

# ENROLLMENT CHECKLIST POST ADOPTION SERVICES

## **Required Documents for Enrollment:**

- Family Information Form
- Child Information Form
- Household Financial Information Form
- Adoption Decree (must list each child being enrolled)
- Parent Consent Form: one for each parent
- Child Consent Form: one for each enrolled child and signed by both parents
- Respite Release Form: signed by both parents

# Post Adoption Services Intake

## Family Information

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

**Adoptive Parent(s):** \_\_\_\_\_

Home Address: \_\_\_\_\_

County of Home Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Phone Numbers (home/cell/work): \_\_\_\_\_

Preferred Means of Contact: \_\_\_\_\_

How did you learn about post adoption services?

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain by enrollment in the post adoption program?

\_\_\_\_\_  
\_\_\_\_\_

### Parent(s) In The Home

**Name of Parent #1:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Gender: Male  Female

Race: White  Black  American Indian or Alaskan Native  Asian   
Native Hawaiian or Other Pacific Islander

Ethnicity: Hispanic/Latino  Not Hispanic/Latino

Religious Preference: \_\_\_\_\_

Name of Parent #2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Gender: Male  Female

Race: White  Black  American Indian or Alaskan Native Asian   
Native Hawaiian or Other Pacific Islander

Ethnicity: Hispanic/Latino  Not Hispanic/Latino

Religious Preference: \_\_\_\_\_

**Household Information**

**List ALL children living in the home**

Name	D.O.B	Social Security No.	Gender	Race White, Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander	Ethnicity: Hispanic/L atino or Non Hispanic/ Latino	Status: Birth, DFPS Adoption, Private Adoption, PCA, Relative or Other	Age placed

**Others in the home (grandparents, adult children, etc.)**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Significant Family Stressors:**

Separation  Divorce  Recent Move  Change in Schools

Change in Financial Status  Serious Illness  Death  Other

**Support System for Family**

Marital Relationship	
Adult Children	
Extended Family	
Friends	
Neighbors	
Church	
School	
Support Group (in person or online)	

## Child Information

**(Complete one for each adopted child in the home)**

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

**Child's Full Legal Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender: Male  Female

Race: White  Black  American Indian or Alaskan Native  Asian   
Native Hawaiian or Other Pacific Islander

Ethnicity: Hispanic/Latino  Not Hispanic/Latino

Religious Preference: \_\_\_\_\_

Adoption Finalization Date: \_\_\_\_\_

Adoption Location (City/County/State): \_\_\_\_\_

### Child's History

Child's Birth Name (if known): \_\_\_\_\_

County of DFPS Conservatorship: \_\_\_\_\_

Age entering DFPS system: \_\_\_\_\_

### Trauma Abuse

Neglect	Sexual Abuse	Parental Substance Abuse
Abandonment	Physical Abuse	Parental Mental Illness
	Emotional Abuse	Parental Criminal Behavior

Number of placements prior to adoption: \_\_\_\_\_

Adoption Placement Agency: \_\_\_\_\_

Adoption Placement Worker \_\_\_\_\_

**Biological Siblings:**

Name/Age: \_\_\_\_\_

Current Placement: \_\_\_\_\_

Contact with Siblings? Yes  No

**Type of Adoption:**

Foster to Adopt  Straight Adoption  Relative Adoption

Date of initial placement: \_\_\_\_\_

Date of adoption placement: \_\_\_\_\_

Relationship to child prior to adoption: \_\_\_\_\_

Number of placements prior to adoption: \_\_\_\_\_

Length of longest placement prior to adoption: \_\_\_\_\_

Number of prior adoptive placements: \_\_\_\_\_

Does child have contact with biological family? Yes  No

What does child understand about his/her adoption?

\_\_\_\_\_  
\_\_\_\_\_

**Child's Medical History:**

Prenatal Alcohol/Drug Exposure? Yes  No  Unknown

Serious Injuries/Surgeries/Hospitalizations: \_\_\_\_\_

Physical Disabilities/Limitations: \_\_\_\_\_

Allergies: \_\_\_\_\_

## Child's Psychological Information

### Therapy Participation

Dates	
Therapist Name	
Type of Therapy	
Additional info	

### Evaluations

Dates	
Providers Name	
Type of Evaluation	
Diagnosis	
Additional info	

### Other Mental Health Services

Dates	
Providers Name	
Type of Service	
Additional info	

### Psychotropic Medication History

Medication Name	
Purpose	
Prescribers Name	
Dates	
Additional info	

### Out of Home Placements

Start & End Date	
Name of Placement	
Location	
Reason for Placement	
Additional info	

### Educational Information:

Current Grade: \_\_\_\_\_

School: \_\_\_\_\_

Public  Private  Charter  Other

District: \_\_\_\_\_

Services: \_\_\_\_\_

Regular Education  Special Education  Other

Type of Disability: \_\_\_\_\_

504 Accommodations: \_\_\_\_\_

Gifted/Talented Program: \_\_\_\_\_



## Household Financial Information

### Adoptive Parents

	<b>Name</b>	
	<b>Date of Birth</b>	
	<b>Social Security No.</b>	
	<b>Education Completed</b>	
	<b>Employer</b>	
	<b>Occupation</b>	
	<b>Monthly Income</b>	
	<b>Other Income</b>	

### Subsidy Information

Child's Name	Subsidy Amount	County Providing Subsidy	Other Income (SS or SSI)

