

### Checklist for Request for Consent to Adopt

This form is to be used by the PPS Adoption Specialist to review the consent to adopt packet prior to submission to the Regional Director/designee for approval. If deficiencies are noted, the form will be returned to the sender for further action.

Child:	DOB:
To:	From:
Date Sent:	Date Received:

**Information Regarding Child:**

Yes	No	NA	Information Provided
<input type="checkbox"/>	<input type="checkbox"/>		Request for Consent to Adopt Form
<input type="checkbox"/>	<input type="checkbox"/>		Birth Certificate (Check if name and DOB match on all documents)
<input type="checkbox"/>	<input type="checkbox"/>		Social Security Number
<input type="checkbox"/>	<input type="checkbox"/>		Journal Entry terminating parental rights approved by the Regional DCF Attorney OR parental rights relinquishment accepted by DCF or death certificate for deceased parent(s)
<input type="checkbox"/>	<input type="checkbox"/>		Journal Entry with authority for DCF to consent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ICPC Approval (to include the 100A and Concurrence from Receiving State)
<input type="checkbox"/>	<input type="checkbox"/>		PPS 3114 Child's Social History
<input type="checkbox"/>	<input type="checkbox"/>		PPS 5340 Medical and Genetic Information for Child (With affidavit if no parent signatures)
<input type="checkbox"/>	<input type="checkbox"/>		Properly executed authorization for release of the child's birth and hospital records
<input type="checkbox"/>	<input type="checkbox"/>		Indian Child Welfare Act addressed

**Information Regarding Adoptive Parent(s):**

Yes	No	NA	Information Provided	
<input type="checkbox"/>	<input type="checkbox"/>		PPS 5318 Adoptive Family Assessment that includes the following information (completed within the last year, with information about this child):	
	Yes	No	NA	Information Provided
	<input type="checkbox"/>	<input type="checkbox"/>		Legal Name, SSN, DOB of Adoptive Parent 1

<input type="checkbox"/>	<input type="checkbox"/>		Legal Name, SSN, DOB of Adoptive Parent 2
<input type="checkbox"/>	<input type="checkbox"/>		County of Residence of Adoptive Parents
<input type="checkbox"/>	<input type="checkbox"/>		Adoptive Placement Supervision Report (if not addressed in home study)
<input type="checkbox"/>	<input type="checkbox"/>		Results of KBI/CANIS/Fingerprint checks* Adoptive Parent 1 (Actual records do not need to be submitted for out of state home studies)
<input type="checkbox"/>	<input type="checkbox"/>		Results of KBI/CANIS/Fingerprint checks* on Adoptive Parent 2 (Actual records do not need to be submitted for out of state home studies)
<input type="checkbox"/>	<input type="checkbox"/>		PPS 5343 Adoptive Placement Agreement

\*Actual results from fingerprint checks may not be shared, but the home study shall document if there were records, what the records indicated, and if they are a prohibited crime, plans to address the issue. Fingerprint checks do not need to be updated annually.

\_\_\_\_\_  
PPS Adoption Specialist Signature

\_\_\_\_\_  
Date

