legal Assistance Services; Adoption Placement Services			Gail Schelle	945-5997
Post Adoption Services Program Manager for Adoption Assistance; Guardianship Assistance & Post-Placement Services			Carla Crane	945-5998
Admin/Program Support Specialist	Julie Lerum	945-5728		

FUNCTION	SUPPORT STAFF	PHONE	PROGRAM STAFF	PHONE
AA New Cases			Bonnie Klohs	947-5371
Adoption/Guardianship Assistance Support- AA opened, Assistance Payments, questions	Karen Cremer AA Family Last Name A-C & P-R GA Family Last Name A-G	945-6642	Rebecca Luckman AA family last name: A-C GA family last name A-G	945-6729
	Courtney Nichols AA Family Last Name D-L GA Family Last Name H-P	947-5092	Scott Wickline AA family last name D-G GA family last name H-P	947-5311
	Sue Bakke AA Family Last Name M-O & S-Z GA Family Last Name Q-Z	947-5312	Lorri Harris AA family last name H-L GA family last name Q-Z	945-6632
			Gayle Bien AA family last name M-R	947-5370
			Cathy Reeves AA family last name S-Z	945-5685
Adoption Committee Information & Scheduling	Pam Stanley (email to schedule committee. Please state your name, phone #, district/county, names of child(ren) DOB(s), first & last names of adoption worker & families)	945-6631	Francine Florendo	945-6877

FUNCTION	SUPPORT STAFF	PHONE	PROGRAM STAFF	PHONE
Adoption Placement Specialist			Francine Florendo	945-6877
Adoption Registry/ Search Program			Patty Wilhite	945-6643
Child Recruitment Bulletins	Pam Stanley	945-6631		
Closed Adoption Records			Patty Wilhite	945-6643
Permanency Consultants			MaryAnn Johnson Dist-1,2,9,12,13,14,15 16. Alex Trotter Dist-3-8, 10,11	945-5676 541-726-6644 Ext. 2268
Independent Adoptions (stepparent, private agency, relative, etc.)			Tina Spencer	945-5670
Mediation	Pam Stanley	945-6631	Marc Bass Sara Fassett Katrina Husbands Nicole Sims Barbara Schlewitz	947-5028 945-5996 945-6393 945-6600 945-5686
Legal Assistance Specialists	Lillian Axen Districts 1, 3 & 9	945-6992	Marc Bass Districts 1, 3 & 9	947-5028
Support Staff	Tracy Kindred Districts 2, 12, 13 & 14	945-6641	Sara Fassett Districts 2, 12, 13, & 14	945-5996
Contact LAS or seamless support staff - assigned by local office for all ongoing/pre-finalization Adoption cases	Kathy Woodin Districts 4, 10 & 16	945-6816	Katrina Husbands Districts 4 & 16	945-6393
	Beckie Jackson Districts 5 & 7	945-7013	Nicole Sims Districts 5,7 & 10	945-6600
	Janie Gallardo Districts 6, 8, 11 & 15	945-5674	Barbara Schlewitz Districts 6, 8, 11 & 15	945-5686

Policy Title:	Legal Permanency, Concurrent Planning, and Use of Permanency Committee – OAR		
Policy Number:	I-E.3.6 413-070-0500 thru 0519		Effective Date: 6/03/14

Approved By: *on file*

Date Approved:

[Policy](#)

[Forms, etc.](#)

[Definitions](#)

[References](#)

[Contact](#)

[History](#)

Reference(s):

- PL 105-89, Adoption and Safe Families Act (ASFA)
- PL 95-608, Indian Child Welfare Act of 1978
- PL 110-351 Fostering Connections to Success and Increasing Adoptions Act of 2008
- Title IV-E Indian Child Welfare Act
- 45 CFR Parts 1355, 1356 and 1357, 1/25/2000
- Child Welfare Policy I-A.4.5, Rights of Relatives
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a45.pdf
- Child Welfare Policy I-E.2.1, Placement of Indian Children
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e21.pdf

Form(s) that apply:

- None referenced.

Rules:

413-070-0500

Purpose

These rules (OAR 413-070-0500 to 413-070-0519) describe the Department's responsibility to seek legal permanency for a *child* or *young adult* in the legal custody of the Department and the use of a *permanency committee*.

Stat. Auth.: ORS 418.005

Stats Implemented: ORS 418.005

http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-e36.pdf

413-070-0505

Definitions

The following definitions apply to OAR 413-070-0500 to 413-070-0519:

- (1) "Adoptive resource" means an individual or individuals selected by the Department, another public child welfare agency, or a licensed adoption agency as the adoptive family for a *child* where no administrative review was requested within the timeframe allowed for such a request, or if a review was requested, the selection has been sustained by that review and the review is complete.
- (2) "CASA" means a court appointed special advocate: a volunteer who is appointed by the court, is a party to the juvenile proceeding, and advocates for the *child* pursuant to ORS 419A.170.
- (3) "Child" means a person under 18 years of age.
- (4) "Committee facilitator" means a Department staff member appointed as a member of the committee to facilitate a permanency or adoption committee meeting.
- (5) "Concurrent permanent plan" means the alternate *permanency plan* whenever the child has been placed in *substitute care* when the goal of the *permanency plan* is to return the *child* to the parents. The "concurrent permanent plan" is developed simultaneously with the plan to return the *child* to the parents or legal guardians.
- (6) "Conditions for return" means a written statement of the specific behaviors, conditions, or circumstances that must exist within a child's home before a *child* can safely return and remain in the home with an in-home ongoing safety plan.
- (7) "Current caretaker" means a foster parent who:
 - (a) Is currently caring for a *child* in the legal custody of the Department who has a *permanency plan* or *concurrent permanent plan* of adoption;
 - (b) Has cared for the *child* or at least one *sibling* in a sibling group under consideration for at least the past 12 consecutive months; and
 - (c) Has been identified by the Department as a potential *adoptive resource* for the *child* and when appropriate, the siblings in a sibling group under consideration for adoption in the same adoptive family.
- (8) "General applicant" means an individual who:
 - (a) Is neither a *relative* or *current caretaker*, and
 - (b) Has submitted a completed application to adopt a *child*.
- (9) "Indian child" means any unmarried person who is under 18 years of age and is either:
 - (a) A member of an Indian tribe; or

- (b) Eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe.
- (10) "Legal assistance specialist" means an Adoption Program staff member who provides consultation on the technical and legal processes to achieve a *permanency plan* for a *child* in the legal custody of the Department.
- (11) "Parent" means the biological or adoptive mother or the legal father of the *child*. A legal father is a man who has adopted the *child* or whose paternity has been established or declared under ORS 109.070, ORS 416.400 to 416.465, or by a juvenile court. In cases involving an *Indian child* under the Indian Child Welfare Act (ICWA), a legal father includes a man who is a father under applicable tribal law. "Parent" also includes a putative father who has demonstrated a direct and significant commitment to the *child* by assuming or attempting to assume responsibilities normally associated with parenthood, unless a court finds that the putative father is not the legal father.
- (12) "Permanency committee" means a group of individuals who are responsible for making a recommendation regarding a *permanency plan* or a potential permanency resource when the *child* or *young adult* likely is not returning to his or her *parent*.
- (13) "Permanency plan" means a written course of action for achieving safe and lasting family resources for the *child*. Although the plan may change as more information becomes available, the goal is to develop safe and permanent family resources with the parents, relatives, or other people who will assume legal responsibility for the *child* during the remaining years of dependency and be accessible and supportive to the *child* in adulthood.
- (14) "RCWAC" means the Refugee Child Welfare Advisory Committee.
- (15) "Refugee child" means, as defined under ORS 418.925, a person under 18 years of age who has entered the United States and is unwilling or unable to return to the person's country because of persecution or a well-founded fear of persecution on account of race, religion, sex, sexual orientation, nationality, membership in a particular group, or political opinion, or whose parents entered the United States within the preceding 10 years and are or were unwilling or unable to return to their country because of persecution or a well-founded fear of persecution on account of race, religion, sex, sexual orientation, nationality, membership in a particular group, or political opinion.
 - (a) As used in this section, "persecution" means that harm or suffering will be inflicted upon the person to punish the person for possessing a particular belief or characteristic. "Persecution" does not include harm and suffering that is inflicted on persons generally by reason of civil or military strife in a country.
 - (b) As used in this section, "fear of persecution" means an apprehension or awareness, based on external objective facts, that the person will suffer persecution upon return to the person's country.
- (16) "Relative" means (each of the following individuals is a "relative"):
 - (a) An individual with one of the following relationships to the *child* or *young adult* through the *parent* of the *child* or *young adult* unless the relationship has been dissolved by adoption of the *child*, *young adult*, or *parent*.

- (A) Any blood relative of preceding generations denoted by the prefixes of grand, great, or great-great.
 - (B) Any half-blood relative of preceding generations denoted by the prefixes of grand, great, or great-great (individuals with one common biological parent are half-blood relatives).
 - (C) A *sibling*, also to include an individual with a sibling relationship to the *child* or *young adult* through a putative father.
 - (D) An aunt, uncle, nephew, niece, first cousin, and first cousin once removed.
 - (E) A spouse of anyone listed in paragraphs (A) to (D) of this subsection, even if a petition for annulment, dissolution, or separation has been filed or the marriage is terminated by divorce or death. To be considered a "relative" under this paragraph, the *child* or *young adult* must have had a relationship with the spouse prior to the most recent episode of Department custody.
- (b) An individual with one of the following relationships to the *child* or *young adult*:
- (A) An individual defined as a relative by the law or custom of the tribe of the *child* or *young adult* if the *child* or *young adult* is an *Indian child* under the Indian Child Welfare Act or in the legal custody of a tribe.
 - (B) An individual defined as a relative of a refugee *child* or *young adult* under Child Welfare Policy I-E.2.2, "Placement of Refugee Children", OAR 413-070-0300 to 413-070-0380.
 - (C) A stepparent or former stepparent if the *child* or *young adult* had a relationship with the former stepparent prior to the most recent episode of Department custody; a stepbrother; or a stepsister.
 - (D) The registered domestic partner of the *parent* of the *child* or *young adult* or a former registered domestic partner of the *parent* of the *child* or *young adult* if the *child* or *young adult* had a relationship with the former domestic partner prior to the most recent episode of Department custody.
 - (E) The adoptive parent of a *sibling* of the *child* or *young adult*.
 - (F) The unrelated legal or biological father or mother of a half-sibling of the *child* or *young adult* when the half-sibling of the *child* or *young adult* is living with the unrelated legal or biological father or mother.
- (c) An individual identified by the *child* or *young adult* or the family of the *child* or *young adult*, or an individual who self-identifies, as being related to the *child* or *young adult* through the *parent* of the *child* or *young adult* by blood, adoption, or marriage to a degree other than an individual specified as a "relative" in paragraphs (A) to (D) of subsection (a) of this section unless the relationship has been dissolved by adoption of the *child*, *young adult*, or *parent*.

- (d) An individual meeting the requirements of at least one of the following paragraphs:
 - (A) Not related to the *child, young adult, or parent* by blood, adoption, or marriage:
 - (i) Who is identified as a member of the family by the *child or young adult* or by the family of the *child or young adult*; and
 - (ii) Who had an emotionally significant relationship with the *child or young adult* or the family of the *child or young adult* prior to the most recent episode of Department custody.
 - (B) Who has a blood relationship to the *child or young adult* as described in paragraphs (a)(A) to (D) of this section through the birth parent of the *child or young adult*, but the prior legal relationship has been dissolved by adoption of the *child, young adult, or parent*.
 - (e) For eligibility for the guardianship assistance program:
 - (A) A stepparent is considered a *parent* and is not a "relative" for the purpose of eligibility for guardianship assistance unless a petition for annulment, dissolution, or separation has been filed, or the marriage to the adoptive or biological parent of the *child* has been terminated by divorce or death.
 - (B) A foster parent may only be considered a "relative" for the purpose of eligibility for guardianship assistance when:
 - (i) There is a compelling reason why adoption is not an achievable *permanency plan*;
 - (ii) The foster parent is currently caring for a *child*, in the care or custody of the Department or a participating tribe, who has a *permanency plan or concurrent permanent plan* of guardianship;
 - (iii) The foster parent has cared for the *child* for at least 12 of the past 24 months; and
 - (iv) The Department or tribe has approved the foster parent for consideration as a guardian.
- (17) "Sibling" means one of two or more children or young adults related:
- (a) By blood or adoption through a common legal parent;
 - (b) Through the marriage of the legal or biological parents of the children or young adults; or
 - (c) Through a legal or biological parent who is the registered domestic partner of the legal or biological parent of the children or young adults.

- (18) "Substitute care" means an out-of-home placement of a *child* or *young adult* who is in the legal or physical custody and care of the Department.
- (19) "Substitute caregiver" means a relative caregiver, foster parent, or provider authorized to provide care to a *child* or *young adult* in the legal or physical custody of the Department.
- (20) "Young adult" means a person aged 18 through 20 years who remains in the care and custody of the Department, and lives in *substitute care* or lives independently through the Department's Independent Living Subsidy Program.

Stat. Auth.: ORS 418.005
Stats Implemented: ORS 418.005

413-070-0510 **Obligation to Seek Legal Permanency**

- (1) Except as provided in section (3) of this rule, the Department must make reasonable efforts to preserve and reunify families--
 - (a) Prior to placing a *child* in *substitute care* to prevent or eliminate the need for removing the *child*;
 - (b) By establishing *conditions for return* described in OAR 413-040-0009 when a *child* is removed; and
 - (c) By implementing a *permanency plan* to make it possible for the *child* to safely return home.
- (2) The Department must also make reasonable efforts to achieve the *concurrent permanent plan* for legal permanency through adoption or guardianship and to complete the steps necessary to finalize permanency.
- (3) Reasonable efforts to prevent a child's placement in *substitute care* or safely reunite a *child* with the family are not required when a *parent* has subjected a *child* to aggravated circumstances as defined in ORS 419B.340.
- (4) The Department must seek the court's approval prior to changing the *permanency plan* of a *child* or *young adult*.

Stat. Auth.: ORS 418.005
Stats Implemented: ORS 418.005

413-070-0512 **Development and Review of the Concurrent Permanent Plan**

- (1) When developing the *permanency plan* and *concurrent permanent plan*, the Department must:
 - (a) Describe the purpose of permanency and concurrent planning to the family;

- (b) Involve the child's or young adult's parents, identified relatives, the CASA, attorneys, the tribe when the *child* is an *Indian child*, the RCWAC when the *child* is a *refugee child*, and other service providers, as appropriate;
 - (c) Provide full disclosure of the timelines under which the Department pursues permanency pursuant to federal and state law; and
 - (d) Describe the resources which may be available to relatives when adoption or guardianship is a *permanency plan*.
- (2) The caseworker must:
- (a) Develop a *permanency plan* and a *concurrent permanent plan* for each *child* in the Department's custody within 60 days of the placement of the *child* into *substitute care*; and
 - (b) Review the plan every 90 days, pursuant to Child Welfare Policy I-B.3.1, "Developing and Managing the Case Plan", OAR 413-040-0000 to 413-040-0032.

Stat. Auth.: ORS 418.005

Stats Implemented: ORS 418.005

413-070-0514

Working with a Child's Team Regarding a Permanency Plan and Concurrent Permanent Plan

- (1) The caseworker must consult with a team of individuals, knowledgeable about the *child* or young adult's needs, including the ongoing assessment of the most appropriate *permanency plan* and *concurrent permanent plan* for the *child* or *young adult*, throughout the course of the case.
- (a) The team must include the following individuals to the extent required in each of the following paragraphs:
 - (A) The parents, unless a supervisor approves not including a specified *parent* because the contact may compromise a *child*, young adult's, or another individual's safety; parental rights have been terminated; or the *parent* has signed a release and surrender agreement;
 - (B) The parent's attorney, unless parental rights have been terminated or the *parent* has signed a release and surrender agreement;
 - (C) The *child* or *young adult*, whenever developmentally appropriate;
 - (D) The CASA;
 - (E) A *child* or young adult's attorney;
 - (F) A tribal representative if the *child* or *young adult* is an *Indian child*; and

- (G) A member of the RCWAC, if the *child* is a *refugee child*.
- (b) The team may include:
 - (A) The *child* or young adult's *substitute caregiver*;
 - (B) The substitute caregiver's certifier;
 - (C) The child's or young adult's relatives;
 - (D) Persons with a caregiver relationship;
 - (E) Other individuals with involvement in the *child* or young adult's life; and
 - (F) Individuals with expertise in permanency.
- (2) The caseworker utilizes the ongoing contact with these individuals to --
 - (a) Monitor the progress toward achieving the *permanency plan*;
 - (b) Provide the *child* or *young adult*, and the *child* or young adult's parents, the opportunity to identify available permanency resources should reunification not be achievable;
 - (c) Review the efforts to identify and place the *child* or *young adult* with a *relative* and to place siblings together;
 - (d) Consider the parents' acceptance of a plan other than reunification and their desire for continued contact with the *child* or *young adult*;
 - (e) Identify and consider which *concurrent permanent plan* best meets the *child* or young adult's current and lifelong needs for safety, permanency, and well-being in the following preferential order:
 - (A) Adoption;
 - (B) Guardianship, which may be considered only when there are compelling reasons why adoption cannot be achieved; or
 - (C) Another Planned Permanency Living Arrangement, which may be considered only when there are compelling reasons why adoption or guardianship cannot be achieved.
- (3) After the caseworker has complied with section (2) of this rule and prior to considering a change in *permanency plan*, the caseworker must determine that the Department has taken action on the potential permanency resources identified by the Department, the *child* or *young adult*, the family of *child* or *young adult*, or a member of the team of the *child* or *young adult*; and the caseworker must review with the team of the *child* or *young adult*:
 - (a) The outcome of the assessment of potential permanency resources; and

- (b) The Department's efforts to develop and maintain the relationship of the *child* or *young adult* with potential permanency resources.
- (4) When the caseworker determines a change in *permanency plan* should be considered, the caseworker must determine which *permanency plan* best --
 - (a) Meets the safety, permanency, and well-being of the *child* or *young adult*;
 - (b) Provides the *child* or *young adult* with support and connections in adulthood; and
 - (c) Must document the basis for the determination.
- (5) The *legal assistance specialist* must approve changing the *permanency plan* to adoption prior to the caseworker recommending adoption to the court.
- (6) The *permanency committee* must make recommendations; and
 - (a) A Child Welfare Program Manager or designee must make the decision on behalf of the Department:
 - (A) To approve changing the *permanency plan* to guardianship prior to the caseworker recommending the plan to the court; and
 - (B) To identify the *substitute caregiver* as the appropriate permanency placement resource for the plan of guardianship.
 - (b) A Child Welfare Program Manager must make the decision on behalf of the Department:
 - (A) To approve changing the *permanency plan* to APPLA prior to the caseworker recommending the plan to the court; and
 - (B) To identify the *substitute caregiver* as the appropriate permanency placement resource for the plan of APPLA.

Stat. Auth.: ORS 418.005

Stats Implemented: ORS 418.005

413-070-0516

Use of Permanency Committee

A *permanency committee* must be scheduled when any of the following sections applies:

- (1) The caseworker is recommending a change in *permanency plan* to guardianship. The *permanency committee* provides a recommendation based upon the considerations in OAR 413-070-0660 and OAR 413-070-0665.
- (2) The caseworker is recommending a change in *permanency plan* to APPLA. The *permanency committee* provides a recommendation based upon the considerations in OAR 413-070-0550(1).

