

Name of child(ren) being adopted: _____

PLACEMENT OF CHILD INTO ADOPTIVE HOME

_____ **TERMINATION ORDER in file**

_____ Date Termination order was signed by judge

_____ **Date Home Study was approved!!** _____ *******

_____ **Date Criminal History was ran: must be within 6 mos of ADO Placement!! Might need to have this re done!!**

_____ Placement window: intended to be permanent

_____ Rural Cases: request transfer of PPT

_____ If home is a non-PRS home, request a vendor ID # from Janelle M. Baines by e-mail. (This usually takes up to two weeks). Janelle M Baines DFPS Accountant II Ph.# 512-438-2982; Janelle.Baines@dfps.state.tx.us

_____ If home is a non-PRS home, complete the Non-PRS Registration Form and input into IMPACT.

_____ Interregional Placement Agreement if FPS home in another region. E-mail to supervisor.

_____ ICPC is initiated:

_____ ** Must have current, **dated**, approved home study to submit to ICPC

_____ *** **MUST HAVE** WRITTEN approval by ICPC, by both states!!

_____ **Date of written ICPC Approval by Texas!!**

_____ 1. Narrative must reflect preparation of child for adoptive placement. Areas that must be discussed:

- a. Child's thinking and feelings about his/her parents' inability to rear him/her.
- b. Child's capacity to relate to new parents.
- c. Child's capacity to develop within a family setting.
- d. Child's understanding of and consent for adoption (legally required of a child 12 years or older).

(This information is also included in the Adoption Readiness Addendum.)

For children 6 months and older, staff must make at least 3 face to face contacts with the child being prepared for adoption (one face to face is required for children 0 - 6 months). Contacts must be documented. Children 2 years and older must be provided counseling for exploration of the child's understanding of what is taking place; adoption, termination, separation and loss.

_____ 2. Adoptive Readiness Summary Update/Addendum completed. When shared with adoptive family, adoptive parents must initial each page, and sign and date. This will be a legal document.(HSEGH)

- _____ 3. Child's pre-adoptive physical:
0-18 months, within 30 days prior to placement
18 mos to 5 yrs, within 3 months prior to placement
5 yrs and older, within 6 months prior to placement

- _____ 4. Psychological and developmental prior to placement:
All children 5 yrs and older must have an updated psychological/assessment.
Children under that age, only if showing behavior/emotional difficulties warranting an assessment.
All children must have a developmental assessment by a professional; psychologist, physician, DEBT.
(Same time frames as the pre-adoptive physical.)

- _____ 5. A formal adoption presentation is completed with adoptive family. All case information is/has been shared with the adoptive parent(s); HSEGH, Addendum, de-identified case record, psychologicals, etc.

- _____ 6. Plan of Service is current and indicates adoption as a goal. Adoptive Plan of Service should be completed and shared at the time of signing Adoptive Placement Agreement with family.

- _____ 7. Adoptive family signs Acknowledgement form stating information has been shared and they had the opportunity to ask questions.

- _____ 8. Child's eligibility for Adoption Subsidy is discussed and documented in narrative. Child's needs and possible amount of subsidy is discussed. Subsidy application is provided to the family.

- _____ 9. If the child is handicapped or in therapy, the adoptive parents must meet with therapist or physician. Worker must be present.

- _____ 10. Pre-placement visits are initiated.

- _____ 11. Complete 2054 for Placement and Post Placement supervision. (If needed)

- _____ 12. RELATIVE PLACEMENTS: Give relative copy of Kinship Manual & Discipline Policy

- _____ 13. Inform Attorney Ad Litem & I See You or Courtesy Worker of placement change
_____ Date informed

- _____ 14. **Placement** is made:
 - a. Adoptive placement agreement forms are discussed, signed and dated.
 - b. Acknowledgement form has been signed by the family.
 - c. Placement and Medical Authorizations given to family.

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- d. Provide information on Post Adopt Services.
- e. Review Adoptive Plan of Service, sign and date.
- f. Complete Form 2242 (white card).
- g. Close out sub care stage

Supervisor's Approval / Date: _____

Revised 6/21/06