#   Adoption Referral

**Community Based Care**

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

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| BACKGROUND INFORMATION    |
|   Is this is 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 Address      | Apt. No.       | City      |
| County       | State      | Zip Code      | 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      |
| PRIVATE AGENCY REFERRAL FOR ADOPTION    |
| Agency Name      | Case Manager      | Phone Number      | Email Address      |
| 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.  |
| REQUEST FOR ADOPTION HOME STUDY  |
| Family Name      |
| Street Address      | Apt. No.       | City      |
| County       | State      | Zip Code      | Phone Number      |
| ATTACHMENTS TO INCLUDE |
| 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  |