- (3) A foster parent's request to be considered an *adoptive resource* as a *current caretaker* pursuant to Child Welfare Policy I-G.1.1, "Foster Parent Request for Consideration as a Current Caretaker", OAR 413-120-0500 to 413-120-0595. The *permanency committee* provides a recommendation based upon the considerations in OAR 413-120-0570.
- (4) A caseworker is considering the separation of siblings in adoption under OAR 413-100-0132. The *permanency committee* provides a recommendation based upon the considerations in OAR 413-110-0132(2).
- (5) The caseworker requests that a *permanency committee* review the relationship between a *general applicant* and a *child whose permanency plan* is adoption. The *permanency committee* provides a recommendation based upon the considerations in OAR 413-120-0750(5)(b).

Stat. Auth.: ORS 418.005

Stats Implemented: ORS 418.005

413-070-0518

Composition, Scheduling, Responsibilities and Recommendations of the Permanency Committee

- (1) Composition. A *permanency committee* includes the following individuals.
 - (a) Two individuals who have been appointed by a Child Welfare Program Manager to attend a *permanency committee*.
 - (A) A *committee facilitator*, who must be a Department staff member and who must ensure all of the following:
 - (i) The meeting is held according to the requirements of Chapter 413 of the Oregon Administrative Rules.
 - (ii) Individuals are informed of the responsibilities of the committee and the confidentiality of information presented during the meeting.
 - (iii) Thorough and accurate documentation of the committee recommendations.
 - (B) A second individual who may be either a community partner or another Department staff member.
 - (C) These two individuals must meet the requirements of all of the following paragraphs:
 - (i) Be knowledgeable about permanency issues.
 - (ii) Be knowledgeable of the importance of lifelong family attachment and cultural connections.

- (iii) Have no current personal or professional relationship to the *child* or a potential placement resource or potential *adoptive resource* being considered.
- (b) The following members of the child's team:
 - (A) The caseworker of the *child* or *young adult*;
 - (B) The attorney of the *child* or *young adult*;
 - (C) The CASA of the *child* or *young adult*;
 - (D) A tribal representative, if the *child* or *young adult* is an *Indian child*; and
 - (E) A member of the RCWAC, if the *child* or *young adult* is a *refugee child*.
- (2) The *substitute caregiver* of the *child* or *young adult*, or any other individual from the child's team who a caseworker, in consultation with the supervisor, believes can provide important input into the issue before the *permanency committee*, may be invited to come and present information to the *permanency committee*, but is excused after presenting information and responding to questions.
- (3) The Child Welfare Program Manager or designee responsible for making the decision on behalf of the Department attends the *permanency committee* and may ask clarifying questions, but does not participate in the deliberation and recommendation.
- (4) Scheduling. The Department is responsible for scheduling and notifying the following individuals of the date, time, and location of the *permanency committee*.
 - (a) Appointed *permanency committee* members;
 - (b) The Child Welfare Program Manager or designee making a decision on the issue before the *permanency committee*;
 - (c) Each member of the child's or young adult's team identified in subsection (1)(b) of this rule; and
 - (d) Any other individual invited to present specific information to the *permanency committee*.
- (5) Confidentiality. Each individual attending a *permanency committee* is bound by Oregon statutes regarding confidentiality and Child Welfare Policy I-A.3.2, "Confidentiality of Client Information" OAR 413-010-0000 to 413-010-0075.
- (6) Consideration, review, and recommendation.
 - (a) The *permanency committee* must consider and review the information presented by any individual invited to the *permanency committee*, whether the information is presented in person, by phone, through other electronic communication, or in writing.

- (b) The *permanency committee* may seek clarifying and request additional information during the presentations.
- (c) The *permanency committee* must consider the safety, permanency, and well-being needs of the *child* or *young adult* and when there are siblings, the safety, permanency, and well-being needs of each *sibling*; and make a recommendation regarding the issue brought before the committee to the Child Welfare Program Manager or designee.
- (d) When members of the *permanency committee* have not come to consensus on a recommendation, the *committee facilitator* must document all recommendations and the basis provided by the *permanency committee* member for that recommendation.
- (e) The *committee facilitator* must provide the written documentation of the permanency committee's recommendation or recommendations to the Child Welfare Program Manager or designee within three business days of the date on which the *permanency committee* was held.

Stat. Auth.: ORS 418.005

Stats Implemented: ORS 418.005

413-070-0519

Decision and Notice

- (1) Except to the extent that section (2) of this rule indicates otherwise, the Child Welfare Program Manager or designee must:
 - (a) Consider the recommendations of the *permanency committee*;
 - (b) Make a decision within one business day following the receipt of the written recommendations of the *permanency committee*; and
 - (c) Provide written notification of the decision and the basis of the decision to the caseworker on a form approved by the Department.
- (2) When the decision of the *permanency committee* applies to changing a *permanency plan* to APPLA, the Child Welfare Program Manager must make the decision and cannot appoint a designee.
- (3) The caseworker must notify the following individuals of the decision under section (1) of this rule:
 - (a) Each *child* or *young adult*, when required by law and developmentally appropriate;
 - (b) Each child's or young adult's attorney, if one has been appointed;
 - (c) Each child's or young adult's CASA, if one has been appointed;

- (d) Each child's or young adult's tribal representative, when a *child* or *young adult* is an *Indian child*;
- (e) The member of the RCWAC when a *child* or *young adult* is a *refugee child*; and
- (f) Each child's or young adult's *substitute caregiver*.

Stat. Auth.: ORS 418.005

Stats Implemented: ORS 418.005

Contact(s):

- **Name:** Kathy Prouty; **Phone:** 503-947-5358

Policy History

- 04/28/00
- 01/01/02
- 01/01/04
- 12/29/10
- 3/22/11 thru 9/18/11
- 9/19/11

WASHINGTON COUNTY MODEL COURT
CONCURRENT PLANNING CHECKLIST

Date of Substitute Care

*****PLEASE KEEP ON TOP*****

By Status Conference: Date _____

Date _____ Judge's Init. _____

Comp.

_____ _____ Service Agreements or Letters of Expectation for each parent.

_____ _____ Birth and Medical Records requested for each child.

_____ _____ Relative Search Request completed and submitted to clerical.

_____ _____ Father's Questionnaire filled out with each child's mother.

_____ _____ ICWA (1270) form filled out and signed by both parents of each child.

_____ _____ Parent search initiated (if necessary).

_____ _____ Siblings visiting if placed separately.

_____ _____ Birth certificate requested.

By Contested Jurisdiction (2 Months of Substitute Care): Date _____

_____ All legal (includes presumed) and "Stanley" type fathers filed on.

_____ Letters sent to putative fathers.

_____ Evaluations of children set, if necessary.

_____ Birth Certificate in file.

_____ Identification of concurrent plan.

By 6 Months of Substitute Care: Date _____

_____ All legal parties identified.

_____ Diligent Relative Search Completed.

_____ Contact with interested relatives made and documented.

_____ Suitability established.

_____ ICPC requested if applicable.

_____ Birth and medical records of each child in the file.

_____ ICWA search completed and in the file.

_____ Absent Parent search completed.

By 9 Months of Substitute Care: Date _____

_____ CF 246/Genetic and Medical History of Child and Biological family in file.

_____ Staff case with CET and Supervisor to consider staffing with AAG and LAS

By Permanency Hearing: Date _____

_____ Has case been approved by AG? Yes _____ No _____

_____ If approved, has recruitment bulletin been prepared? Yes _____ No. _____

_____ If not yet approved, is it awaiting review? Yes _____ No. _____

_____ Is Absent Parent Search Necessary? Yes _____ No _____

If Yes, has it been initiated? Yes _____ No _____

PLAN CHANGED TO ADOPTION

Date plan changed

60 days from change of plan to adoption

_____ LAR is written

_____ 400 series has been completed and submitted.

_____ Sibling Planning Committee (if needed)

_____ Is Absent Parent Search Necessary? Yes _____ No _____

If Yes, has it been initiated? Yes _____ No _____

If open recruitment, bulletin prepared? Yes _____ No _____

90 days from change of plan to adoption.

_____ DHS to submit written court letter re the status of the following:

_____ TPR filed. (Currently averaging about 60-90 days from receipt of LAR)

_____ Is Absent Parent Search Necessary? Yes _____ No _____

If Yes, has it been initiated? Yes _____ No _____

IF: Proposed placement is with a relative or the current placement.

_____ Sib. split committee to be completed before Current Caretaker Staffing.

_____ Current Caretaker staffing. Preliminary CR 251.

_____ 963 Materials (Best Practice) if designate resource identified.

_____ Referral for Home Study

IF: Proposed placement is open recruitment.

_____ Sibling split committee to be completed if necessary.

180 Days from AG accepting for termination or court changing plan to adoption.

CRB to review RE: status

IF: Proposed placement is with a relative or current placement.

_____ Home study completed or Letter from Adoption and Certification Unit Supervisor explaining status (If in state). (Example - case needed to be staffed)

_____ Referral for Mediation upon Home Study Approval

_____ Final Current Caretaker Report (CF 251)

_____ Adoption Selection Report (if not current placement).

_____ Has Adoption Assistance been submitted by placement?

_____ Has mediation (if an option) been completed?

IF: Proposed placement is open recruitment.

_____ Suitable Resources identified.

_____ Adoption Committee.

_____ 963 Materials (Best Practice)

_____ Approval and Placement? (Depending on ICPC issues)

_____ Adoption Selection Report (CF250)

_____ Has mediation (if an option) been completed?

3 Months after placement (if child is legally free):

_____ Has Adoption Assistance been submitted by placement?

210 Days from AG accepting for termination or court change of plan

_____ TPR Trial

270 Days from AG accepting for termination or court change of plan.

_____ DHS to submit written court letter re status of following:

_____ TPR trial (if case was reset from earlier date), unless good cause found.

At time of termination, by trial or stipulation, Adoption Registry information provided.

Concurrent Planning Checklist

Date of substitute care: _____, 20__

By 1 Month of Substitute Care:

The following concurrent planning tasks should be completed:

- Action Agreement signed or Letter of Expectation sent for each parent
- Birth and medical records REQUESTED for EACH child
- CF 246/Genetic and medical history of child and biological family completed
- Relative search request filled out and submitted to administrative unit
- Father's Questionnaire filled out by trained staff with EACH child's mother
- ICWA (1270) form filled out and SIGNED BY BOTH parents of EACH child
- Absent parent search initiated if necessary
- Identification of concurrent plan for each child
- Sibling visit plan established IF IN SEPARATE PLACEMENTS/continue working toward sibling reunification if appropriate

By 2 Months of Substitute Care:

The following concurrent planning tasks should be completed:

- All allegations on all pending petitions have been resolved
- Petitions have been filed for all legal and "Stanley" putative fathers (legal fathers are men who were married to the mother of the child at the time of conception and/or birth of the child but are not believed to be the biological father of the child)
 - Motion filed contesting paternity for any legal father who is not believed to be the biological father of the child.**
 - Randolph Jones letters sent to putative fathers**
- Mental Health evaluation for child if child is over 3 years old
- EI evaluation for child if child is under 3 years old

By 4 Months of Substitute Care:

The following concurrent planning tasks should be completed:

- Diligent efforts made to locate relatives:
 - Contact with interested relatives made by worker and documented in file**
 - Suitability established**
 - ICPC requested if applicable**
- Birth and medical records of each child **secured in file**
- ICWA search **completed and findings in file**

By Supervisor's 8 Month Review:

The following concurrent planning tasks should be completed:

- CF246/Genetic and Medical History of child and biological family **secured in file**
- Staff case and supervisor to consider readiness for staffing with AAG and LAS
- Develop to-do lists, consider the need for expert testimony about child's needs, i.e. document child's need for permanency

ADOPTION CHECKLIST

Relinquishment

Children's Names:

Confirm all items listed on Concurrent Planning Checklist are documented in file.

- Birth certificate
- Birth and medical records secured in file for each child
- Genetic and medical history (CF246) of child and biological family secured in file
- Father's Questionnaire completed
- ICWA search completed and findings in file
- Diligent relative search completed
- Contacts with interested relatives documented in file
- Suitability established
- Absent parent search completed if applicable
- All legal parties identified
- ICPC requested IF APPLICABLE
- Sibling Planning Committee IF NEEDED
- Submit CF0439
- Adoption Child Summary CF421

Enter date of Signed Relinquishments:

_____, 20__

- To obtain relinquishments, submit R/S packet (CF439) to Central Office
- Immediately return signed relinquishments to Central Office (keep one original in branch file)

By 1 Month of Signed Relinquishments:

- Mediation referral encouraged if applicable (CF0437) (Current Caretaker Only)
- Submit Recruitment Materials to Central Office (if applicable)
- Submit 421 Adoption Planning Summary to Central Office

By 2 Months of Signed Relinquishments:

- R/S issued, signed and original submitted to Central Office
- Any applicable affidavits submitted to Central Office
- Schedule Preliminary Current Caretaker Staffing if applicable.
- Adoption worker completes update to home study and submits to Central Office w/approval

By 4 Months of Signed Relinquishments:

- _____ Caseworker reviews home studies and selects families to take to Adoption Committee
- _____ Caseworker requests Adoption Committee (either branch or Central Office committee)

By 5 Months of Signed Relinquishments:

- _____ Adoption worker submits Home Study Packet to Central Office

_____ **Adoption Committee scheduled.** Timeline will then follow one of the following three tracks:

<p>Current Caretaker Enter date of Adoption Committee: _____, 20____</p>	<p>State of Oregon Recruitment Enter date of Adoption Committee: _____, 20____ Minimum six month waiting period to monitor child's placement</p>	<p>Out-of-State Recruitment Enter date of Adoption Committee: _____, 20____ Minimum six month waiting period to monitor child's placement</p>
<p>By 3 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 963 Verification Form/ Adoption Registry Information signed by adoptive family and sent to caseworker <input type="checkbox"/> Caseworker sends 963 Verification Form to Central Office <input type="checkbox"/> E-mail to Central Office requesting that adoptive home be designated <input type="checkbox"/> Adoptive home is designated <input type="checkbox"/> Adoption Assistance Application completed by adoptive family and sent to Central Office 	<p>By 2 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoptive family selected <input type="checkbox"/> Mediation referral encouraged if applicable <input type="checkbox"/> 963 Verification Form signed by adoptive family and sent to caseworker <input type="checkbox"/> Caseworker sends 963 Verification Form to Central Office <input type="checkbox"/> Children notified and transition plan developed with foster and adoptive families <input type="checkbox"/> Children placed in adoptive home <p>By 3 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoption Assistance Application completed by adoptive family and sent to Central Office 	<p>By 3 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoptive family selected <input type="checkbox"/> Mediation referral encouraged if applicable <input type="checkbox"/> Adoption Selection report completed and submitted to Central Office within three days of committee <input type="checkbox"/> ICPC Form 100A completed/cover letter requesting adoption supervision and Form 100A sent to appropriate ICPC Coordinator in Central Office <input type="checkbox"/> Central Office processes Interstate Compact request and requests ICPC supervision <input type="checkbox"/> 963 Verification Form signed by adoptive family and sent to caseworker <input type="checkbox"/> Caseworker sends 963 Verification Form to Central Office <input type="checkbox"/> Children notified and transition plan developed with foster and adoptive families <input type="checkbox"/> Children placed in adoptive home <input type="checkbox"/> Adoption Assistance Application completed by adoptive family and sent to Central Office

<p align="center">Current Caretaker</p> <p align="center">Enter date of Adoption Committee _____, 20____</p>	<p align="center">State of Oregon Recruitment</p> <p align="center">Enter date of Adoption Committee _____, 20____</p>	<p align="center">Out-of-State Recruitment</p> <p align="center">Enter date of Adoption Committee _____, 20____</p>
<p>By 6 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Central Office has sent Adoption Assistance Agreements to adoptive family for signature and they have been returned to Central Office <input type="checkbox"/> Adoption Assistance Completion Memo sent to caseworker (Central Office) <input type="checkbox"/> Recommendation to finalize adoption submitted to Central Office <input type="checkbox"/> Adoption file has been reviewed by Central Office and Consent to Adoption and necessary documents sent to Vendor Attorney (Central Office) 	<p>By 6 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Email to Central Office requesting that adoptive home be designated <input type="checkbox"/> Adoptive home is designated <input type="checkbox"/> Memo of designation submitted to caseworker (Central Office) <input type="checkbox"/> Central Office has sent Adoption Assistance Agreements to adoptive family for signature and they have been returned to Central Office <input type="checkbox"/> Adoption Assistance Completion Memo sent to caseworker (Central Office) <input type="checkbox"/> Adoption Registry Information sent to adoptive family (caseworker) <input type="checkbox"/> Recommendation to finalize adoption submitted to Central Office 	<p>By 6 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Central Office has sent Adoption Assistance Agreements to adoptive family for signature and they have been returned to Central Office <input type="checkbox"/> Adoption Assistance Completion Memo sent to caseworker (Central Office) <input type="checkbox"/> Adoption Registry information sent to adoptive family (Caseworker) <input type="checkbox"/> Email to Central Office requesting that adoptive home be designated <input type="checkbox"/> Adoptive home is designated <input type="checkbox"/> Memo of designation submitted to caseworker (Central Office) <input type="checkbox"/> Recommendation to finalize adoption submitted to Central Office

Current Caretaker Enter date of Adoption Committee _____, 20____	State of Oregon Recruitment Enter date of Adoption Committee _____, 20____	Out-of-State Recruitment Enter date of Adoption Committee _____, 20____
<p>By 8 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoption pleadings have been drafted and sent to adoptive family for signature (Vendor Attorney) <input type="checkbox"/> Adoptive family has signed and returned adoption pleadings to the Vendor Attorney. <input type="checkbox"/> Vendor Attorney has filed with the court the pleadings and Consent with copies to Central Office <p>By 9 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Final Court Report filed with court (Central Office) and final judgment has been submitted (Vendor Attorney) <input type="checkbox"/> Adoption judgment signed by judge <input type="checkbox"/> Adoption judgment submitted to Central Office by court 	<p>By 7 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoption file has been reviewed by Central Office and Consent to Adoption and necessary documents sent to Vendor Attorney (Central Office) <p>By 9 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoption pleadings have been drafted and sent to adoptive family for signature (Vendor Attorney) <input type="checkbox"/> Adoptive family has signed and returned the adoption pleadings to the Vendor Attorney. <input type="checkbox"/> Vendor Attorney has filed with the court the pleadings and Consent with copies to Central Office 	<p>By 7 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoption file has been reviewed by Central Office and Consent to Adoption and necessary documents sent to Vendor Attorney (Central Office) <p>By 9 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoption pleadings have been drafted and sent to adoptive family for signature (Vendor Attorney) <input type="checkbox"/> Adoptive family has signed and returned the pleadings to the Vendor Attorney <input type="checkbox"/> Vendor Attorney has filed with the court the pleadings and Consent with copies to Central Office

