# 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 | | | | | | |