

ADOPTION TRACKING TOOL

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:	<input type="checkbox"/> Pre-Adoptive <input type="checkbox"/> Relative <input type="checkbox"/> Family Foster <input type="checkbox"/> Home Other	Date Placed:	
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Does the Indian Child Welfare Act apply?	<input type="checkbox"/> Yes, see Section 9	<input type="checkbox"/> No	<input type="checkbox"/> Undetermined
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Section 1 – Legal History		
Date child became legally free:		
Parent 1		<input type="checkbox"/> Relinquishment Accepted and Approved by Agency <input type="checkbox"/> Parental Rights Terminated <input type="checkbox"/> Appeal Pending <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Appeal Complete
Parent 2		<input type="checkbox"/> Relinquishment Accepted and Approved by Agency <input type="checkbox"/> Parental Rights Terminated <input type="checkbox"/> Appeal Pending <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Appeal Complete

Section 2 – Adoptive Resource	
Does the child have an identified adoptive resource?	
<input type="checkbox"/> Yes; If Yes, date identified and name/s	
<input type="checkbox"/> 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:	

Section 3 – Best Interest Staffing	
Is the child's case exempt from the Best Interest Staffing (BIS) Per Agency policy (PPM 5340)	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Not Applicable
Internal review held, if applicable (to be held within 5-working days of receiving request for internal review)	Date <input type="checkbox"/> Not Applicable
Written internal review decision sent to requesting family, if applicable,	Date: <input type="checkbox"/> Not Applicable
Final adoptive resource selection	Date: <input type="checkbox"/> Not Applicable

Section 4 – Child's Consent	
Is the child over the age of 14?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the child consent to the adoption?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5 – Adoption Subsidy	
Is the child placed with the selected adoptive resource?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Selected resource has reviewed the child's foster care case file? (to be completed within 7-working days of selection per Agency policy)	
<input type="checkbox"/> Yes Date:	
<input type="checkbox"/> 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)	

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)		

Section 7– Supplemental Security Income (SSI)		
Is SSI application indicated? <input type="checkbox"/> Yes (If yes, complete this section). <input type="checkbox"/> No		
Date of initial SSI application:		
Date of initial SSI decision:		
Date of SSI request for reconsideration/Appeal:		<input type="checkbox"/> NA
Date of SSI reconsideration/Appeal decision:		<input type="checkbox"/> NA

Section 8 – The Interstate Compact on the Placement of Children (ICPC), (only applicable if ICPC applies)	
Does ICPC apply? <input type="checkbox"/> Yes <input type="checkbox"/> 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	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, findings to support good cause deviation	

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

Section 11 – Additional Information Requested by the Court