Current Caretaker Enter date of Adoption Committee _____, 20____	State of Oregon Recruitment Enter date of Adoption Committee _____, 20____	Out-of-State Recruitment Enter date of Adoption Committee _____, 20____
<p>By 11 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Memo of finalization of adoption sent to caseworker (Central Office) <input type="checkbox"/> Dismissal submitted to court <input type="checkbox"/> Signed dismissal judgment returned to caseworker (Court) <input type="checkbox"/> Caseworker closes case 	<p>By 12 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Final Court Report filed with court (Central Office) and final judgment has been filed (Vendor Attorney) <input type="checkbox"/> Adoption judgment signed by judge <input type="checkbox"/> Adoption judgment submitted to Central Office by court <input type="checkbox"/> Memo of finalization of adoption sent to caseworker (Central Office) <input type="checkbox"/> Dismissal submitted to court <input type="checkbox"/> Signed dismissal judgment returned to caseworker (Court) <input type="checkbox"/> Caseworker closes case 	<p>By 12 Months of Adoption Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Final Court Report filed with court (Central Office) and final judgment has been filed (Vendor Attorney) <input type="checkbox"/> Adoption judgment signed by judge <input type="checkbox"/> Adoption judgment submitted to Central Office by court <input type="checkbox"/> Memo of finalization of adoption sent to caseworker (Central Office) <input type="checkbox"/> Dismissal submitted to court <input type="checkbox"/> Signed dismissal judgment returned to caseworker (Court) <input type="checkbox"/> Caseworker sends ICPC Form 100A to Central Office <input type="checkbox"/> Caseworker closes case

ADOPTION CHECKLIST
(Termination of Parental Rights)

Child(ren) Name(s):

DHS Process

Confirm all items listed on concurrent planning checklist are documented:

- Birth and medical records secured in file for each child
 - Birth certificate
 - Genetic and Medical History (CF0246) of child and biological family secured in file
- All legal parties identified
 - Diligent relative search completed
 - Father's Questionnaire completed
 - Absent Parent Search completed (if applicable)
 - Interested relatives documented in file
 - Suitability established
 - Siblings
- ICWA search complete
- ICPC requested (if applicable)
- Caseworker request form for internal legal assistance in terminating parent's rights prepared (Legal assistance checklist - CF0439)

Steps taken after approval to file a TPR petition but for before petition can be filed:

Immediately after TPR Approval:

- Write Legal Assistance Referral, and
- Submit internal legal assistance form to terminate parental rights (Legal assistance checklist - CF0439)
- Home study for non-current caretaker relative (if applicable and not already done)

1 Month of TPR Approval:

- Submit form with child's and parents' mental, physical and legal history to Central Office within 30 days of CF0439 (Adoption Planning Summary - CF0421)
- Submit recruitment materials to Central Office (for all instances outside relative resources having been identified)

2 Months of TPR Approval:

- Adoption worker completes updated home study (for relative placement)
- CF0251 form completed and adoption worker is assigned to complete adoption home study update.
- Schedule Preliminary Current Caretaker Staffing (precursor to Adoption Committee)
- Termination of Parental Rights Petition filed by Assistant Attorney General

After Child is Legally Free and Officially Designated in their Adoptive Placement

- Send Presumed Legal Father Affidavit to Central Office (if applicable)
- Send Deceased Parent Affidavit to Central Office (if applicable)

Upon filing Petition for Termination of Parental Rights, the agency shall simultaneously begin identifying, recruiting, processing and approving a qualified family for adoption – 419B.498(1)
Simultaneous activity not required for placement with a relative -- 419B.498(2)(a)

Steps taken after TPR Petition is filed:		
Current care taker	State of Oregon Recruitment	Out-of-state Recruitment
<p>Initial actions: Adoption Committee(s) scheduled</p> <ul style="list-style-type: none"> ▪ Current Caretaker Committee, and ▪ Sibling Planning Committee (if applicable) <p>3 Months of petition filing: <input type="checkbox"/> Mediation encouraged for biological parents <input type="checkbox"/> Adoption Selection Document Submitted <input type="checkbox"/> Form containing information about child and parent emotional, behavioral and physical attributes, signed by adoptive family (Verification Form: CF0963) <input type="checkbox"/> Adoption Assistance application completed by adoptive family and sent to Central Office (child needs to be legally free and placement designated). <input type="checkbox"/> Adoptive home designated by Central Office <ul style="list-style-type: none"> ▪ Sibling and Current Caretaker Committee findings </p>	<p>Initial actions: Adoption Committee(s) scheduled</p> <ul style="list-style-type: none"> ▪ Adoption Committee (placement with non-relative, may include current caretaker), and ▪ Sibling Planning Committee (if applicable) <p>2 Months of petition filing: <input type="checkbox"/> Adoptive family selected <input type="checkbox"/> Mediation encouraged for biological parents <input type="checkbox"/> Form containing information about child and parent emotional, behavioral and physical attributes, signed by adoptive family (Verification Form: CF0963) <input type="checkbox"/> Child(ren) notified and transition plan developed <input type="checkbox"/> Child(ren) placed in adoptive home</p> <p>3Months of petition filing: <input type="checkbox"/> Adoption Assistance application completed by adoptive family and sent to Central Office (child needs to be legally free and placement designated).</p>	<p>Initial actions: Adoption Committee(s) scheduled</p> <ul style="list-style-type: none"> ▪ Adoption Committee (placement with non-relative, may include current caretaker), and ▪ Sibling Planning Committee (if applicable) <p>3 Months of petition filing: <input type="checkbox"/> Adoptive family selected <input type="checkbox"/> Mediation encouraged for biological parents <input type="checkbox"/> Form containing information about child and parent emotional, behavioral and physical attributes, signed by adoptive family (Verification Form: CF0963) <input type="checkbox"/> Child(ren) notified and transition plan developed <input type="checkbox"/> Child(ren) placed in adoptive home <input type="checkbox"/> Adoption Assistance application completed by adoptive family and sent to Central Office (child needs to be legally free and placement designated). <input type="checkbox"/> ICPC supervision requested for interstate child placement (ICPC Form 100A)</p>

<p>6 Months of petition filing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Agreement between adoptive family and Central office reached on Adoption Assistance terms <input type="checkbox"/> Adoption Registry Information sent to adoptive family <input type="checkbox"/> Recommendation to finalize adoption submitted to Central Office <input type="checkbox"/> Adoption file has been reviewed by Central Office and Consent to Adoption and necessary documents sent to adoptive parent’s attorney (Vendor Attorney). 	<p>6 Months of petition filing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoptive home designated by Central Office <ul style="list-style-type: none"> ▪ Sibling and Current Caretaker Committee findings <input type="checkbox"/> Agreement between adoptive family and Central Office reached on Adoption Assistance terms <input type="checkbox"/> Adoption Registry Information sent to adoptive family <input type="checkbox"/> Recommendation to finalize adoption submitted to Central Office 	<p>6 Months of petition filing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoptive home designated central office <ul style="list-style-type: none"> ▪ Sibling and current caretaker Committee findings <input type="checkbox"/> Agreement between adoptive family and Central office reached on Adoption Assistance terms <input type="checkbox"/> Adoption Registry Information sent to adoptive family <input type="checkbox"/> Recommendation to finalize adoption submitted to Central Office
<p>8 Months of petition filing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoption pleadings sent to adoptive parents and adoptive parents through their attorney have filed adoption pleadings with the court (and Consent – child over 14) with copies to Central Office 	<p>7 Months of petition filing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoption file has been reviewed by Central Office and Consent to Adoption and necessary documents sent to adoptive parent’s attorney (Vendor Attorney). 	<p>7 Months of petition filing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoption file has been reviewed by Central Office and Consent to Adoption and necessary documents sent to adoptive parent’s attorney (Vendor Attorney).
<p>9 Months of petition filing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Final Court Report filed by Central Office with the court, and final Judgment filed by adoptive family <input type="checkbox"/> Adoption judgment signed by Judge 	<p>9 Months of petition filing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoption pleadings sent to adoptive parents and adoptive parents through their attorney have filed adoption pleadings with the court (and Consent – child over 14) with copies to Central Office 	<p>9 Months of petition filing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoption pleadings sent to adoptive parents and adoptive parents through their attorney have filed adoption pleadings with the court (and Consent – child over 14) with copies to Central Office
<p>11 Months of petition filing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dismissal submitted to court <input type="checkbox"/> Signed dismissal judgment returned by Court 		

<input type="checkbox"/> Caseworker closes case	<p>12 Months of petition filing:</p> <input type="checkbox"/> Final Court Report filed by Central Office with the court, and final adoption judgment filed by adoptive family	<p>12 Months of petition filing:</p> <input type="checkbox"/> Final Court Report filed by Central Office with the court, and final adoption judgment filed by adoptive family
	<input type="checkbox"/> Adoption judgment signed by Judge	<input type="checkbox"/> Adoption judgment signed by Judge
	<input type="checkbox"/> Dismissal submitted to court	<input type="checkbox"/> Dismissal submitted to court
	<input type="checkbox"/> Signed dismissal judgment returned by Court	<input type="checkbox"/> Signed dismissal judgment returned by Court
		<input type="checkbox"/> Caseworker sends ICPC Form 100A to Central Office
	<input type="checkbox"/> Caseworker closes case	<input type="checkbox"/> Caseworker closes case



Interstate Compact on the Placement of Children Request

One form per child

TO:

FROM:

SECTION I – IDENTIFYING DATA			
Notice is given of intent to place – Name of Child:		Ethnicity - Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine/Unknown	
Social Security Number:		ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex:	Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White	
Title IV-E Determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Name of Mother:	
Name of Mother:		Name of Father:	
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			
Name of Agency or Person Financially Responsible for Child:			Phone:
Address:			
SECTION II – PLACEMENT INFORMATION			
Name of Person(s) or Facility Child is to be placed with:			Soc Sec # (Optional): _____
Address:			Soc Sec # (Optional): _____
Phone:			Phone:
Type of Care Requested:			
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Parent	<input type="checkbox"/> ADOPTION
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care-Article VI,	<input type="checkbox"/> Relative (Not Parent)	<input type="checkbox"/> IV-E Subsidy
<input type="checkbox"/> Child-Caring Institution	<input type="checkbox"/> Adjudicated Delinquent	<input type="checkbox"/> Relationship:	<input type="checkbox"/> Non IV-E Subsidy
<input type="checkbox"/> Other:		To Be Finalized in:	
<input type="checkbox"/> Sending State		<input type="checkbox"/> Receiving State	
Current Legal Status:			
<input type="checkbox"/> Sending Agency Custody/Guardianship	<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption	<input type="checkbox"/> Protective Supervision	
<input type="checkbox"/> Parent Relative Custody/Guardianship	<input type="checkbox"/> Unaccompanied Refugee Minor	<input type="checkbox"/> Other:	
<input type="checkbox"/> Court Jurisdiction Only			
SECTION III – SERVICES REQUESTED			
Initial Report Requested (if applicable)		Supervisory Services Requested	
<input type="checkbox"/> Parent Home Study	<input type="checkbox"/> Request Receiving State to Arrange Supervision	Supervisory Reports Requested	
<input type="checkbox"/> Relative Home Study	<input type="checkbox"/> Another Agency Agreed to Supervise	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Adoptive Home Study	<input type="checkbox"/> Sending Agency to Supervise	<input type="checkbox"/> Semi-Annually	
<input type="checkbox"/> Foster Home Study	<input type="checkbox"/> Other:		
Name and Address of Supervising Agency in Receiving State:			
Enclosed: <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures			
<input type="checkbox"/> Home Study of Placement Resources <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> IV-E Eligibility Document			
Signature of Sending Agency or Person:			Date:
Signature of Sending State Compact Administrator Deputy or Alternate:			Date:
SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III (d) OF ICPC			
<input type="checkbox"/> Placement may be made.		<input type="checkbox"/> Placement shall not be made.	
REMARKS:			
Signature of Receiving State Compact Administrator, Deputy, or Alternate:			Date:

Policy Ref: I-B.3.4.2

CF 0100A (10/01) PC 10/01

DISTRIBUTION (Complete six (6) copies):

- Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
- Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and copy to sending Compact Administrator, DCA, or alternate within 30 days:
- Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.



Genetic and Medical History of Child and Biological Family

Date Completed:

Child's Name:

Form Completed By:

If information is unknown ("unk") or not available ("N/A") please indicate.

A: Birth Information

Birth Date: _____ Time: _____ Gestational Age: _____

Birthplace Hospital: City/State): _____

Measurements at Birth:

Weight: _____ Length: _____ Head: _____ Chest: _____
Caesarian: Yes No Spontaneous Birth: Yes No

APGAR Scores:

Presentation at Birth: Breech Vertex OA
Duration of Labor: _____ Assisted: _____ Forceps Vacuum

Resuscitation Required: Yes No If yes, how long? _____

Type of Birth: Single Multiple If multiple, how many? _____

Birth Record Additional Comments:

Discharge Weight: _____ Discharge Date: _____

Breast Fed: Yes No If yes, how long? _____

Formula: _____

List of Medications Given	
Mother	Baby

Date of Circumcision (if applicable): _____

Child's Blood Type/RH Factor: _____

Serology on Infant Completed: Yes No If yes, Date: _____ Results: _____ PKU
Date: _____ PKU Number: _____

Coombs Test Completed: Yes No Results: _____

Birth Defects/Other Physical Problems:

Check any of the following that have been present:
 Convulsions Cyanosis Congenital Condition
 Jaundice Tremors Pallor

Sexually Transmitted Disease diagnosed in child at time of birth, if any (specify): _____

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

Childs Name _____

If American Indian or Alaskan Native, specify name of tribe and degree of Indian blood (if known)

Race:

- Asian
- Black or African American
- White
- Multi-Racial (Specify):
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Unable to Determine

Ethnicity:

- Hispanic or Latino.
- Not Hispanic or Latino
- Nationality (specify):
- Unable to Determine

B. CHILD'S PRENATAL EXPOSURE TO ALCOHOL OR OTHER CONTROLLED SUBSTANCES

Type	Select One	Which Trimester	Frequency	Amount	How Taken	Comments (include source of information)
1. Alcohol (beer, wine, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	
2. Amphetamines (uppers)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	
3. Barbiturates (downers)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	
4. Tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	
5. Cocaine (crack)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	
6. Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	
7. LSD	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	
8. PCP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	
9. Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	
10. Inhalants	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	
11. Methadone	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	
12. Methamphetamine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	
13. Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	{Select One			Intravenous	

Confirmed Diagnosis of: _____ Fetal Alcohol Effect: Yes No
 Date of Diagnosis: _____ Name of Evaluator: _____
 Fetal Alcohol Syndrome: Yes No

Childs Name

Date of Diagnosis:

Name of Evaluator:

C. CHILD'S HEALTH HISTORY

Indicate conditions child has had and approximate date:

- Rubella (3 day)
- Rubella (2 week)
- Mumps
- Chicken Pox
- Meningitis
- Other Specify:
- Rosella
- Asthma
- Hay Fever
- Encephalitis
- Whooping Cough
- Ear Infection
- Heart Murmur
- Urinary/Bladder Infection

Has the child experienced any of the following?	Select One	Comments (Name of person reporting information and date of occurrence if known)
1. Head Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
2. Fractures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
3. Other Injuries /Traumas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
4. Physical Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
5. Sexual Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
6. Neglect	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
7. Multiple Caretakers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
8. Failure to Thrive	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
9. Hospitalizations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
10. Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

D. CHILD'S IMMUNIZATION HISTORY

Immunizations and Date(s) Given:

- Immunizations Complete
- Incomplete, but up-to-date
- Date scheduled:
- Pneumococcal Conjugate:
- Other:
- DTP (Diphtheria/Tetanus/Pertussis)
- Varicella (Chicken Pox)
- Polio
- MMR (Measles/Mumps/Rubella)
- HIB (Influenza)
- HEP B (Hepatitis B)
- T B (Tuberculosis)

Childs Name

E. CHILD'S CURRENT INFORMATION

Developmental History: (expressed in months)

Toilet Trained:

Feeding:

Other:

Physical Description of Child:

Current Age:

Hair Color:

Small-Boned:

Eye Color:

Usual Weight:

Large Boned:

Body Type:

Skin Color:

Medium-Boned:

Height:

Describe any distinguishable physical features: (e.g., birthmarks, scars, etc.)

F. BIRTH MOTHER'S HISTORY DURING THIS PREGNANCY

Age when birth mother became pregnant:

When did Prenatal Care begin?

Pregnancies:

Number of Live Births:

Miscarriages:

Conditions during this Pregnancy:

Infection:

Virus:

German Measles:

Mother's blood type:

Mother's RH Factor:

Sexually Transmitted:

Herpes

Chlamydia

Syphilis

Gonorrhea

Genital Warts

Other:

If any of the above items were checked, please specify type of condition(s), date(s) and type of treatment:

Is the biological father a genetic relative of the mother? Yes No

If yes, degree of relationship:

Father's Blood Type:

Father's RH Factor:

Exposure to toxic environmental conditions or substances: (specify)

Other: (Complications or accidents during pregnancy, indications of anemia, etc.) Specify and explain:

HIV Test? Yes No If "Yes" give Date:

G. MEDICATIONS TAKEN BY BIRTH MOTHER DURING AND WITHIN 6 MONTHS BEFORE OR AFTER THIS PREGNANCY

Non-Prescription Drugs: (list names) including Aspirin, Nose Drops, etc	Taken When?	Why Taken?	Approx. Time Period	How Often?
	{Select One}			

Childs Name

Prescription Drugs: (list names)	Taken When?	Why Taken?	Approx. Time Period	How Often
	{Select One}			

H. MEDICAL CONDITIONS OF CHILD AND CHILD'S BIOLOGICAL FAMILY

Condition	Child	Mother's Family (list relationship to child) e.g., parent, grandparent, aunt, uncle, sibling	Father's Family (list relationship to child) e.g., parent, grandparent, aunt, uncle, sibling	Comments (also list name of person reporting information; if condition resulted in death, note here)
1. Respiratory				
Allergies				
Asthma				
Bronchitis				
Emphysema				
Tuberculosis				
Cystic Fibrosis				

Other comments regarding medication:

Gastrointestinal	Child	Mother's Family	Father's Family	Comments
Ulcers				
Inflammatory Bowel				
Other				

Cardiovascular	Child	Mother's Family	Father's Family	Comments
High Blood Pressure				
Heart Attack				
Stroke				
Congestive Heart Failure				
Atherosclerosis				
Heart Rhythm Abnormality				
Congenital Heart Defect				

Childs Name

4. Immune/ Hematological	Child	Mother's Family (list relationship to child) e.g., parent, grandparent, aunt, uncle, sibling	Father's Family (list relationship to child) e.g., parent, grandparent, aunt, uncle, sibling	Comments (also list name of person reporting information; if condition resulted in death, note here)
Mononucleosis				
Hemophilia				
Leukemia				
Lymphomas				
Hodgkin's Disease				
Other Cancer (type?)				

