



ADOPTION REFERRAL

CHILD PROTECTIVE SERVICES - FOSTER CARE REDESIGN

Purpose: Use this form to submit an adoption referral to the Single Source Continuum Contractor (SSCC).

Instructions: See the [Regional Foster Care Redesign Operations Manual](#) for instructions.

Directions: See the [Regional Foster Care Redesign Operations Manual](#) for directions.

Help: For additional information, see [Regional Foster Care Redesign Operations Manual](#).

Is this a private agency home referral for adoption (in other words, a private agency adoption outside of SSCC)?
 Yes No

If yes, complete Section B.

Is this a DFPS request for a home study (meaning did DFPS receive an inquiry from a recruitment venue such as TARE or AdoptUsKids which resulted in this request)?
 Yes No

If yes, complete Section C.

Did you attach a home study(s) for consideration for a specific child?
 Yes No

Names of families submitted:

Names of child(ren):

Names of CURRENT placement:

Street Number	Street Address	Apt. No. (if applicable)	City	County	State	Zip Code
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Phone Number

Is the child already placed in the home as a foster or kinship placement?
 Yes No

What is the Placement Date?

DFPS Caseworker	Phone Number	Additional Information
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Agency Name	Case Manager	Phone Number	Email Address
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Is the private agency providing adoptive placement and post-placement supervision?
 Yes No

As requested by SSCC, DFPS caseworker completes 2054 to SSCC for the specified service.

Family Name

Street number

Street Address

Apt. No. (if applicable)

City

County

State

Zip Code

Phone Number

Please include the following attachments with this completed form. Place an "X" to ensure each attachment is included.

CRIMINAL CHECK

IMPACT CHECK/PERSON SEARCH

KINSHIP ASSESSMENT or HOMESTUDY