## ADOPTION PACKET CHECKLIST

## <u>COMPLETE ADOPTION PACKETS ARE DUE TO THE ADOPTION UNIT WITHIN THREE WORKING</u> <u>DAYS OF THE PERMANENCY PLANNING HEARING (PROCEDURE VIII-G2)</u>

PACKET MUST BE COMPLETE IN ORDER FOR THE ADOPTION UNIT TO ACCEPT CASE ASSIGNMENT

- \_\_\_\_\_ Original birth certificate (even if from out of state)
- \_\_\_\_\_ Hospital birth records
- \_\_\_\_\_ Initial physical when child entered care or newborn data from hospital
- \_\_\_\_\_ CFS-456 Birth family background form (must be signed by worker)
- \_\_\_\_\_ PACE
- \_\_\_\_\_ Complete medical records (birth to current age)
- \_\_\_\_\_ Vision records
- \_\_\_\_\_ Dental records
- \_\_\_\_\_ Current immunization record
- \_\_\_\_\_ Sickle cell report on any AA children
- \_\_\_\_\_ Any psychological evaluations for child
- \_\_\_\_\_ Any psychological evaluations for biological parents
- \_\_\_\_\_ Any counseling records or TFC records for child
- \_\_\_\_\_ Developmental evaluations (speech, physical, and occupational therapy)
- \_\_\_\_\_ Educational records including IEP (kindergarten to current grade)
- \_\_\_\_\_ Emergency Petition with affidavit
- \_\_\_\_\_ Emergency Custody order
- \_\_\_\_\_ TPR order on all parents
- \_\_\_\_\_ Relative Efforts Form

\*\*If any of the records listed above are inaccessible, please document the reason for this on Department letterhead with your signature\*\*