5. Renal	Child	Mother's Family	Father's Family	Comments
Kidney Failure/Dialysis/ Transplant				
Other Kidney Problems				

6. Liver Disease	Child	Mother's Family	Father's Family	Comments
Hepatitis (specify type)				
Cirrhosis				
Other Liver Disease				

7. Central Nervous System	Child	Mother's Family	Father's Family	Comments
Epilepsy				
Hydrocephalus				
Multiple Sclerosis				
Huntington's Chorea				
Seizures/ Convulsions				

8. Endocrine	Child	Mother's Family	Father's Family	Comments
Diabetes (Adult or Juvenile) -- list treatment				
Thyroid (hyper/hypo)				
Adrenal				

Childs Name

9. Muscular/Skeletal	Child	Mother's Family (list relationship to child) e.g., parent, grandparent, aunt, uncle, sibling	Father's Family (list relationship to child) e.g., parent, grandparent, aunt, uncle, sibling	Comments (also list name of person reporting information; if condition resulted in death, note here)
Club Foot				
Scoliosis(Curvatur e of the Spine)				
Arthritis (Osteo or Rheumatoid)				
Cleft lip or Palate				
Lupus				

10. Neuromuscular	Child	Mother's Family	Father's Family	Comments
Cerebral Palsy				
Muscular Dystrophy				
Spina Bifida				

11. Visual/Auditory	Child	Mother's Family	Father's Family	Comments
Blindness				
Glaucoma				
Cataracts or other eye problems				
Deafness or other hearing problems				

I. OTHER MEDICAL CONDITIONS OF CHILD AND CHILD'S BIOLOGICAL FAMILY				
12. Mental Illness (list type, e.g., Depression, Bipolar, Schizophrenia)				
13. Alcohol or Drug Abuse				
14. Eating Disorders				
15. Mental Retardation				
16. Give age at death & cause of death of child's grand-parent, aunt, uncle, and siblings:				
17. Other				

J. BIRTH PARENT'S FAMILY HISTORY

Were you or any family member of your immediate family adopted? Yes No
 If yes, please tell which family member:

Childs Name

	BIRTH MOTHER	BIRTH FATHER
Date of Birth (or approximate age of D.O.B. is unknown)		
If deceased, age at and cause of death.		
Height & Weight		
Eye Color/Skin Tone		
Hair Color & Texture		
Build (e.g., petite, large boned)		
Personality		
Religion		

Race	BIRTH MOTHER	Race	BIRTH FATHER
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native If American Indian or Alaskan Native, specify name of tribe and degree of Indian blood (if known): <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine Multi-Racial (specify):		<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native If American Indian or Alaskan Native, specify name of tribe and degree of Indian blood (if known): <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine Multi-Racial (specify):	
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unable to Determine Nationality:	BIRTH MOTHER	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unable to Determine Nationality:	BIRTH FATHER

Other Information:

Adoption Recommendation and Selection Decision Report

Date of committee: _____

Instructions Each are responsible for form content: support staff: sections: 1 and 8. Caseworker (prior to committee): section 4. Facilitator: sections 1, 3, 5 and 9. Adoption Decision Specialist (ADS): sections 2, 4, 6 and 7.

Section 1: Facilitator or support staff completes the following section:

Child(ren) and case number <i>(List by oldest to youngest)</i>	Legal status of children		
Oldest: _____	<input type="checkbox"/> Free	<input type="checkbox"/> Partly free	<input type="checkbox"/> Not free
_____	<input type="checkbox"/> Free	<input type="checkbox"/> Partly free	<input type="checkbox"/> Not free
_____	<input type="checkbox"/> Free	<input type="checkbox"/> Partly free	<input type="checkbox"/> Not free
_____	<input type="checkbox"/> Free	<input type="checkbox"/> Partly free	<input type="checkbox"/> Not free
_____	<input type="checkbox"/> Free	<input type="checkbox"/> Partly free	<input type="checkbox"/> Not free
_____	<input type="checkbox"/> Free	<input type="checkbox"/> Partly free	<input type="checkbox"/> Not free

Family: <i>(first, last name)</i>	Date of study:	Adoption worker:	Agency:
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

Section 2 — ADS completes the following section. {ADS name}:

Adoption Decision Specialist
Family selected by ADS: _____
Backup family number 1 selected: (if selected) _____
Backup family number 2 selected: (if selected) _____
<input type="checkbox"/> No family selected.

Section 3 — Facilitator is responsible for completion of this section:

Committee members
Facilitator: _____
Member 1: _____
Member 2: _____
Child's worker(s): _____

Child's attorney

Does child have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Invited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's attorney 1 name: _____			
Child's attorney 1 input: _____			
Child's attorney 2 name: _____	Invited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's attorney 2 input: _____			

Child's CASA

Does child have a CASA <input type="checkbox"/> Yes <input type="checkbox"/> No	Invited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's CASA's name: _____			
Child's CASA's input: _____			

Child's tribe

Does child have a Tribe <input type="checkbox"/> Yes <input type="checkbox"/> No	Invited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tribal representative name: _____			
Child's tribe Input: _____			

Refuge Child Welfare Advisory Committee Representative (RCWAC)

Is this a refuge child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Invited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee member? <input type="checkbox"/> Yes <input type="checkbox"/> No
RCWAC member: _____			
RCWAC input: _____			

Others in attendance: _____

Section 4 — Caseworker is responsible for this section prior to committee. ADS adds additional information from committee as needed:

Child(ren)'s current and possible life long needs

Child no. {Select one}: _____ Date of birth: _____
Emotional/social/attachment, physical/medical, cognitive/educational, family/sibling connections, safety, cultural connection, other matching considerations:

ADS provides additional information, here as needed.

Child no. {Select one}: _____ Date of birth: _____
Emotional/social/attachment, physical/medical, cognitive/educational, family/sibling connections, safety, cultural connection, other matching considerations:

ADS provides additional information, here as needed.

Child no. {Select one}: _____ Date of birth: _____
Emotional/social/attachment, physical/medical, cognitive/educational, family/sibling connections, safety, cultural connection, other matching considerations:

ADS provides additional information, here as needed.

Child no. {Select one}: _____ Date of birth: _____
Emotional/social/attachment, physical/medical, cognitive/educational, family/sibling connections, safety, cultural connection, other matching considerations:

ADS provides additional information, here as needed.

If you need to add more or delete children do so now before beginning this next section place cursor here then choose and

Section 5 — Facilitator completes the following section:

Committee member results and recommendations

Instructions to facilitator: For each *committee member*, indicate the relevant recommendation for each family. If members rank families, the numbers indicate the following: **1 – first preference, 2 – second preference** or number **3 – third preference, Not Ap** – indicates that a family is seen as not appropriate as an adoptive resource to the child or children.

		Family A	Family B	Family C
Member names	Member 1:	{Choose one}	{Choose one}	{Choose one}
	Member 2:	{Choose one}	{Choose one}	{Choose one}
	Caseworker:	{Choose one}	{Choose one}	{Choose one}
	Child's attorney 1:	{Choose one}	{Choose one}	{Choose one}
	CASA:	{Choose one}	{Choose one}	{Choose one}
	Tribal representative:	{Choose one}	{Choose one}	{Choose one}
	RCWAC member:	{Choose one}	{Choose one}	{Choose one}
	Facilitator:	{Choose one}	{Choose one}	{Choose one}
	*Additional members:	{Choose one}	{Choose one}	{Choose one}
	*Additional members:	{Choose one}	{Choose one}	{Choose one}
	*Additional members: {Choose one}	{Choose one}	{Choose one}	{Choose one}

To add "Additional members" place cursor here and use the "ADD Members" button.

*Other eligible committee members: additional child caseworkers, CASAs, children's attorneys, tribal representatives and RCWAC representatives.

Committee's recommendations

(Check all relevant boxes)

- When members all *agree*, committee may make one or more of the following recommendations:
 - a. One adoptive resource is recommended: Name of family: _____
 - b. Order of preference of appropriate families:
 - 1 Family recommended: _____
 - 2 Family recommended: _____
 - 3 Family recommended: _____
 - c. Name of family/families not appropriate _____
- When committee does *not agree*, each member makes their respective recommendations to facilitator. See recommendation results above

Rationale for recommendations

Transition considerations and suggestions

Controversial issues discussed (if any)

Adoption assistance needed: Yes No

IV-E Eligible? Yes No

Facilitator reminds caseworker to:

- Provide disclosure materials as indicated by the Required Information for Adoption Workers and Adoptive Parents (CF 963) to adoption worker of selected family.
- Provide written notification of ADS decision using a department approved form (CF 272) to child's attorney, CASA, tribal representative and RCWAC member, as applicable. Notification must include information on review process (OAR 413-120-0060). This must occur by the end of the next business day following written notification by the ADS.
- Provide written notification to adoptive family not studied by DHS, using form CF 260. Notification must include information on review process (OAR 413-120-0060). This must occur by the end of the next business day following written notification by the ADS.

Facilitator reminds DHS adoption worker to provide written notification to family studied by DHS of decision regarding whether the family was selected, using form CF 260. Notification must include information on review process (OAR 413-120-0060). This must occur by the end of the next business day following written notification by the ADS.

NOTE: Facilitator to list on the last page of this form in section 9, any written information that was provided to committee that was not included in committee packet.

Section 6 — ADS completes the family sections, as applicable:

Family A

— Summary of family presented

Family has attended pre-adoption classes: Yes No If no, how will this training be provided? _____
Private adoption agency: Yes No Purchase of service contract needed: Yes No
Has the local DHS office made arrangements for foster care supervision? Yes No ICPC needed: Yes No

Family stability:

Family's skills and abilities to meet the child's following needs:

Emotional/social/attachment —

Physical/medical —

Cognitive/educational —

Family and sibling connections —

Safety —

Cultural and spiritual connections —

Access to resources for child —

Other matching considerations:

Concerns not addressed above:

Family B

— Summary of family presented

Family has attended pre-adoption classes: Yes No If no, how will this training be provided? _____

Private adoption agency: Yes No Purchase of service contract needed: Yes No

Has the local DHS office made arrangements for foster care supervision? Yes No ICPC needed: Yes No

Family stability:

Family’s skills and abilities to meet the child’s following needs:

Emotional/social/attachment —

Physical/medical —

Cognitive/educational —

Family and sibling connections —

Safety —

Cultural and spiritual connections —

Access to resources for child —

Other matching considerations :

Concerns not addressed above:

Family C

— Summary of family presented

Family has attended pre-adoption classes: Yes No If no, how will this training be provided? _____
Private adoption agency: Yes No Purchase of service contract needed: Yes No
Has the local DHS office made arrangements for foster care supervision? Yes No ICPC needed: Yes No

Family stability:

Family's skills and abilities to meet the child's following needs:

Emotional/social/attachment —

Physical/medical —

Cognitive/educational —

Family and sibling connections —

Safety —

Cultural and spiritual connections —

Access to resources for child —

Other matching considerations :

Concerns not addressed above:

Section 7— ADS completes this section:

Adoption Decision Specialist (ADS) decisions

ADS name: _____

Name of oldest child considered: _____

Date of decision: _____ (Must be by the end of the business day following the adoption committee.)

ADS provides written *notification* of the decision to caseworker, adoption workers and committee facilitator*: {Date} _____

Instructions: Fill in spaces as they apply.

Adoptive family selected: Yes No

No family is appropriate as an adoptive resource: Yes No

Adoptive family name selected for child: _____

Back-up family name (if selected for child): _____

Second back-up family name (if selected for child): _____

Rationale for decision:

Additional information considered: List any additional information considered by the ADS beyond the written and verbal information available to the adoption committee (list briefly). If written information, please attach a copy.

Notification instructions:

1. *The ADS has until the end of the business day following the adoption committee to notify the child's caseworker, adoption workers and facilitator of the decision. The decision must be written and provided on form CF 272.
2. ADS instructs caseworker to:
 - Provide child's Required Information for Adoption Workers and Adoptive Parents, (CF 963), to the adoption worker of adoptive family selected. (Not required if ADS announces decision in committee and facilitator just given worker this reminder.)
 - Provide written notification of ADS decision to child's attorney, CASA, tribal representative and RCWAC member, as applicable. Use form CF 272. Notification must include information on review process (OAR 413-120-0060). **This must occur by the end of the next business day following written notification by the ADS.**
 - Provide written notification to adoptive family not studied by DHS, using CF 260. (Not required if ADS announces decision in committee and facilitator just given worker this reminder.) Notification must include information on review process (OAR 413-120-0060). **This must occur by the end of the next business day following written notification by the ADS.**
3. ADS remind DHS adoption worker to provide a written notification to family studied by DHS of decision regarding whether the family was selected, using form CF 260. Notification must include information on review process (OAR 413-120-0060). **This must occur by the end of the next business day following written notification by the ADS.**
4. If the child is not IV-E eligible and the adoptive resource is in another state, caseworker should contact adoption assistance coordinator to arrange for benefits in the other state.

Distribution of form instructions: After the ADS makes the decision, this form is sent or faxed to the Central Office **within two business days** following the adoption committee. FAX option: 503-945-6633.

A copy of this form does NOT go to the caseworker, committee members, adoption worker or case file.

Section 8 — To be completed by person preparing adoption committee packet.

Adoption committee packet: Documents list

Instructions: List all items provided in committee packet. Not all items below are available for each case. The # refers to the quantity in the child information categories below, such as two psychological evaluations for an individual child.

Children	Child sum.	Psych eval.	Therapy rpt.	Education	CDRC
1) _____	<input type="checkbox"/>	<input type="checkbox"/> #	<input type="checkbox"/> #	<input type="checkbox"/> #	<input type="checkbox"/> #
2) _____	<input type="checkbox"/>	<input type="checkbox"/> #	<input type="checkbox"/> #	<input type="checkbox"/> #	<input type="checkbox"/> #
3) _____	<input type="checkbox"/>	<input type="checkbox"/> #	<input type="checkbox"/> #	<input type="checkbox"/> #	<input type="checkbox"/> #
4) _____	<input type="checkbox"/>	<input type="checkbox"/> #	<input type="checkbox"/> #	<input type="checkbox"/> #	<input type="checkbox"/> #
5) _____	<input type="checkbox"/>	<input type="checkbox"/> #	<input type="checkbox"/> #	<input type="checkbox"/> #	<input type="checkbox"/> #
6) _____	<input type="checkbox"/>	<input type="checkbox"/> #	<input type="checkbox"/> #	<input type="checkbox"/> #	<input type="checkbox"/> #

List any other written child info: (medical, sibling planning memo, disruption memo, personal cares form, psychiatric evaluation, residential treatment reports, etc.)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

- Letter from attorney
 Letter from CASA
 Letter from tribe
 Letter from foster parent
 Letter from birth parent

Family names:

	Adopt HS	Foster HS	Application 1260A	Financial 1291	Pct. Pref. 1266
A) _____	<input type="checkbox"/>				
B) _____	<input type="checkbox"/>				
C) _____	<input type="checkbox"/>				

List other written family info: (Out of home care investigation, exceptions, letter from family, support letters, medical info, mental health info, financial info, Current Caretaker Report CF 251, etc.)

- A) _____
- B) _____
- C) _____

Section 9 — To be completed by facilitator. List any materials received by committee members that were not in adoption committee packet:

- Letter from attorney 1
 Letter from attorney 2
 Letter from CASA
 Letter from tribe
 Letter from family A
 Letter from family B
 Letter from family C

ADOPTION COMMITTEE OUTLINE AND NOTIFICATION INFORMATION

A) Committee Process and Selection Decision:

- Introductions: attendees' roles at committee. CASA, child attorney, tribal representative and RCWAC member must inform the facilitator of their intention to be a committee member or an observer.
- Facilitator reads Confidentiality statement form CF 273: All attendees must sign statement agreeing to follow DHS confidentiality rules relevant to committee.
- ADS and Facilitator each have sections of the Adoption Recommendation and Selection Decision form CF 250 for which they have completion responsibility.
- Child information presentations: 1. Caseworker. 2. People eligible to be committee members due to their roles on the child's team: CASA, child's attorney, tribal representative, RCWAC member. 3. Community partners who know the child: foster parent, therapist, mentor and others.
- After child presentations Facilitator **EXCUSES** presenters of child information who are *not* eligible to serve on adoption committee, such as foster parent and therapist.
- Adoption workers give family presentations focusing on families' abilities to parent the particular child. Questions welcome after each presentation.
- Committee members deliberate about each family's skills and abilities to meet the child's individual needs.
- Committee members verbally give group or individual (if they do not have group consensus) recommendations to ADS. Facilitator records committee information on CF 250 form and submits form to ADS.
- ADS makes selection decision. This must be done at the meeting's end or by the end of the next business day following the meeting.
- All confidential written information for committee given to CASA, child's attorney, tribal representative, RCWAC member and committee members must be given to DHS by the meeting's end.
- Facilitator adjourns meeting.

B) Notification:

- Caseworker, adoption workers, facilitator, child's attorney, CASA, tribal representative and RCWAC member must provide contact information for timely receipt of written notification from DHS.
- ADS sends: **1. Written notification** to caseworker, adoption workers and Facilitator of selection and if an alternate was selected. This must be done at the meeting's end or by the end of the next business day following meeting. **2. Form CF 250 with selection and rationale** to Central Office Adoption Program within **two business days** following meeting.
- Caseworker sends: **Written notification** on DHS approved form CF 272 to child's attorney, CASA, tribal representative and RCWAC member, as applicable. This includes information about the review process. Notification must be by the end of the **next business day** following the ADS's written notification to worker.
- DHS adoption workers and caseworkers sends to each family considered the **written notification** on form CF 260 as to whether the family was selected. (**1. Caseworker sends notification to families studied by an agency other than DHS.**) (**2. DHS adoption workers send notification to DHS studied families.**) Notification includes review information and is sent by the end of the next business day following ADS's written notification of decision to workers. For committees at which all families considered are general applicants no reviews allowed.

Current Caretaker Consideration Report

Instructions Each of the following are responsible for form content: **Support staff:** page 1 and section 7. **Caseworker (prior to committee):** sections 1 5 and in some cases, after approved adoption home study, section 10. **Facilitator:** page 1 and sections 6 and 8. **Child Welfare Program Manager:** section 9.

Foster parent(s): _____ Permanency committee date: _____

Case number: _____ Provider number: _____

Children under consideration <i>(List by oldest to youngest)</i>	D.O.B.	Legal status	Date entered this home
Oldest:		<input type="checkbox"/> Free <input type="checkbox"/> Half free <input type="checkbox"/> Not free	
		<input type="checkbox"/> Free <input type="checkbox"/> Half free <input type="checkbox"/> Not free	
		<input type="checkbox"/> Free <input type="checkbox"/> Half free <input type="checkbox"/> Not free	
		<input type="checkbox"/> Free <input type="checkbox"/> Half free <input type="checkbox"/> Not free	
		<input type="checkbox"/> Free <input type="checkbox"/> Half free <input type="checkbox"/> Not free	
		<input type="checkbox"/> Free <input type="checkbox"/> Half free <input type="checkbox"/> Not free	

Certifier: _____ Child(ren)'s worker: _____

Adoption worker: _____

Child Welfare Program Manager (CWPM) or designee: _____

Foster parent: _____ Present Yes No Date of birth: _____

Co-foster parent: _____ Present Yes No Date of birth: _____

List children: <i>(biological, step and adopted)</i>	Relationship	Where living	Date of birth

List other children in the home <i>(foster, other)</i>	Relationship	Date of birth

Foster parent(s):

Oldest child's name:

To the caseworker: The caseworker completes the following to assess the foster parent. Prior to the consideration of foster parents, worker should talk with the foster parents about the adoption process and for their perspectives on sections 3, 4 and 5. Caseworker adds own professional perspective to the information.