### Private Insurance

Policy Holder's Name: \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_

ID/Group Number: \_\_\_\_\_

Type of Coverage: Medical  Dental  Vision

Additional Benefits/Value Added Services:

---

---

List members of the family **NOT** covered by the private insurance listed above:

---

---

---

**Medicaid information**

Child's Name	Medicaid Number	Type/Carrier Traditional, Managed Care or Waiver Program

Additional Benefits/Value Added Services:

---

---

---

**Parent Signature**

**Date**

**CENTERS FOR CHILDREN AND FAMILIES  
POST ADOPTION PROGRAM  
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION (one for each person)**

I, \_\_\_\_\_, hereby authorize **CENTERS FOR CHILDREN AND FAMILIES POST ADOPTION PROGRAM** to release their records and/or information concerning myself to all service providers and \_\_\_\_\_  
(Client)  
authorize **all service providers** to release their records concerning the aforementioned client to **CENTERS FOR CHILDREN AND FAMILIES POST ADOPTION PROGRAM.**

This informed consent for the Release of Confidential Information shall cover all necessary information in order to facilitate treatment and obtain services.

I/We understand that this consent shall remain in force from the date signed until Post Adoption Program services are formally terminated.

I/WE also understand that I/WE may revoke this consent at any time by completing the second part of this form entitled Revocation of Consent or notifying Centers for Children and Families Post Adoption Program in writing of your Revocation of Consent.

	<b>SELF</b>	
_____ Client or Legal Representative	_____ Relationship to Client	_____ Date
_____ Client or Legal Representative	_____ Relationship to Client	_____ Date

REVOCATION OF CONSENT		
On this day, _____ of 20__ I/WE hereby revoke this consent for the release of information.		
_____ Client or Legal Representative	_____ Relationship to Client	_____ Date
_____ Client or Legal Representative	_____ Relationship to Client	_____ Date

**CENTERS FOR CHILDREN AND FAMILIES  
POST ADOPTION PROGRAM  
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION (one for each person)**

I, \_\_\_\_\_, hereby authorize **CENTERS FOR CHILDREN AND FAMILIES POST ADOPTION PROGRAM** to release their records and/or information concerning myself to all service providers and \_\_\_\_\_  
(Client)  
authorize **all service providers** to release their records concerning the aforementioned client to **CENTERS FOR CHILDREN AND FAMILIES POST ADOPTION PROGRAM.**

This informed consent for the Release of Confidential Information shall cover all necessary information in order to facilitate treatment and obtain services.

I/We understand that this consent shall remain in force from the date signed until Post Adoption Program services are formally terminated.

I/WE also understand that I/WE may revoke this consent at any time by completing the second part of this form entitled Revocation of Consent or notifying Centers for Children and Families Post Adoption Program in writing of your Revocation of Consent.

_____ Client or Legal Representative	<b>SELF</b> _____ Relationship to Client	_____ Date
_____ Client or Legal Representative	_____ Relationship to Client	_____ Date

REVOCATION OF CONSENT		
On this day, _____ of 20__ I/WE hereby revoke this consent for the release of information.		
_____ Client or Legal Representative	_____ Relationship to Client	_____ Date
_____ Client or Legal Representative	_____ Relationship to Client	_____ Date

**CENTERS FOR CHILDREN AND FAMILIES  
POST ADOPTION PROGRAM  
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION (one for each child)**

I/WE, \_\_\_\_\_, hereby authorize **CENTERS FOR CHILDREN AND FAMILIES POST ADOPTION PROGRAM** to release their records and/or information concerning \_\_\_\_\_ to all service providers and authorize **all service providers** to release their records concerning the aforementioned client to **CENTERS FOR CHILDREN AND FAMILIES POST ADOPTION PROGRAM**.  
(Client or Legal Representative, **Parents**)  
(**CHILD'S NAME**)

This informed consent for the Release of Confidential Information shall cover all necessary information in order to facilitate treatment and obtain services.

I/We understand that this consent shall remain in force from the date signed until Post Adoption Program services are formally terminated.

I/WE also understand that I/WE may revoke this consent at any time by completing the second part of this form entitled Revocation of Consent or notifying Centers for Children and Families Post Adoption Program in writing of your Revocation of Consent.

_____ Client or Legal Representative	_____ <b>Parent</b> Relationship to Client	_____ Date
_____ Client or Legal Representative	_____ <b>Parent</b> Relationship to Client	_____ Date

<b>REVOCAION OF CONSENT</b>		
On this day, _____ of 20__ I/WE hereby revoke this consent for the release of information.		
_____ Client or Legal Representative	_____ Relationship to Client	_____ Date
_____ Client or Legal Representative	_____ Relationship to Client	_____ Date

# RESPIRE RELEASE FORM

Adoptive families using respite care are responsible for making arrangements for the care of their child/children with a caregiver of their choosing. Permission to transport the child/children, to care for the child/children, and to give medication and medical treatment to the child/children is given by the adoptive parents to the respite caregivers. Centers for Children and Families, their employees, and contract personnel may assist the families by providing the names of possible providers of respite care as a tool to help locate and provide services. This service is provided only as a suggestion and not as an assumption of responsibility for either party. Both parties – adoptive families and respite caregivers – agree to not hold Centers for Children and Families, their employees, or contract personnel responsible for any incidents, damages, or injuries that might occur while the respite care is being given.

This signed form should be returned and placed into your file at Centers for Children and Families before respite services are given or received.

\_\_\_\_\_  
Signature (Parent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent)

\_\_\_\_\_  
Date