

CPA/CMP Adoption Services Checklist

Fees are paid for an array of adoption services to help prepare and support families through the adoption process. It is understood by all agencies working in collaboration with each other and families that these services will continue through the completion of a BIS and finalization.

Adoptive Family:

Name: _____

Sponsoring Agency: _____

Relative Family: Yes No

Is the family currently licensed: Yes No

Is the homestudy being submitted an Update or Original? _____

Date of completed home study/Family portion of BIS packet: _____

Does the family have current placement of child(ren): Yes No

If no, expected date of placement: _____

Child(ren) family is wanting to adopt (if applicable):

Name(s): _____

DOB(s): _____

County of Origin: _____

Agency/Case Management Provider: _____

Child(ren's) case manager: _____

By submitting this checklist, we acknowledge and accept responsibility for the adoptive family's home study and BIS packet items. Furthermore, we affirm that these documents have been completed according to our agency standards, as well as in compliance with KS Statute and DCF policies.

CWCMP Agency Representative

Date

CPA Agency Representative

Date