Section 1 — Diligent relative search

List the date the diligent relative search began (mm/dd/yy): _____

- Caseworker and supervisor have determined that they have complied with the requirements of both of the following :
 - (A) Reviewed the Department's diligent efforts to identify, contact, and place a *child* with relatives and to place siblings together as required under both Child Welfare Policy I-E.1.1, "Search for and Engagement of a Child's Relatives," OAR 413-070-0060 to 413-070-0087 and Child Welfare Policy I-G.1.2, "Identification and Consideration of Potential Adoption Resources," OAR 413-120-0700 to 413-120-0760; and
 - (B) Confirmed there are no current Department actions to ---
 - (i) Identify a child's relative as defined in OAR 413-120-0510(12)(a)-(c); or
 - (ii) Assess an identified relative as defined in OAR 413-120-0510(12)(a)-(c) who has either expressed an interest in and needs to be or currently is being assessed as a potential *adoptive resource*.

Briefly describe the results of the diligent search for relatives:

Section 2 — Child(ren)'s personal and birth family history

- Include original reason children came into care, placement history, and legal status or instead of the above information, please attach the Adoption Child Summary (CF 421) if available and add any additional relevant information (i.e., *Permanency Committee report for sibling planning, child's psychological assessment*).

Section 3 — Child(ren)'s current and lifelong needs

The caseworker completes this section prior to Permanency Committee.

Child number: {Select one} Child's name: _____

Child's needs:

Emotional/social/attachment —

Physical/medical —

Cognitive/educational —

Foster parent(s):

Oldest child's name:

Family and sibling connections —

Safety —

Cultural and spiritual connections —

Other matching considerations:

Child number: {Select one} Child's name: _____

Child's needs:

Emotional/social/attachment —

Physical/medical —

Cognitive/educational —

Family and sibling connections —

Safety —

Cultural and spiritual connections —

Do Not File in Case Record

Foster parent(s):

Oldest child's name:

Other matching considerations:

Child number: {Select one} Child's name: _____

Child's needs:

Emotional/social/attachment —

Physical/medical —

Cognitive/educational —

Family and sibling connections —

Safety —

Cultural and spiritual connections —

Other matching considerations:

{You can insert another child to this section by using macro toolbar above, click on Section 3 button.}

Section 4 — parent(s)

- Please describe foster parent(s)' motivation and commitment to adopt the children.

Do Not File in Case Record

Section 4 — parent(s)

- Describe foster parent(s)' ability to address and support the children's connections with siblings, birth parents and/or other relatives. Discuss any safety concerns.

- Address any health (*physical and mental*) considerations of the foster parents that may impact their ability to raise the children to adulthood. Be specific.

- Describe the foster parent(s)' ability to work as a member of the children's team with therapist, school, caseworker, CASA, physician, etc.

- What resources are available to raise the children in the event the foster parent becomes unable to care for the child?

- What is the foster parent(s)' plan to continue to provide foster care? Evaluate how this might affect the children they are planning to adopt.

- Discuss any possible barriers with the foster parents that may interfere with the process to complete the adoption home study within 90 days (*i.e., medical exams, application paperwork, Adoption Assistance expectations, training attendance, participation in interviews, obtaining marriage license or other documentation, ambivalence, etc.*). Discuss possible methods of addressing these barriers.

- Address financial considerations regarding the adoptive plan. Include, if applicable, foster care reimbursement for each child.

Foster parent(s):

Oldest child's name:

Section 4 — parent(s)

- **Will foster parents be requesting adoption assistance?** Yes No
- If yes, are the children eligible (i.e. meet special needs criteria)? Yes No
- If yes, are the children IV-E eligible? Yes No

If the child is not IV-E eligible and the adoptive resource is in another state, contact your adoption assistance coordinator to arrange for benefits in the other state.

- **Is early adoption assistance review recommended?** Yes No

An early review is recommended for any child receiving a total monthly foster care payment of **\$800.00 or more.**

NOTE: Adoption assistance cannot pay for a parent's time or educational, daycare or medical costs not covered by Oregon Health Plan.

Section 5 — Relationship between foster parents and children

- Discuss the quality of the children's relationships with foster parents and other foster family members.
- Evaluate the capacity, special knowledge, skills and abilities of foster parents to meet each child's current and possible lifelong needs.

Child number: {Select one} Child's name: _____

Family's skills and abilities to meet the child's following needs:

Emotional/social/attachment —

Physical/medical —

Cognitive/educational —

Family and sibling connections —

Safety —

Cultural and spiritual connections —

Foster parent(s):

Oldest child's name:

Section 5 — Relationship between foster parents and children

Access to resources for child —

Other matching considerations :

Concerns not addressed above:

- Discuss the quality of the children's relationships with foster parents and other foster family members.
- Evaluate the capacity, special knowledge, skills and abilities of foster parents to meet each child's current and possible lifelong needs.

Child number: {Select one} Child's name: _____

Family's skills and abilities to meet the child's following needs:

Emotional/social/attachment —

Physical/medical —

Cognitive/educational —

Family and sibling connections —

Safety —

Cultural and spiritual connections —

Do Not File in Case Record

Foster parent(s):

Oldest child's name:

Access to resources for child —

Other matching considerations :

Concerns not addressed above:

Child number: {Select one} Child's name: _____

Family's skills and abilities to meet the child's following needs:

Emotional/social/attachment —

Physical/medical —

Cognitive/educational —

Family and sibling connections —

Safety —

Cultural and spiritual connections —

Access to resources for child —

Do Not File in Case Record

Foster parent(s):

Oldest child's name:

Other matching considerations :

Concerns not addressed above:

{If you need to add more children to this area, place your cursor here and click on "ADD Section 5".}

Permanency committee meeting

The following is completed by the Permanency Committee

Facilitator:

{Facilitor name}

The child's attorney, CASA, tribe and refuge child welfare advisory committee representative must be invited.
(OAR 413-120-0570)

Child's Attorney 1

Does child have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Invited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Attorney's name: _____			
Child's attorney's input: _____			

Child's CASA 1

Does child have a CASA <input type="checkbox"/> Yes <input type="checkbox"/> No	Invited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's CASA's name: _____			
Child's CASA's input: _____			

Child's tribe

Does child have a Tribe <input type="checkbox"/> Yes <input type="checkbox"/> No	Invited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tribal representative: _____			
Child's tribe Input: _____			

Refuge Child Welfare Advisory Committee Representative (RCWAC)

Is this a refuge child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Invited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
RCWAC member: _____			
RCWAC input: _____			

Do Not File in Case Record

Foster parent(s):

Oldest child's name:

Additional permanency committee members*:

{Additional member name}:

Role: _____

Input: _____

{Additional member name}:

Role: _____

Input: _____

{Place macro here for additional members}

* Additional child's attorneys, CASAs or other individuals from the child's team who a caseworker believes can provide important input for consideration of the foster parent as an adoptive resource. A foster parent of a child under consideration for current caretaker eligibility is invited to the committee to respond to questions. They are excused after child information is presented. A **foster parent** of a child under consideration for current caretaker eligibility may **not** serve on the committee

Summary of strengths regarding meeting child(ren)'s needs

Foster parent(s):

Oldest child's name:

Summary of concerns regarding family meeting child(ren)'s needs

[Empty box for summary of concerns]

Foster parent(s):

Oldest child's name:

Summary of strengths regarding foster family's ability to meet the standards for adoptive home under OAR 413-120-0246

Summary of concerns regarding foster family's ability to meet the standards for an adoptive home under OAR 413-120-0246

Requirement for adoption pre-service training has been met per OAR 413-120-0246(1)(c): Yes No

If no, how will this requirement be met? _____

Do not file in case record

Section 6 — Recommendations of Permanency Committee

Recommendation options:

A) Foster parent recommended as a current caretaker for an adoption home study or adoption home study update? Yes No.

If, yes, foster parent receives recommendation of initiation of adoption home study or adoption home study update. Make one selection only from below indicating the family consideration options if foster parent adoption home study is approved:

B) Foster parent will be considered alone as a current caretaker resource or along with other current caretaker(s) interested in this sibling group needing adoption in the same family.

C) Current caretaker will be considered in an adoption selection process to also include consideration of a potential adoptive resource as described as the child's relative as defined in OAR 413-120-0510(12)(d). An individual, although not related by blood, adoption, or marriage identified as:

- A member of the family by the child or young adult or the family of the child or young adult; and
- An individual who had an emotionally significant relationship with the child or young adult or the family of the child or young adult prior to the time the Department placed the child in substitute care.

D) Current caretaker will be considered in an adoption selection process to also include consideration of a potential adoptive resource who is a general applicant(s).

		Recommend adoption home study initiation:	If yes, option B, C or D:
Permanency Committee members	Member 1:	{Select one}	{Choose one}
	Facilitator: {Facilitator name}	{Select one}	{Choose one}
	Caseworker:	{Select one}	{Choose one}
	Child's attorney 1:	{Select one}	{Choose one}
	Child's attorney 2:	{Select one}	{Choose one}
	CASA: 1	{Select one}	{Choose one}
	Tribal representative:	{Select one}	{Choose one}
	Refugee committee member:	{Select one}	{Choose one}
	*Additional members: {Additional member name}	{Select one}	{Choose one}
	*Additional members: {Additional member name}	{Select one}	{Choose one}

- The Permanency Committee members agree and make the following recommendations to the Child Welfare Program Manager (CWPM) or designee regarding the request of a foster parent for consideration as a current caretaker:**
 Foster parent recommended for adoption home study? Yes No
- The Permanency Committee members agree and make the following recommendations regarding B, C or D above: {Choose one}**
- The Permanency Committee members do not agree and each member's respective recommendations are noted above.**

Foster parent(s):

Oldest child's name:

Reasons for recommendations:

Instructions: Facilitator to send the committee recommendations on the 251 to the CWPM within **three business days.**

Foster parent(s):

Oldest child's name:

Section 7 — Permanency Committee packet list

Instructions: Person preparing packet of materials for committee members fills out this section. Not all items are available for each case.

Section 7 includes all documents provided to the committee members **prior** to the meeting that were considered to make this adoption decision. The # refers to the quantity in the child information categories below, such as two psychological evaluations for an individual child.

Child's name:	Child summary:	Psychological evaluation:	Therapy report:	Education:	CDRC:
	<input type="checkbox"/> {#}				
	<input type="checkbox"/> {#}				
	<input type="checkbox"/> {#}				

{Place cursor here and press "ADD Section 7" toolbar for additional children}

List any other child written info (medical, disruption memo, CANS (Child and Adolescent Needs and Strengths) form, psychiatric evaluation, sibling planning memo, etc.):

- Letter from attorney
 Letter from CASA
 Letter from tribe
 Letter from foster parent
 Letter from birth parent

Foster family	Adoption HS	Foster HS	Renewal	Financial	251
	<input type="checkbox"/>				

List other written family information. (Out of Home Care investigation, exceptions, letter from family, medical info, mental health info, financial info, support letter, etc.)

Section 8 — Facilitator

Instructions: Facilitator fills out this section. Not all items are available for each case.

Lists any materials received by committee members that were added during the Permanency Committee:

- Letter from attorney
 Letter from CASA
 Letter from tribe
 Letter from birth parent

Other documents:

Do not file in case record

Foster parent(s):

Oldest child's name:

Section 9 — Child Welfare program manager decision

Instructions: This section is completed by the CWPM or designee. *Fill in boxes and spaces as they apply.*

CWPM or designee name: _____

CWPM or designee's decision regarding the request of a foster parent for consideration as a current caretaker:

A) Foster parent is approved for current caretaker status will receive initiation of an adoption home study or adoption home study update: Yes No.

If, yes, foster parent is to receive initiation of adoption home study or adoption home study update. Make one selection only from below indicating the family consideration options if foster parent adoption home study is approved:

- B) Foster parent will be considered alone as a current caretaker resource or along with other current caretaker(s) interested in this sibling group needing adoption in the same family.
- C) Current caretaker will be considered in an adoption selection process to also include consideration of a potential adoptive resource as described as the child's relative as defined in OAR 413-120-0510(12)(d). An individual, although not related by blood, adoption, or marriage identified as:
 - A member of the family by the child or young adult or the family of the child or young adult; and
 - An individual who had an emotionally significant relationship with the child or young adult or the family of the child or young adult prior to the time the Department placed the child in substitute care.
- D) Current caretaker will be considered in an adoption selection process to also include consideration of a potential adoptive resource who is a general applicant(s).

Decision is in agreement with Permanency Committee recommendations: Yes No

Date of decision: _____

Rationale for decision:

Additional information considered: List any additional information considered by the CWPM or designee beyond the written and verbal information available to the Permanency Committee (list briefly). If written information, please attach a copy.

Timelines and notification: *The CWPM or designee has **one business day** following the receipt of the written recommendations of the permanency committee to make the decision. CWPM or designee must also provide written notification of the decision and rationale to the caseworker on this form. {Date of notification}* _____

Distribution of form instructions: *After the CWPM or designee makes the decision, they assure that a copy of this form is sent to the caseworker as notification of the decision. The CWPM or designee assures that the form is sent or faxed to Central Office Adoption Program. FAX option: 503-945-6633.*

Caseworker instructions: The caseworker must, upon notification of the CWPM or designee's decision, immediately notify the foster parents of the recommendations and the department must provide a letter to the foster parent stating the decision and the reasons supporting it. The child's worker must notify the child's attorney, CASA, tribal representative and RCWAC representative, the child, as required by law and when developmentally appropriate (*See policy I-E.3.6 for more information, OAR 413-070-0519.*)

Be aware of section 10 to be used after approved adoption home study is completed. Refer to 1-G.1.5, for the type of selection that can be made. If caseworker selection is indicated document selection in section 10 of this form and not on form CF 255.

Do Not File in Case Record

Foster parent(s):

Oldest child's name:

Section 10 — Caseworker selection decision

Instructions: In certain cases the caseworker is allowed to make the selection decision of an adoptive family according to OAR 413-120-0016 through 414-120-0021, Adoption Placement Section, I-G.1.5. Caseworker is directed to these rules for detailed information. Caseworker selection can only be made after the adoption home study or update is completed and approved for adoption. Then the caseworker gathers input from members of the child's team. After consulting with the team, the caseworker consults with the supervisor prior to making the caseworker selection decision regarding the current caretaker family. When the current caretaker is considered under this process (instead of Adoption Decision Specialist decision after recommendations from an adoption committee), the caseworker documents the caseworker selection decision in this section of the 251 Current Caretaker consideration report.

Current caretaker is selected to be the adoptive resource? Yes No Date of decision: _____
Caseworker name: _____ Supervisor name: _____

Rationale for decision

Notification instructions:

After the adoption home study or update is completed for a current caretaker and when the caseworker adoption selection decision process is used (instead of an adoption committee and ADS decision) for a current caretaker alone, the worker is responsible for making notifications of the decision.

Notifications below must contain information about the Department's review process as described in OAR 413-120-0060:

- On the day that the selection is made, the child's caseworker must notify the adoption worker in writing of whether the current caretaker was selected.
- By the end of the next business day following the adoption selection decision the child's caseworker must provide written notification of the adoption placement selection to each of the following individuals: child's attorney, CASA, tribal representative and RCWAC member representative by the Department's approved form (form CF 272).
- By the end of the next business day following the adoption placement selection, the Department must send written notification (form CF 260) to the current caretaker informing them of whether they were selected as the child's or sibling group's adoptive resource. If the adoption worker for the current caretaker is a DHS worker, the adoption worker must send written notification to the family. If the adoptive family's adoption worker is not a DHS worker, the caseworker must send written notification to the family.

Disclosure: The caseworker must provide the 963 disclosure material to the selected family's adoption worker of the family to be shared with the selected family.

Distribution of form instructions: A copy of this form does not go in the case file. This form is provided to the Central Office Adoption Program within three business days following the adoption decision. FAX option to Adoption Program: 503 945-6633.



Adoption Child Summary

Complete one per child

Worker: _____ Branch: _____
Phone Number: _____ Case Number: _____

Child's Legal Name	Date of Birth	SSN
_____	____/____/____	_____

Race: _____ Ethnicity: _____ Religious Heritage: _____

Child's Legal Status: Is this child legally free? If not, what needs to take place to create permanency?

Reason Child Came into Care: Describe in detail why and how the child was placed in SC custody. What was the child's physical and emotional condition?

Placement History: How long was the child in parental care? List the child's residential history since birth. Describe in detail why the child was removed from each home. Describe in detail the child's physical and emotional conditions at the time of each move.

Current Placement: Name, address, phone number, type of placement (i.e., foster, relative, special certification, etc.), and if placement should remain confidential.

Physical Description: Height, weight, hair and eye color, etc.

Personality/Disposition: What is likeable about this child? What challenges does this child present? What is the child's activity level?

Personal Relationship Skills: Discuss the caretaker, therapist, and caseworker's assessment of child's ability to attach and trust.

Discuss the child's current feelings about caretaker and biological family, including siblings.

Describe how the child interacts with adults, other children, and animals. Discuss any difficult or unusual behaviors.

Health and Dental History: Because all copies of medical reports, birth records, and psychological evaluations will be attached, briefly describe any chronic medical or psychological conditions. Name of current pediatrician/dentist. Current medications.

Developmental History: Describe any developmental delays. When did the child first crawl, babble, walk (including first steps), talk?

THIS FORM AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST
CONFIDENTIAL / PRIVILEGED INFORMATION
DO NOT FILE IN CASE FILE

CHILD'S NAME [Child's Legal Name]:

Treatment History: Discuss the child's needs for treatment (psychological, medical). Is the child currently in therapy? If so, name the therapist and describe the frequency of appointments?

Daily Routine: What is it like to care for this child day to day? Describe the child's personal hygiene abilities.

What is the child's bedtime/nap time routine? For example: does the child have recurrent nightmares, does the child need a night light, does the child sleep through the night.

Eating Habits: What is the child's favorite food? Least favorite? List any food allergies and symptoms, including severity. Describe any eating difficulties such as hoarding, gorging, swallowing.

Discipline: What forms of discipline are most effective for working with the child? What forms of discipline are least effective for working with the child?

School History: What grade is the child in? Is child at, above, or below grade level? What, if any, special education needs does the child require? In which subjects does the child excel? What subjects, if any, are difficult for the child?

What academic, social, and behavioral gains has the child made in school?

Additional Information: In addition to standard appearance descriptions (height, weight, hair and eye color, etc.), include distinguishing characteristics, such as if the parent is left-or right-handed if the parent had any tattoos or scars, if the parent wore glasses or contacts, and/or if the parent favored a style of dress.

BIOLOGICAL MOTHER'S HISTORY

Mother's Legal Name: [Birth Mother's Name]

A.K.A.:

Date of Birth:

SSN:

Area of Residence:

Physical Description: In addition to standard appearance descriptions (height, weight, hair and eye color, etc.), include distinguishing characteristics, such as if the parent is left-or right-handed, if the parent had any tattoos or scars

if the parent had any tattoos or scars, if the parent wore glasses or contacts, and/or if the parent favored a style of dress.

Personality: describe the parent's disposition and communication skills. Describe in detail any known information about the parent's lifestyle and social circles.

Parenting Strengths: What were the parent's parenting strengths?

Interests and Talents: Describe experiences of biologic parent including but not limited to: What is the parent's family national, cultural, and or ethnic origin? Describe the parent's family.

