

IN THE DISTRICT COURT OF _____ COUNTY, KANSAS

IN THE INTEREST OF

Child's Name _____ **Court Case No.** _____

Date of Birth _____ ☐ **Male** ☐ **Female**

Removal date:	
---------------	--

Current Placement Type:	☐ Pre-Adoptive	Date Placed:	
	☐ Relative		
	☐ Family Foster Home		
	☐ Other		

Does the Indian Child Welfare Act apply?	☐ Yes, see Section 9	☐ No	☐ Undetermined
--	---	-----------------------------	---------------------------------------

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	
Parent 2		☐ Relinquishment Accepted and Approved by Agency ☐ Parental Rights Terminated ☐ Appeal Pending ☐ Yes ☐ No ☐ Appeal Complete	

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 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)	☐ 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

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

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)	

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 (PPM5363) (signed consent to adopt is valid for 6-months)		

Section 7– 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

Section 8 – 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	

Section 9 – 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	

***Document to be used when child is legally free for adoption

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

Section 11 – Additional Information Requested by the Court