**IN THE DISTRICT COURT OF COUNTY, KANSAS**

# IN THE INTEREST OF

**Child’s Name Court Case No.**

**Date of Birth**

□ **Male** ☐ **Female**

Removal date:

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| Current Placement Type: | Pre-Adoptive RelativeFamily Foster Home Other | Date Placed: |  |

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| Does the Indian Child Welfare Act apply? | □ Yes, see Section 9 | □ No | □ Undetermined |

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| **Section 1 – Legal History** |
| Date child became legally free: |
| Parent 1 |  | * Relinquishment Accepted and Approved by Agency
* Parental Rights Terminated
* Appeal Pending ☐ Yes ☐ No
* Appeal Complete
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| Parent 2 |  | * Relinquishment Accepted and Approved by Agency
* Parental Rights Terminated
* Appeal Pending ☐ Yes ☐ No
* Appeal Complete
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| **Section 2 –Adoptive Resource** |
| Does the child have an identified adoptive resource? |
| □ Yes; If Yes, date identified and name/s |  |
| □ No, date referral sent to Adopt KS Kids (PPS5310) |  |
| Adoption application and supporting documentation was provided to the adoptive resource |  |
| Date adoption application completed and received by the Child Welfare Case Management Provider (CWCMP): |  |
| Home Study/Assessment |  |
| Date Started: |  |
|  Date all supporting documents were received by CWCMP: |  |
| Date Completed: |  |

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| **Section 3 – Best Interest Staffing** |
| Is the child's case exempt from the Best Interest Staffing (BIS) Per Agency policy (PPM 5340) | □ Yes ☐ No |
| **If exempt:** |  |
| Date waiver email sent: |  |
| Date authorized by CWCMP Director: |  |
| **If not exempt:** |  |
| BIS | Date: |
| Date report sent to CWCMP Director: |  |
| Date authorized by CWCMP Director: |  |
| Selected and non-selected families informed of decision by CWCMP | Date: |
| Request for internal review received from non-selected family, if applicable (non-selected family may request an internal review within 5-working days of notice) |  Date: Not Applicable |
| Internal review held, if applicable(to be held within 5-working days of receiving request for internal review) |  Date: Not Applicable |
| Written internal review decision sent to requesting family, if applicable, |  Date: Not Applicable |
| Final adoptive resource selection | Date: Not Applicable |

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| **Section 4 – Child's Consent** |
| Is the child over the age of 14? | □ Yes ☐ No |
| Will the child consent to the adoption? | □ Yes ☐ No |

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| **Section 5 – Adoption Subsidy** |
| Is the child placed with the selected adoptive resource? | □ Yes ☐ No |
| Selected resource has reviewed the child's foster care case file?(to be completed within 7-working days of selection per Agency policy) |
| □ Yes Date: |  |
| □ No Date scheduled: |  |
|  | **Date Completed** |
| Referral for adoption assistance subsidy sent by CWCMP to Agency per Agency policy (PPS 6110) |  |
| Family contacted to schedule subsidy negotiation |  |
| Adoption assistance meeting between the Agency and the adoptive resource |  |
| Adoption assistance agreement - (PPS 6130) signed per Agency policy (PPM 6260) |  |
| Adoption placement agreement - (PPS 5343) signed per Agency policy (PPM 5360) |  |

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| **Section 6 – DCF’s Consent to Adopt** |
|  | **Estimated Date of Completion** | **Date Completed** |
| Complete consent to adopt packet per Agency policy (PPM 5360) (Appendix 5R) sent to Region |  |  |
| Consent to adopt (PPS 5350) signed by Agency Region and sent to CWCMP(to be signed by the Regional Director or designee within 30-days of receiving a complete and accurate consent to adopt packet) |  |  |
| Adoption packet was provided by the CWCMP to attorney for the adoptive family (PPM5363) (signed consent to adopt is valid for 6-months) |  |  |

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| **Section 7– Supplemental Security Income** (**SSI)****Is SSI application indicated? Yes (If yes, complete this section). No** |
| Date of initial SSI application: |  |
| Date of initial SSI decision: |  |
| Date of SSI request for reconsideration/Appeal: |  | □ NA |
| Date of SSI reconsideration/Appeal decision: |  | □ NA |

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| **Section 8 – The Interstate Compact on the Placement of Children** (**ICPC), (only applicable if ICPC applies)** |
| Does ICPC apply? Yes No (If yes, complete this section). | **Date Completed** |
| CWCMP sent referral to Kansas ICPC |  |
| Placement decision by receiving state (approval/denial on 100A) |  |
| Child was placed in receiving state |  |
| ICPC Case Closure |  |

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| **Section 9 – Indian Child Welfare Act** **(ICWA), (Complete if ICWA applies)** |
| Name of Applicable Tribe |  |
| Documentation of the Initial Certified Letter sent to the Tribe |  |
| Is identified placement an ICWA preferred placement? | Yes No |
| If No, findings to support good cause deviation |  |

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| **Section 10 – Adoption Hearing** |
| **Judicial District** |  |
| **County** |  |
| **Court Case Number** |  |
| **Hearing date** |  |
| **Finalization date** |  |

**Section 11 – Additional Information Requested by the Court**