**CONFIDENTIAL / PRIVILEGED INFORMATION
DO NOT FILE IN CASE FILE**

CHILD'S NAME [Child's Legal Name]:

If the parent was involved with this agency as a child, describe reasons parent was in care.

Childhood and Adolescent Experiences:

School History: What level of education did the parent complete? Did the parent have a favorite and/or least favorite subject? Did the parent have any special education needs?

Domestic Relationships Describe the parent's domestic relationships and partners. Were these relationships long- or short-term? Has the parent ever married and/or divorced?

Health/Genetic History: Describe the parent's general health, chronic problems, and ongoing treatment, including medications. Discuss any genetic link or pre-disposition conditions.

Psychological History: List the diagnosis, give a brief description of psychological summary, and if the parent has been hospitalized voluntarily or involuntarily.

Chemical Dependency: When did the parents start using, and what is their drug of choice (include prescription drugs and alcohol.) Did the parent seek treatment? How many times? Was the parent successful in treatment?

Employment: How did the parent financially support themselves?

Criminal History: Describe the parent's criminal history. Has the parent ever been incarcerated

Additional Information:

BIOLOGICAL FATHER'S HISTORY

Father's Legal Name [Father's Name]:

A.K.A.:

Date of Birth:

/ /

SSN:

- -

City of Residence:

Physical Description: In addition to standard appearance descriptions (height, weight, hair and eye color, etc.), include distinguishing characteristics such as if the parent is left- or right-handed, if the parent had any tattoos or scars,

if the parent wore glasses or contacts, and/or if the parent favored a style of dress.

Personality:

Parenting Strengths:

Interests and Talents:

Childhood and Adolescent Experiences: Describe experiences of biologic parent, including, but

**CONFIDENTIAL / PRIVILEGED INFORMATION
DO NOT FILE IN CASE FILE**

CHILD'S NAME [Child's Legal Name]:

not limited to: What is the parent's family national, cultural, and or ethnic origin? Describe the parent's family. If the parent was involved with this agency as a child,

describe reasons parent was in care.

School History: What level of education did the parent complete? Did the parent have a favorite and/or least favorite subject? Did the parent have any special education needs?

Domestic Relationships: Describe the parent's domestic relationships and partners. Were these relationships long or short-term? Has the parent ever married and/or divorced?

Health/Genetic History: Describe the parent's general health, chronic problems, ongoing treatment including medications. Discuss any genetic link or pre-disposition conditions

Psychological History: List the diagnosis, give a brief description of psychological summary and if the parent has been hospitalized voluntarily or involuntarily.

Chemical Dependency: When did the parents start using and what is their drug of choice (include prescription drugs and alcohol.) Did the parent seek treatment? How many times? Was the parent successful in treatment?

Employment: How did the parent financially support themselves?

Criminal History: Describe the parent's criminal history. Has the parent ever been incarcerated?

Additional Information:

SIBLING HISTORY

List all siblings, including half-siblings.

Sibling's Legal Name [Birth Sibling's Name]:

A.K.A.:

A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____

Date of Birth:

SSN:

A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____

City of Residence:

Physical Description: In addition to standard appearance descriptions (height, weight, hair and eye color, etc.), include distinguishing characteristics such as if the parent is left- or right-handed, if the parent had any tattoos or scars,

CHILD'S NAME [Child's Legal Name]:

If the parent wore glasses or contacts, and/or if the parent favored a style of dress.

Personality/Disposition: Describe the parent's disposition and communication skills. Describe in detail any known information about the parent's lifestyle and social circles.

Sibling Relationship: With whom does the sibling live? Describe contact and relationship with sibling. Is there a plan for future contact between siblings? If not, what is the plan for each sibling?

FAMILY BACKGROUND

In the space below, provide all information regarding all known relatives and their whereabouts, *even if they have never met the child*. Please include close family friends, godparents, and other non-relatives who often play significant roles in children's lives.

PREPARATION FOR ADOPTION

What is the child's understanding of why they are being adopted?

How is the child being prepared for adoption? Note any issues relative to transitioning.

What expectations does the child have of an adoptive family?

Describe the characteristics of a potential adoptive family which would be the most beneficial and appropriate for the child?

What are the special requests of the biological parent(s) in regards to placement? Is openness a consideration? If so, with whom and to what degree? Does the parent have a specific religious or lifestyle preference?

What are the hopes/wishes of the current caretaker for this child?

What recruitment efforts have been made and/or must be made for the child?

Have the parent(s) been notified of the adoption child registry?

Caseworker's Signature

Supervisor's Signature

Written By

Date Completed

Adoption Planning Referral

To: Child Permanency Program
OCWP; Central Office

From: {Worker name}, {Branch name and ID}
{Phone number}

Section A

Child legal name:		AKA:	
Date of birth:	Birthplace: (city/state)	Social Security number:	
Attorney name:		Person number:	
CASA:	CASA attorney:		

Action required: Recruitment only

Section B

Mother name: (current name)		P/N:	Birth date:
Address (Circle one: present/last known address)		Social Security number:	
Attorney:	Guardian Ad Litem: (name)	Formal search being conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Action required: <input type="checkbox"/> Prepare relinquishments – Spanish needed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refer for TPR			
Father name: (current name)		P/N:	Birth date:
<input type="checkbox"/> Legal <input type="checkbox"/> Presumed legal		Social Security number:	
Address: (last known address)		Social Security number:	
Attorney:	Guardian Ad Litem: (name)	Formal search being conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Action required: <input type="checkbox"/> Prepare relinquishments — Spanish needed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refer for TPR <input type="checkbox"/> Refer for judgment for nonpaternity			

Father "Stanley" Putative father: (biological, not legal)

Name: (current name)		P/N:	Birth date:
Address (Circle one: present/last known address)		Social Security number:	
Attorney:	Guardian Ad Litem: (name)	Formal search being conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Action required: <input type="checkbox"/> Prepare relinquishments – Spanish needed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refer for TPR			

Father "Pagan" Putative father: (biological, not legal)

Name: (current name)		P/N:	Birth date:
Address (Circle one: present/last known address)		Social Security number:	
Action required: <input type="checkbox"/> Affidavit will dispense with notice			

Section C

All parents with legal status are deceased – refer for probate guardianship



Adoptive Placement Needs

Caseworker: _____ Phone/Ext: () _____ Branch: _____

Legal Name: _____

Date of Birth: _____

Does the child qualify for: IV-E SSI SSA

	RACE	CULTURAL ORIGIN
Child's	Select One	Select One
Biological Mother	Select One	Select One
Biological Father	Select One	Select One

If the child has Indian heritage, give tribe: _____ Enrolled? Yes No

Mother's tribe: _____ Enrolled? Yes No

Biological Father's tribe: _____ Enrolled? Yes No

Does the child have siblings/half siblings for whom SCF is also planning adoption? Yes No

Is the plan to place siblings together? Yes No

Was a Sibling Planning Staffing held? Yes No

	None	Mild	Moderate	Severe	Unknown
Does this child have a mental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this child have a learning disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this child have an emotional disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this child have a physical disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this child have prenatal drug/alcohol exposure?	<input type="checkbox"/> None	<input type="checkbox"/> Suspected	<input type="checkbox"/> Diagnosed		
Does this child have "sexually acting out" behaviors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Currently		
Has this child been sexually abused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Does this child's family have mental illness?	<input type="checkbox"/> None documented	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown		
Health/genetic history for mother and father:					

Special parental requests for placement (i.e., openness, specific religious or lifestyle preferences): _____

Placement Planning

Do any Potential Adoptive Resources require an ICPC Request for an Adoption Home Study? Yes No

If yes, has an ICPC request been made? Yes No

Have all relative resources been considered? Yes No

List name(s) and relationship of any viable potential adoptive resources: _____



Legal Assistance Referral

I. CHILDREN'S INFORMATION CHILD'S NAME: If there is more than one child involved in this referral, insert at the end of Children Information under Additional Information.

D.O.B.: _____

REASON CHILD CAME INTO CARE:(refer to 307 and/or original petition):

Statute rape, sodomy, and or sex abuse of any child by parent, intentional starvation or torture, parental abuse or neglect of any child resulting in death or serious injury, or aiding, abetting or conspiring with another resulting in the death of a child

PETITION DATE: List referrals and detail each

LEGAL HISTORY:

RESIDENTIAL HISTORY:

CHILD'S SPECIAL NEEDS:

Did the child experience physical neglect or failure to thrive while under biological parents care:

Describe:

Has the child ever been subjected to physical or sexual abuse?

Describe:

Was the child born drug-exposed?

Which drug?

Does the child attend Early Intervention Services or Special Education?

List child's medical and psychological evaluations and their treatments:

Additional Information:

II. PATERNAL INFORMATION

FATHER'S NAME:

D.O.B:

SSN:

TYPE OF FATHER:

- Legal Presumed legal "Stanley" putative "Pagan" putative
 No father named Deceased Date deceased: _____

BASIS FOR DETERMINATION OF FATHER'S STATUS:

RELEASES OF INFORMATION:

PARENTS' OTHER CHILDREN:

Has the parent had rights terminated, relinquished, and/or children who are not in his/her physical custody?

THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST

Child's Name: If there is more than one child involved in this referral, insert at the end of Children Information under Additional Information. **Child's DOB:**

If "yes," then describe, including when and in what state?

SIGNIFICANT MEDICAL HISTORY:

MENTAL OR EMOTIONAL CONDITIONS:

Psychological evaluation: Choose One

List program evaluator(s) and date:

Diagnosis:

Recommended services:

Psychiatric evaluation: Choose One

List program evaluator(s) and date:

Diagnosis:

Recommended services:

Neurological evaluation: Choose One

List program evaluator(s) and date:

Diagnosis:

Recommended services:

Father-child interaction: Choose One

List program evaluator(s) and date:

Diagnosis:

Recommended services:

Type of therapy parent has been involved in:

List the facility's admission and discharge dates, if the father has ever been hospitalized for psychiatric reasons:

CHEMICAL DEPENDENCY:

The number of treatment programs the parent has been referred to:

The number of treatment programs parent has engaged in?

Has parent successfully completed treatment?

Additional relevant information:

EMPLOYMENT HISTORY:

Is there a documented money management issue?

No explanation of financial support?

SSI:

Current employer, type of work, phone:

Other resources:

CRIMINAL HISTORY:

Does the parent have a criminal history? Yes No

Allegations of physical/sexual abuse:

Probation/Parole Officer: PO Branch:

**PRIVILEGED INFORMATION
DO NOT FILE IN THE CASE FILE**

Child's Name: If there is more than one child involved in this referral, insert at the end of Children Information under Additional Information. **Child's DOB:**

Incarcerated? Yes No If yes, location:

RESIDENTIAL HISTORY:

Does the parent have a history of residential instability?
Approximate the number of moves the father has had since the child came into care?

Current or last known address and telephone number:
Date:

DOMESTIC RELATIONSHIPS:

Marital History	Date

Is the parent divorced: Yes No Date: _____

Does the parent have a history of relationship instability?
Does the parent have a history of partnering with people who have issues with domestic violence, drugs and alcohol, criminal history, and/or physical or sexual abuse of a child.
Explain:
Is this relationship continuing?

ADDITIONAL INFORMATION:

III. MATERNAL INFORMATION

MOTHER'S NAME:
D.O.B:
SSN:

RELEASES OF INFORMATION.:

PARENTS OTHER CHILDREN:

Has the parent had rights terminated, relinquished, and/or children who are not in his/her physical custody? If "yes," then describe, including when and in what state?

SIGNIFICANT MEDICAL HISTORY:

MENTAL OR EMOTIONAL CONDITIONS :

Psychological evaluation: Choose One

List program evaluator(s) and date:

Diagnosis:

Recommended services:

Psychiatric evaluation: Choose One

List program evaluator(s) and date:

**PRIVILEGED INFORMATION
DO NOT FILE IN THE CASE FILE**

Child's Name: If there is more than one child involved in this referral, insert at the end of Children Information under Additional Information.

Child's DOB:

Diagnosis:

Recommended services:

Neurological evaluation: Choose One

List program evaluator(s) and date:

Diagnosis:

Recommended services:

Mother-child interaction: Choose One

List program evaluator(s) and date:

Diagnosis:

Recommended services:

Type of therapy parent has been involved in:

List the facility's admission and discharge dates, if the mother has ever been hospitalized for psychiatric reasons:

CHEMICAL DEPENDENCY:

The number of treatment programs the parent has been referred to:

The number of treatment programs parent has engaged in?

Has parent successfully completed treatment?

Additional relevant information:

EMPLOYMENT HISTORY:

Is there a documented money management issue?

No explanation of financial support?

SSI:

Current employer, type of work, phone:

Other resources:

CRIMINAL HISTORY:

Does the parent have a criminal history? Yes No

Allegations/convictions of physical/sexual abuse:

Probation/Parole Officer: _____

PO Branch: _____

Incarcerated? Yes No **If yes, location:** _____

RESIDENTIAL HISTORY:

Does the parent have a history of residential instability?

Approximate the number of moves the mother has had since the child came into care:

Current or last known address and telephone number:

Dates and addresses:

DOMESTIC RELATIONSHIPS:

**PRIVILEGED INFORMATION
DO NOT FILE IN THE CASE FILE**

Child's Name: If there is more than one child involved in this referral, insert at the end of Children Information under Additional Information. **Child's DOB:**

Marital History:

Date:

Is the parent divorced: Yes No **Date:** _____

Does the parent have a history of partnering with people who have issues with domestic violence, drugs and alcohol, criminal history, and/or physical or sexual abuse of a child?

Explain:

Is this relationship continuing?

ADDITIONAL INFORMATION.

IV. SERVICES

List the services provided the mother *and* the father. Note the date and if the services were court-ordered. Divide the services into subdivisions, such as referrals, parenting classes, drug treatment, etc.

Service Agreements:

Mother:

List dates, if signed

Caseworker's Name

Father:

List dates, if signed

Caseworker's Name

VISITATION: Has the parent seen or visited the child in the last six months?

Dates of last visit: _____ Mother: _____ Father: _____

Significant information regarding visits:

Is there documentation that supports DHS offered visitation from the beginning? Explain.

V. LEGAL INFORMATION

Date jurisdiction:

Father's rights:

This case does does not fall under the Extreme Conduct statute.

**PRIVILEGED INFORMATION
DO NOT FILE IN THE CASE FILE**

Child's Name: If there is more than one child involved in this referral, insert at the end of Children Information under Additional Information.

Child's DOB:

Does the child have a guardian besides Child Welfare?

Guardians name?

Attorney:

Are there any interveners in this case? Yes No **If yes, give name:**

If "Yes," explain:

Name of attorney if applicable:

If the client has received services in any other state, have files been requested and have they been received?

WITNESS

Current Therapist's Name:

Address/Phone:

Current Pediatrician's Name:

Address/Phone:

Witness Name:

Address/Phone:

CHRONOLOGY

 _____
Caseworker Signature

 _____
Supervisor Signature

Written by:

Date completed

Legal Assistance Checklist

Child's name:	Worker name :	Branch name:
---------------	---------------	--------------

A. The following documents are required for mailing to the Adoption Services Unit to obtain relinquishments.

This form (CF 439) signed by the supervisor must accompany this packet.

- CF 439 Legal Assistance Checklist
- CF 422 Adoption Planning Referral (NCR form, do not separate the copies)
- CF 418 Fathers(s) Questionnaire
- CF 423 Adoptive Placement Needs
- Original Birth Certificate
- Original CF 1270 Verification of ICWA Eligibility or memo explaining efforts to obtain form.
- Original ICWA Correspondence or green postal card with copy of letter sent to tribe

The completed CF 421, Adoption Child Summary, is due to the **Adoption Services Unit** within 30 days after the parent signs a relinquishment.

B. The following documents are required for mailing to the Adoption Services Unit to process a Legal Assistance Referral (alone or with a relinquishment request). This form (CF 439) signed by the supervisor must accompany this packet:

- CF 439 Legal Assistance Checklist
- CF 422 Adoption Planning Referral (NCR form, do not separate copies)
- CF 418 Father(s) Questionnaire
- CF 423 Adoptive Placement Needs
- Original Birth Certificate
- Original CF 1270 Verification of ICWA Eligibility or memo explaining efforts to obtain form.
- Original ICWA Correspondence or green postal card with copy of letter sent

The AAG/DDA will file the termination of parental rights petition only after receiving authorization from the legal assistance specialist. The LAS packet described above is the means through which the authorization is given. The completed CF 421, Adoption Child Summary, is due to the Permanency and Adoption Unit within **30 days** after submitting Legal Assistance Referral.

C. Simultaneous to "B" above, the branch will submit the following documents, which comprise the Legal Assistance Referral, directly to the AAG/DDA.

- CF 423 Adoptive Placement Needs
- CF 424 Legal Assistance Referral
- Copy of Birth Certificate
- Copy of Case Record

My signature as supervisor indicates I have reviewed the above described packets and determine them to be complete.

(Signature of supervisor)

(Date)

Adoption Assistance Application Requirements

Local Office: _____ Caseworker: _____ Telephone: _____
 Caseworker supervisor: _____ Adoption worker: _____
 Family: _____ Child: _____
 Provider case number: _____ Child pre-adoptive case number: _____

Instructions:

- Ensure **ALL** requirements below are met and documents created or scanned into OR-Kids.
- Check the boxes to indicate the materials that have been saved and/or requirements met.
- **When all requirements have been met, email a completed copy of this form to: "NEWAPPS AAGA." Type the child's pre-adoptive case number in the subject line of the email.**

1. Child is legally free with pre-adoptive case open.
2. Child is in a placement designated by Central Office as the adoptive home.
3. Adoption Assistance services are added to the provider case in OR-Kids (*completed by the certifier/adoption worker*). These include the first four services below open as a Central Office service and the last open to the local office:

1. AA subsidy and medical	2. AA subsidy only	3. AA medical only
4. AA agreement only	5. AA open pre-adoptive placement certified	
4. Proof of citizenship or legal residency document for the child is saved in OR-Kids:

<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Certificate of Citizenship (N-560 or N-570)
<input type="checkbox"/> Certificate of Naturalization (N-550 or N-570)	<input type="checkbox"/> US passport
<input type="checkbox"/> Permanent Resident Card (I-551)	<input type="checkbox"/> Certificate of Citizenship (N-560 or N-570)
<input type="checkbox"/> Resident Alien Card (I-151)	<input type="checkbox"/> Arrival/Departure Record (I-94)
5. If the child is a non US citizen with legal residency, please answer the following questions:
 - ▶ Is the adoptive resource a US citizen? _____ ▶ A legal resident of the US? _____
 - ▶ If the adoptive resource is not a US citizen or legal resident how long has the child been residing in the United States? _____
6. CF 0969A Adoption Assistance Application (*Child Information*) saved in OR-Kids:
 - All sections of the application have been completed.
7. CF 0969B Adoption Assistance (*Family Information*) is saved in OR-Kids:
 - If applicants have a P.O. Box the residential address is also provided.
 - All sections of the application are complete.
 - Expenses to meet the child's needs are clearly identified on page 2.
 - Application has all necessary signatures.
 - Family has been advised the adoption assistance subsidy cannot exceed the foster care payment.

8. CANS screening information.
- Child does not have a LOC payment. A CANS screening is *not* in process.
- Child has a LOC payment.

NOTE: If a CANS screening is *in process*, consult with the adoption assistance coordinator **before** submitting the adoption assistance application.

9. Adoption Child Summary created or saved in OR-Kids.
10. Adoption home study and home study updates are saved in OR-Kids (provider case).
11. Please identify which other documents regarding the child's behavior, needs and functioning are available and have been scanned into the file cabinet in the OR-Kids file:
- | | |
|--|---|
| <input type="checkbox"/> Child birth records | <input type="checkbox"/> Child psychological/mental health assessment |
| <input type="checkbox"/> Child medical records | <input type="checkbox"/> IEP/504 Plan |
| <input type="checkbox"/> Other education assessments | <input type="checkbox"/> Developmental assessment |
| <input type="checkbox"/> Other: _____ | |
12. Title IV-E Adoption Assistance Determination completed in OR-Kids in the pre-adoptive case and the supporting documents are saved in OR-Kids. (IV-E specialist completes following a caseworker request/completion of certification of special needs.)

Signatures:

This application packet has been reviewed for completeness and accuracy.

(Caseworker)

(Date)

(Supervisor)

(Date)

Required Information for Adoption Workers and Adoptive Parents

Child's name: _____ Date of birth: _____

Provide a copy of the following to the worker of the selected adoptive family. The adoptive parent(s) must be provided this information. Include this disclosure process for a current caretaker adoptive family prior to designation of the adoptive placement.

Adoptive parent(s) signs below to acknowledge receipt of information and worker sends a copy of this form to Central Office Adoption Program.

Redact all identifying information regarding the birth/legal parents. Also redact identifying information about the child's siblings who were not previously placed in the same family or are not being placed in the same family within a short period of time. Identifying information to be removed includes, but is not limited to; last names, Social Security numbers, addresses, phone numbers and birth dates.

Information to be provided to adoptive parent(s):

- Child summary.
- Genetic and Medical History form and all medical records regarding child, including hospital birth records; immunization record, psychiatric/psychological evaluations, referral letters, treatment/therapy reports and most recent Child and Adolescent Needs and Strengths (CANS) screening for foster care.
- Family background information including child welfare history with this **child**, siblings and/or parents. **Do not share due to confidentiality:** Third party documents regarding **parents** and **siblings** who were not previously placed in the same family or are not planned for placement in the same family within a short period of time. Documents not to be shared regarding these relatives include: psychological/psychiatric reports, mental health and treatment evaluations and treatment records, drug and alcohol evaluations and treatment records, Department of Corrections records and any other treatment records. Do not share the 307.
- Any school reports, including Individualized Education Plans (IEP's), Individualized Family Service Plans (IFSP), etc.
- Indian Child Welfare Act (ICWA) membership documentation, when applicable
- All award letters for any disability or death benefits available to the child
- Voluntary adoption registry information

As the adoptive parent(s) for this child, I received the materials listed above. I agree this information will be kept confidential and be used only to provide services for the child.

(Adoptive parent signature) *(Date)* *(Department personnel signature)*

(Adoptive parent signature) *(Date)* *(Department personnel signature)*

- In addition to the above information, the adoption worker for the selected family should also receive:
- Court order of dispositional hearing (*prior to adoptive placement*), including the report to the court
 - Individual Eligibility Determination for Title XIX or ICDR

Adoption Assistance Application Child's Information

A. Basic Information

Child's legal name: (last, first, middle initial)		Child pre-adoptive case number:
Date of birth:	Sex:	Social Security number:

Ethnicity/race

- Asian (A)
- American Indian or Alaska Native (I)
- Black or African American (B)
- White (W)

Cultural origin:

- Hispanic or Latino (H)
- Not Hispanic or Latino (O)
- U.S. citizen: Yes No
- Qualified alien: Yes No

B. Documentation of efforts to place without assistance

- NWAEE (*Northwest Adoption Exchange*) Adoption.
- DHS recruitment bulletins/Oregon Adoption Recruitment Exchange.
- Individual Recruitment Plan/Boys and Girls Aid Society.
- Adopt U.S.A.
- Permanency Committee/DHS decision to consider resource without recruitment bulletin.
- Relative requires assistance to adopt child.
- Foster parent with close emotional ties to child to be adopted.
- Other efforts if not marked above: _____
- Private agency: Attach a statement regarding efforts to place without assistance.

C. Child's Resources: (*if known*)

- SSI (*child's disability*)
- SSA (*survivors'/death of birth parent*)
- SSD (*disability of birth parent*)
- Other (*specify*): _____

D. Regarding private and independent adoptions:

If this child is not in DHS custody, attach a description of the special needs that qualify the child for adoption assistance and attach supporting documentation.

Worker completing form: (<i>please print</i>)	Phone number and extension:	Date completed:
Name of local office, tribe or licensed child placing agency:		Phone number :

Comments of worker and/or supervisor regarding need for adoption assistance:
(*Attach additional sheets if necessary.*)

Guide to Completing the Adoption Assistance/Guardianship Assistance Family Application (CF 0969B)

Prior to completing this application, the agency worker should meet with the applicant(s) to review the following instructions, the difference between being a foster parent and a guardian or adoptive applicant and the purpose of assistance payments.

As the caretakers of the child on behalf of the state, foster parents receive reimbursement for their time in meeting the ordinary and special needs of a child. This includes activities such as taking a child to the doctor, monitoring medications, supervising and managing the child's behavior, providing transportation and nighttime monitoring.

Adoptive and biological parents, as well as guardians, do all of the above activities and more as part of standard parenting duties. Financial assistance is not intended to reimburse parents for being parents; it focuses on helping provide for the child's needs that the applicant(s) would have difficulty providing without financial assistance.

Adoption assistance and guardianship assistance are not intended to fully cover the cost of raising the child.

The amount of assistance being requested should be based on the child's *current* needs. If the applicant(s)' circumstances or child's needs change, the applicant can request to renegotiate the assistance amount.

The information in the following numbered categories corresponds to the numbered questions on the application.

Please contact the applicant's adoption assistance or guardianship assistance coordinator if there are any questions about the application form. The following are specific instructions for each part of the form:

- ① What are the special needs of the child for whom you are requesting financial assistance?** Along with the diagnoses, please describe the child's needs and provide documentation.
- ② Financial resources:**
 - a) This information is needed in order for the adoption assistance and guardianship assistance programs to consider the child's needs as well as the applicant's circumstances and ability to integrate the child into the home.
 - b) The number of people supported by the applicant(s)' income **does not** include foster children.
 - c) The total number of people in the home **does** include foster children.
 - d) Examples of additional financial resources available to household members include foster care payments, assisted guardianship payments and child support. List the amount of each financial source.

- e) Does the applicant(s) have unusual costs for expenses like medical needs or education? This question **does not** include the child being adopted or any foster children in the home. Examples: an applicant's child or applicant in college, medical issues that prevent the applicant from working, applicant's medical equipment or prescriptions not covered by insurance, etc.
- f) What other resources are available to meet this child's needs? Applicant(s) may not have this information. Example: Social Security benefits from a biological parent.
- g) Note other resources available to meet this child's needs if the applicant(s) adopts or becomes guardian for the child. Please check the applicable box and provide the benefit amount for each. Examples: Social Security or veterans benefits.

3 Financial assistance request: This section of the application helps determine the amount of adoption or guardianship assistance to request. Attach additional pages to the application if needed.

- a) **Can you adopt this child without adoption assistance or meet the needs of the child for whom you will be the guardian?** An applicant(s) who is able to meet this child's needs without assistance can choose "agreement only," which ensures the applicant(s) can request assistance at a later date, if needed.
- b) **Does payment need to be made at this time?** This question must be answered for both adoption and guardianship applications.
- c) **Whose name(s) should be on the check?** This question must be answered for both adoption and guardianship applications.
- d) **Please list specific dollar amounts for every expense listed in this section.** These must be out-of-pocket expenses related to meeting the child's needs.

Examples include, but are not limited to:

- Extracurricular activities such as swimming lessons, martial arts or dancing that are intended to address the child's special needs. Include the cost of each activity and how often the child participates in the activity. Examples: soccer, 2 seasons per year at \$55/season; tae kwon do, 9 months per year at \$80/month; summer camp, 1 camp per summer at \$240, divided by 12 months = \$20/month.
- Adaptive equipment – examples: weighted vests for children with sensory integration issues, special foods or utensils or orthopedic shoes. Include information about costs and how often the purchase must be made. Example: orthotics, 3 times per year at \$150 each time = \$450, divided by 12 months = \$37.50/month.

Per federal law, the amount of adoption or guardianship assistance requested cannot exceed the amount the child would receive while in a foster care placement – that assistance may include a level of care payment from a Child and Adolescent Needs and Strengths (CANS) assessment. Personal care rates in foster care cannot be paid to a legal parent or guardian and are therefore not included in the adoption and guardianship payments.

- 4 Medical card coverage:** If the applicant(s) plans to add the child to their private insurance, the medical card will become a secondary insurance and *may* help with expenses like copayments if the provider accepts both the private insurance and the medical card. If the applicant(s) does not know what conditions the child has that will not be covered by their policy, the line can be left blank. If the name of the child's current health plan is unknown, the line can be left blank.
- 5 Legal fees:** Adoption assistance will pay the legal fees to finalize the child's adoption in the amount of the contracted vendor attorney agreement. If the applicant(s) chooses to use a non-vendor attorney, adoption assistance can only pay the vendor attorney rate. *For current rate*

information, contact the adoption assistance coordinator. Legal fees are paid when the adoption is finalized.

- ⑥ **Non-recurring expenses:** Allowable expenses are outlined on the CF 0254 form. Contact the adoption or guardianship assistance coordinator assigned to the applicant(s) if you have questions about an expense.

Federal regulations set the maximum reimbursement allowable for adoption at \$1,500 per child, which includes the legal fees for adoption finalization and \$2,000 per child for subsidized guardianships.

For out-of-state adoption placement, the Interstate Compact on the Placement of Children (ICPC) funds must be used prior to claiming non-recurring expenses related to travel. The adoption assistance and guardianship assistance program works with ICPC to make sure that expenses are not duplicated. Reimbursement for non-recurring expenses is provided after the adoption finalizes.

- ⑦ **Signatures:** For the application to be processed, it must be signed and dated on all indicated lines.

- ⑧ **Agency worker:** Provide a copy of the completed application to the applicant(s).

The Department of Human Services (DHS) and the Oregon Health Authority (OHA) do not discriminate against anyone. This means that DHS|OHA will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs, disability or sexual orientation.

You may file a complaint if you believe DHS or OHA treated you differently for any of these reasons.

To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write to their office at:

Governor's Advocacy Office
500 Summer Street NE, E17
Salem, OR 97301

Email: DHS.info@state.or.us
Fax: 503-378-6532

"Equal opportunity is the law!"

This document can be provided upon request in alternate formats for individuals with disabilities or in a language other than English for people with limited English skills. To request this form in another format or language, call 503-945-5728 (voice) or 503-945-5896 (TTY) or fax 503-945-6633

Date: _____ Child: _____ Pre-adoptive case #: _____

To be completed by applicant(s) with agency worker assistance

Family structure: Married couple Single parent Unmarried couple

Provider #: _____

	Applicant:	Co-applicant:
Legal name – <i>(please print):</i>	(Last, First, MI)	(Last, First, MI)
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:		
Social Security #:		
U.S. citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DHS employee:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Racial/ethnicity <i>(check all that apply):</i>	<input checked="" type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander
Cultural origin:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other than Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other than Hispanic
Relative of child:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, relationship: _____	If yes, relationship: _____
Home phone #:		
Work phone #:		
Cell phone #:		
Email address:		
Home address:	County: _____	
Mailing address:		
City/State/ZIP code:		

1 What are the special needs of the child for whom you are requesting assistance?

2 Financial resources:	Applicant:	Co-applicant:
a) Occupation:		
Gross monthly income:	\$ _____	\$ _____

b) Number of people supported by that income: _____

c) Number of people in the home: _____

d) Additional financial resource amounts available to members of the household:

e) Do you have unusual costs for expenses like medical needs or education? Yes No
 If yes, please explain: _____

f) What financial resources, other than your income, are available to meet this child's needs?
 Please indicate below all that apply:

- \$ _____ Social Security (disability or retirement of an adoptive parent)
- \$ _____ Social Security (death or disability of a birth parent)
- \$ _____ SSI (child's disability)
- \$ _____ Other (specify): _____

g) Will the child become eligible for additional benefits if you adopt him or her? Yes No
 If yes, specify: _____ Amount: \$ _____

3 Financial assistance request (Note: Federal and state regulations prohibit the adoption assistance payment from being more than the foster care payment. Attach additional pages, if needed.)

a) Can you adopt this child or meet the needs of the child for whom you will be guardian, without financial assistance?

- Yes, I/we want an agreement only (If yes, skip to section 4.)
- No (If no, complete sections 3b through 5.)

b) Is there a need for a monthly payment at this time? Yes No (If no, skip to section 4.)

c) Whose name(s) should be on the check? _____

d) What are your out-of-pocket expenses related to meeting this child's ordinary and special needs? (Complete below.)

Expenses*:	Monthly cost:	Amount to be provided by parent/guardian:	Amount of assistance requested:
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Totals:	\$ 0.00	\$ 0.00	
Financial assistance requested grand total:			\$ 0.00

*Adoption and guardianship assistance cannot provide income replacement, payment for day care, respite, orthodontia, payment for services considered to be the primary responsibility of another resource such as educational services, supplemental medical and therapeutic services not covered by the medical card, or parental or guardian time for supervision or behavior management of the child.

4 Medical card coverage

Medical card ID number:

Is there a need for a medical card at this time? Yes No

Is the child currently enrolled in another state's health plan? Yes No

Is the child currently enrolled in the Oregon Health Plan? Yes No

If yes, name of the Oregon Health Plan provider: _____

Will the child named in this application be added to your medical insurance policy? Yes No

If yes, please provide the following information:

Effective date of child's coverage: _____

Name of insurance company: _____

Address: _____

Name of policy holder: _____ Social Security #: _____

Group/plan #: _____ Policy ID #: _____

Type of benefits: Major medical Health maintenance CHAMPUS
 CHAMPVA None Other: _____

What conditions does the child named on this application presently have that **will not** be covered by this policy? _____

5 Legal fees to finalize the adoption (check only one box):

I/we intend to use a vendor attorney. I/we intend to use a non-vendor attorney.

6 Non-recurring expenses:

Yes – CF 254 and applicable receipts attached. No

We/I hereby apply for adoption/guardianship assistance from the State of Oregon, Department of Human Services, Child Welfare for the care of _____

We/I understand that if agreement cannot be reached with DHS on the amount or type of benefits, we/I have the right to request a contested case hearing when all other efforts to reach agreement have been exhausted and Child Welfare has issued a written notification of the right to request a contested case hearing.

Signature of applicant Date

Signature of co-applicant Date

Name of applicant — please print

Name of co-applicant — please print

Submitted by:

Approved by:

Signature of agency worker Date

Signature of supervisor Date

Name of agency worker — please print

Name of supervisor — please print

Agency worker phone: _____

Supervisor phone: _____

Local office/private agency: _____

Section C To be completed by eligibility worker

Case information

Adoptive family's name: _____

Old case number: _____

Child's name: _____

New case number: _____

Child's new name: _____

Date of birth: _____

I. SSI — IV-E — AFDC related requirement

At the time of the child's placement outside the home, financial and parental deprivation existed.

Please check on of the following:

1. Title IV-E eligibility previously established for child in substitute care effective (date): _____
(IV-E eligibility file exists)

▶ **Proceed to section II.2 number 2**

2. IV-E eligibility not previously determined, wrongly denied or pended only for reasonable efforts. Child would have been able to receive AFDC by standards in effect on 7/16/96 had an application been made and did live with a relative of specified degree within six months of initiation of court action.

▶ **Complete data below and section VI on page 2**

a. Last lived with relative on this date: _____

b. Caretaker at time of removal: Mother Father Stepparent

Other (relationship/name): _____

c. Termination of parental rights date: _____

There is documented evidence (compile IV-E eligibility file) that the child meets criteria in 1, 2 or 3 below:

1) Child was placed by court order. Child was AFDC eligible by standards in effect on 7/16/96 in the month in which court action for child's removal was initiated, and child met IV-E eligibility criteria at that time and at time of termination of parental rights

2) Child voluntarily relinquished. Child was AFDC eligible by standards in effect on 7/16/96 in the month in which court action was initiated to review the voluntary relinquishment

3) Child voluntarily placed in care. Child was AFDC eligible by standards in effect on 7/16/96 in the month the voluntary agreement was signed and received at least one IV-E foster care payment (unless private agency)

▶ **Proceed to section II, number 2 or 3.**

3. **Child does not meet the eligibility criteria above, but:**

a. The child is currently receiving SSI in a non-finalized placement
(documented by: award letter IFDD)

OR b. The child was previously eligible for Title IV-E adoption assistance and the adoptive parents died or the adoption was dissolved, and the child is determined to be a child with special needs (document by CF 969A and CF 969B)

OR c. The child's parent is in foster care and receiving Title IV-E foster care maintenance payments that cover both the minor parent and the child

Child's Name:

SSI — IV-E — AFDC related requirement continued

OR d. Effective October 1, 2009, pursuant to OAR 413-100-0335, the child qualifies as an applicable child because of one of the following:

- The child's age attained during the federal fiscal year; or
- The child has been in foster care under the responsibility of the Title IV-E agency for any 60 consecutive month period prior to finalization of the adoption; or
- The child is a sibling of another child the department has determined is an applicable child and both children are placed in the same adoption arrangement.

Proceed to section II, number 1, number 4 or number 5.

If I. 1, 2, or 3 does not apply, go to page 2 and check Title IV-E adoption assistance denied in section V. Also complete section IV on page 2.

II. Contrary to the welfare/best interests documentation:

(check one of the following and retain court order documentation CTW finding where required):

1. SSI recipient: **No CTW/BI required**
2. IV-E eligible substitute care case
 - a. CTW/BI in first order of removal for child removed by court order
 - b. Child voluntarily placed and CTW/BI finding within 180 days of placement
3. Child relinquished and a judicial review with a CTW/BI finding was initiated within six months of relinquishment. *(N/A for children in DHS custody prior to relinquishment)*
 - a) Date of relinquishment: _____
 - b) Date court action initiated: _____
 - c) Date of court order with CTW/BI findings: _____
4. Child previously eligible for a Title IV-E adoption assistance subsidy and adoptive parents died or dissolved adoption: **No new CTW/BI required**
5. The child's parent is in foster care and receiving Title IV-E foster care maintenance payments that cover both the minor parent and the child: **No CTW/BI required**

► **Proceed to section IV. Mark Title IV-E adoption assistance approved in section V.**

III. Private agency criteria (to be completed *only* for children relinquished to a private adoption agency):

1. If the mother is under age 18, does she consider herself an emancipated minor? Yes No
2. Does the mother live in Oregon? Yes No
3. Is the mother receiving benefits from another state? Yes No
4. Did the mother enter Oregon because she had a job commitment or was looking for work? Yes No

IV. Medical eligibility for adoption under Title XIX

1. **The child is eligible for Title XIX AA if** at the time the adoptive placement was approved the child was:
 - a. Receiving SSI (*attach award letter or IFDD trust screen and CF 190*)
 - b. Receiving IV-E (*attach ICDP individual eligibility screen*)
 - c. Receiving AFDC (*attach ELGR showing receipt of AFDC and CF 190*)

OR 2. **The child is eligible for Title XIX AA if** the child had a documented need for medical or rehabilitative services that would preclude adoption if Title XIX Medicaid benefits were not received:

Distribution: Original: Central office Adoptions Unit
Copy: Worker

CF 969C (01/10)
Page 2 of 3

Child's Name: _____

IV. Medical eligibility for adoption under Title XIX continued

- a. Prior to the execution of the adoption assistance agreement, child was receiving or now eligible to receive Title XIX; *(attach CF 190)*
- OR b. Prior to the execution of the adoption assistance agreement, the child's personal income was in excess of the Title XIX standard for eligibility but, the child's condition requires a special foster care rate which, in combination with the standard foster care rate, exceeds the child's personal income. *(Attach CF 190 and documentation of personal income and special rate figures)*
- OR 3. **The child is eligible for Title XIX AA** if the child and adoptive parents would meet the income and resource standards of the ADC program administered under the Adult and Family Services Division. *(Attach income and eligibility verification CF 178, CF 184, CF 190, and comparative ADC standards)*
 - ▶ If IV number 1, number 2, or number 3 do apply check Title XIX approved in section V, number 2 below.
 - ▶ If IV number 1, number 2, or number 3 do not apply check Title XIX denied in section V, number 2 below.

Comments: _____

V. Eligibility

VI. Date on IV-E determination

- 1. Eligibility for IV-E adoption assistance**
- Title IV-E adoption assistance approved
 - Title IV-E adoption assistance denied
- 2. Eligibility for Title XIX medical:**
- Title XIX approved
 - Title XIX denied

Date of referral: _____ Petition date: _____
 Court action date: _____ Court order date: _____
 Best interest: _____ Eligibility month: _____
 Voluntary placement: _____
 Removed from: Mother Father Relative
 Last date lived with caretaker: _____
 Financial need: _____
 Deprivation reason: _____

If IV-E adoption assistance or Title XIX medical denied, specify reason:

Signature — Eligibility worker _____ Determination date _____

Adoption Disruption and Dissolution

Disruption is used to describe an adoption that ends after a child is placed in an adoptive home but before the adoption is legally finalized.

It is estimated that disruption rates in the US range from 10-25%. The latest data in Oregon (October 2012) states that 95.4% of Oregon's adoptive placements continued on to finalization without disruption.

The factors for higher disruption rates include: older age of the child (each additional age of the child increased the likelihood of disruption by 6%); presence of emotional and behavioral issues with the child; child's strong attachment to birth mother; child a victim of pre-adoptive child sexual or emotional abuse (highest rate of disruption); child with physical disabilities; child who enters the child welfare system due to lack of supervision or environmental neglect; being a "new" parent rather than the child's foster parent; lack of social support for the adoptive parent, particularly from relatives; unrealistic expectations; adoptive mothers with more education; inadequate or insufficient information on the child and his/her history; inadequate parental preparation, training, and support; staff discontinuities (different child welfare workers responsible for preparing child and parents); having more caseworkers involved with the case; not having sufficient services provided.

White children have lower disruption rates than African-American children. Children placed with relatives have a lower rate of disruption.

When 2 or 3 siblings placed together, there is a higher rate of disruption. When 4 or more siblings were placed together, there is a lower rate of disruption.

The longer a child is placed in out-of-home care, than less likely the chance of disruption. If child spent time in a group or residential home, than less likely chance of disruption.

Children placed through a private agency were less likely to disrupt. For every year of experience the worker/case manager has, the chance of disruption decreases.

Dissolution is used to describe an adoption in which the legal relationship between the adoptive parent(s) and adoptive child is severed after the adoption is legally finalized.

It is estimated that dissolution rates in the US range from 1-10%. In Oregon, once a child is adopted DHS does not keep statistics on the families. The only way the Court would learn of an adoptive dissolution is if DHS became involved and a new dependency petition was filed. And there is the name-change issue: children who are adopted would have a different last name and could also have a new first name. So hard for DHS to track this information if an adoption dissolved. OR-Kids does have a field for indicating whether a child entering care was previously adopted, but it does not differentiate between children who were adopted through the child welfare system, privately, or internationally, so their data will not be able to show how many DHS children who were adopted re-entered care at a later date.

The factors for higher dissolution rates include: older age of the child; male child; non-Hispanic child; child with special needs; serious barriers to services for adoptive parents, including the lack of information about services and the cost of services.

Pre-Adoptive Training

In Oregon, families must receive training before adopting a child via the DHS Child Welfare process. The Foundations Foster Adoption Training is the curriculum used and includes training to help adoptive families understand and prepare for the challenges of parenting children with special needs. The training is offered through local DHS offices and also by Boys and Girls Aid. There is a contract between DHS and BGAID that includes other permanency and adoption related services, such as specialized recruitment for high needs children, in addition to the pre-adoptive training they offer. Christian Family Adoptions provides the Foundations training too at no cost to DHS.

Adoption Assistance

Almost all families who adopt via DHS Child Welfare apply for and receive adoption assistance. The assistance can include a medical card, a monthly payment, and assistance with the costs to finalize an adoption. The amount of Adoption Assistance is negotiated between the family and the agency and is based on the child's current needs and the family's circumstances. The amount may not exceed what a child would receive in foster care. The funding comes from the general fund and Title IV-E. The budget for 2013-15 is \$124,558,010.

Post-Adoption Support Services

Adoptive families use clinical services about 3 times more than birth families do. The type of help that adoptive parents most often seek is adoption-competent therapy, but most mental health professionals lack relevant training. Post-adoption services are generally not readily available and are not adequately funded. The federal government only supports a small portion of the funding through the Promoting Safe and Stable Families program and the states only have limited funds through flexible funding programs. In Oregon, the majority of funding, other than adoption assistance, is from the general fund with a Title IV-B match. There is little evidence-based research out there about what does and does not work in terms of post-adoptive services.

Oregon has the Oregon Post Adoption Resource Center (ORPARC). It is a nonprofit program that contracts with DHS. ORPARC offers information, assistance and referral services; consultation, advocacy, and support services; parent education and trainings; a toll free telephone line that is available 40 hours per week and staffed by clinically trained professionals; a seasonal newsletter; and a lending library. The annual budget for ORPARC is \$375,369. There are other support groups for families who are in the process of adopting or who have adopted a child; some are facilitated by DHS and others by parents or other organizations.

On a positive note in Oregon, there is a collaborative program between DHS and PSU for a Therapy with Adoptive and Foster Families Certificate. DHS pays for a .5 FTE position to assist with program coordination. The program is designed to increase the skills and capacity of mental health therapists to ensure that they meet the specific needs of foster and adoptive children.

Any family residing in Oregon that has adopted a child via DHS Child Welfare can return to their local DHS office and request to open a voluntary support services case. Most commonly this occurs when a family needs help accessing residential treatment for a child. Families can also receive home therapeutic support services. Funding for these services is pursuant to each local branch and the local providers the branch contracts with.

No national studies on adoption disruptions or dissolutions have been done. The studies that have been done so far are pretty narrowly focused. It is believed that additional research could help pinpoint what pre- and post-adoptive services could be put in place to prevent disruptions and dissolutions.

Resources

Children's Bureau Child Welfare Information Gateway
(https://www.childwelfare.gov/pubs/s_disrup.cfm)

OAR 413-120-0870 (http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_413/413_120.html)

Oregon Post Adoptive Resource Center (<http://www.orparc.org>)

What Barriers Remain: Areas of Adoption and Foster Care Reform in the 113th Congress
(https://chronicleofsocialchange.org/xpanel/wp-content/uploads/2013/12/CCAI-Adoption_Barriers-2013.pdf)

Casey Family Programs Paper "Promoting Safe and Stable Families Program"
(<http://www.casey.org/Resources/Publications/pdf/SafeandStableFamilies.pdf>)

PSU/DHS Therapy with Adoptive and Foster Families Certificate Program
(<http://www.pdx.edu/ceed/adoption-certificate-information>)

Oregon Adoption Assistance Handbook (<https://apps.state.or.us/Forms/Served/de9050.pdf>)

Boys and Girls Aid (<http://boysandgirlsaid.org>)

Christian Family Adoptions (<http://www.christianfamilyadoptions.org>)

A Family for Every Child offers links to Foundations Trainings at DHS Offices
(<http://www.afamilyforeverychild.org/Adoption/TheBasics/OregonTraining.php#district>)

<h1>ACF</h1> <p>Administration for Children and Families</p>	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration on Children, Youth and Families	
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	3. Originating Office: Children's Bureau	
	4. Key Words: Adoption, Post-Adoption Services, International Adoption	

INFORMATION MEMORANDUM

TO: State Agencies Administering or Supervising the Administration of Titles IV-B and IV-E of the Social Security Act

SUBJECT: Re-homing of adopted children: responsibilities for states and opportunities in the provision of post-adoption services.

PURPOSE: The purpose of this memorandum is to provide an overview of the practice of re-homing of adopted children, convey the concerns presented by this practice, and to encourage state title IV-B and title IV-E agencies to develop and promote the provision of post-adoption services and resources to adopted children and youth including those adopted internationally. Agencies are further encouraged to promote the availability of post-adoption services and resources through various means of outreach and information sharing to the adoption community.

LEGAL AND RELATED REFERENCES: Titles IV-B and IV-E of the Social Security Act (the Act) (42 U.S.C. 621, et. seq. and 670, et. seq.); Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5101, et. seq.)

Background on Re-homing of Adopted Children

In September 2013, the Reuters News Agency reported¹ on its investigation of an online Yahoo group bulletin board known as “Adopting-from-Disruption.” Although the adoption site highlighted in the article has since been shut down, it and nine other bulletin boards served as a means for adoptive families to “advertise” and facilitate placements of their children with non-relative strangers. The term “re-homing,” a term typically used by pet owners seeking new homes for their pets, became widely used to describe the behavior of these parents who sought to relinquish care of their adopted children outside the purview of the courts or public child welfare agencies.

¹ *Reuters Investigates: The Child Exchange, Inside America's Underground Market For Adopted Children:* <http://www.reuters.com/investigates/adoption/#article/part1>

According to the Reuters article, nearly 70% of the children advertised on the Yahoo bulletin board were born overseas and are presumed to be international adoptees. Many of the stories highlighted in the Reuters' investigative series described parents who were unable to meet the complex emotional and behavioral needs that emerged post-adoption. Some of the parents interviewed reported seeking without success assistance from public child welfare agencies. These parents turned to online forums to advertise and facilitate the placement of their children without the benefit of safety and criminal background checks or a home study to determine the appropriateness of the placement. Instead these parents delegated to strangers the authority to make education and health decisions on behalf of their child through power of attorney documents.

A power of attorney document typically delegates responsibility temporarily for decisions related to health and education, and though time limits vary by jurisdiction, a delegation through a power of attorney is not intended to substitute for long term parental care. In addition, this delegation of responsibility does not remove the legal responsibility parents have for assuring that the plan they have made for their child is a safe one.

Prevalence of Rehoming and Adoption Disruption/Dissolutions

The precise number of disrupted adoptions resulting in re-homing is not known. There are limited formal means by which dissolutions of domestic or international adoptions are reported. Title IV-B of the Act requires only that states provide in their title IV-B Child and Family Services Plan (CFSP) and their Annual Progress and Services Report (APSR) a description of the activities they have undertaken for children adopted from other countries, including the provision of adoption and post-adoption services (section 422(b)(11) of the Act). In addition, section 422(b)(12) of the Act requires that the state collect and report information on children who are adopted from other countries and who enter into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption, including the number of children, the agencies that handled the placement or adoption, the plans for the child, and the reasons for the disruption or dissolution. These requirements apply to those children/families that become involved with state child welfare agencies.

Implications Under Federal and State Child Protection Statutes

Parents have a legal responsibility to protect and care for their children. Delegating responsibility for a child to an unfit and unsafe individual through a power of attorney does not insulate parents from state laws regarding imminent risk of serious harm. The Reuter's articles suggest that children advertised on these message boards are often placed in unsafe environments and are highly vulnerable to exploitation. And, even if the parent has no reason to believe that the environment is unfit or unsafe, we believe it is fundamentally inappropriate for a parent to seek to shift his or her responsibility for an adopted child to another individual through a power of attorney process.

Many of the key legal requirements relating to child abuse and neglect, guardianship and power of attorney, and adoption are determined by states. Under CAPTA, each state must implement mandatory reporting laws that identify certain individuals who are required to report known or

suspected instances of child abuse or neglect and states must also have provisions and procedures to receive and respond to all reports of child abuse or neglect. CAPTA defines child abuse and neglect as, “at a minimum any recent act or failure to act on the part of a parent or caretaker, which results in the death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.” State laws then determine what constitutes abuse, neglect, abandonment or exploitation of children. States also establish rules related to guardianship and power of attorney. In addition, states set the rules for domestic adoption and recognition of adoptions finalized in other countries, including criteria for the termination of parental rights and how advertising of an adoption may occur.

We encourage states to review their laws that govern these areas to ensure that the issues that arise through the practice of re-homing are adequately addressed. Some states are beginning to amend their statutes in response to re-homing. For example, Wisconsin recently enacted a law that expands their existing prohibition of advertising a child for adoption to include electronic media, requires that delegation of parental powers to a non-family member for more than a year be approved by a juvenile court, and prohibits the unauthorized interstate placement of children.

Benefits of Providing Post-Adoption Services to all Adopted Children/Youth

When cases of re-homing come to the attention of public child welfare agencies it is often due to a report of abuse or neglect of the child following the placement of the child in the home of strangers. If these cases come to the public agency attention prior to the child being “re-homed,” the agency should be knowledgeable of state laws and court procedures that apply in transfers of custody from one family to another so the agency can direct the family appropriately. It is optimal for child welfare agencies to be able to provide opportunities for intervention, engagement and support services in an effort to stabilize adoptions before disruption in order to mitigate resulting trauma, loss and separation.

We encourage states to develop and provide a continuum of post-adoption services for adoptive families, both domestic and international. Federal funding is available to all state title IV-B and IV-E agencies to support such services. State agencies may use Child Welfare Services dollars (title IV-B, subpart 1 of the Act) to provide services to keep children safe in their own homes, including pre-and post-adoption services. These services may be provided to any child or family the state title IV-B agency deems is in need of them and this may include families who have adopted internationally.

In addition, the Promoting Safe and Stable Families Program (PSSF) (title IV-B, subpart 2 of the Act) requires that state title IV-B agencies spend approximately 20 percent for each of the four service categories of PSSF: community-based family support; family preservation; time-limited family reunification; and adoption promotion and support services. In addition to specific adoption promotion and support services, families adopting domestically or internationally may qualify for other services funded under PSSF. For example, family preservation funds may be spent on services to ensure children can remain in their own homes, whether that is the home of the biological parents or adoptive parents.

Other federal programs that states may use to help fund post-adoption services include the Adoption Incentives program; the Adoption Opportunities program, which provides competitive discretionary grants for a range of activities, including post-adoption supports; and the savings generated through the gradual delinking of title IV-E Adoption Assistance from the income requirements of the Aid to Families with Dependent Children (AFDC) program. Based on a National Resource Center for Adoption phone survey conducted in November, 2013, 45% of the 45 states that participated in the survey reported that they allowed internationally adopted children to participate in their post-adoption programs. The majority of these programs provide services using a mix of state dollars and title IV-B, subpart 2 funding.

Conclusion

The Children’s Bureau encourages states to review their laws and policies to ensure that the issues that arise through the practice of re-homing are adequately addressed and that supports are put in place to assist families, children and youth impacted by this practice. One key means of accomplishing this is by supporting child welfare agencies in developing post-adoption supports and services for all adopted children/youth and making all post-adoption families aware of the availability of such resources within each state. Engaging adoptive families by making them aware of the resources that are available to them is an important way to assure family stability and well-being for children and youth.

Resources

- [National Resource Center for Adoption, The Roundtable, Volume 18, Issue 1, 2004](#)
- [National Resource Center for Adoption, The Roundtable, Volume 26, Issue 1, 2013](#)
- [Keeping The Promise: The Critical Need for Post-Adoption Services to Enable Children and Families to Succeed”; Policy and Practice Perspective, October 2010; Evan B. Donaldson Adoption Institute](#)

Attachment: Children’s Bureau Regional Program Managers

/s/

Mark Greenberg
Acting Commissioner, ACYF

/s/

JooYeun Chang
Associate Commissioner, CB

Regional Program Managers

Attachment A

I	<p>Region I - Boston Bob Cavanaugh bob.cavanaugh@acf.hhs.gov JFK Federal Building, Rm. 2000 Boston, MA 02203 (617) 565-1020 States: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p>	VI	<p>Region VI - Dallas Janis Brown janis.brown@acf.hhs.gov 1301 Young Street, Suite 945 Dallas, TX 75202-5433 (214) 767-8466 States: Arkansas, Louisiana, New Mexico, Oklahoma, Texas</p>
II	<p>Region II - New York City Alfonso Nicholas alfonso.nicholas@acf.hhs.gov 26 Federal Plaza, Rm. 4114 New York, NY 10278 (212) 264-2890, x 145 States and Territories: New Jersey, New York, Puerto Rico, Virgin Islands</p>	VII	<p>Region VII - Kansas City Kendall Darling, Acting kendall.darling@acf.hhs.gov Federal Office Building Room 276 601 E 12th Street Kansas City, MO 64106 (816) 426-2262 States: Iowa, Kansas, Missouri, Nebraska</p>
III	<p>Region III - Philadelphia Lisa Pearson lisa.pearson@acf.hhs.gov 150 S. Independence Mall West - Suite 864 Philadelphia, PA 19106-3499 (215) 861-4030 States: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p>	VIII	<p>Region VIII - Denver Marilyn Kennerson marilyn.kennerson@acf.hhs.gov Federal Office Building 999 18th Street---South Terrace Suite 499 Denver, Colorado 80202 (303) 844-3100 States: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p>
IV	<p>Region IV - Atlanta Paul Kirisitz, Acting paul.kirisitz@acf.hhs.gov Portals Building 8th Floor, Suite 8110 West 1250 Maryland Avenue Washington, DC 20224 (202) 205-6733 States: Alabama, Mississippi, Florida, North Carolina, Georgia, South Carolina, Kentucky, Tennessee</p>	IX	<p>Region IX - San Francisco Douglas Southard douglas.southard@acf.hhs.gov 90 7th Street - 9th Floor San Francisco, CA 94103 (415) 437-8425 States and Territories: Arizona, California, Hawaii, Nevada, Outer Pacific—American Samoa Commonwealth of the Northern Marianas, Federated States of Micronesia (Chuuk, Pohnpei, Yap) Guam, Marshall Islands, Palau</p>
V	<p>Region V - Chicago Angela Green angela.green@acf.hhs.gov 233 N. Michigan Avenue Suite 400 Chicago, IL 60601 (312) 353-9672 States: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p>	X	<p>Region X - Seattle Tina Minor tina.minor@acf.hhs.gov 2201 Sixth Avenue, Suite 300, MS-70 Seattle, WA 98121 (206) 615-3657 States: Alaska, Idaho, Oregon, Washington</p>