

Date Referral Received: \_\_\_\_\_  
 Date Returned to Worker: \_\_\_\_\_  
 Date Referred to Recruitment: \_\_\_\_\_

## REFERRAL FOR ADOPTION PLACEMENT

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Date Goal changed to Adoption: \_\_\_\_\_ Date of Last Home Visit: \_\_\_\_\_  
 Name of Social Worker: \_\_\_\_\_ Phone#: \_\_\_\_\_ (w) \_\_\_\_\_ (c)  
**E-mail Address:** \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_ (w) \_\_\_\_\_ (c)  
 Name of GAL: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Name of Judge: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Date of Next Court Date: \_\_\_\_\_

### Placement Information

Name of Facility or Foster Parent: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone#: \_\_\_\_\_ (h)  
 Phone#: \_\_\_\_\_ (w) Phone#: \_\_\_\_\_ (c)  
 Date Placed in Current Placement: \_\_\_\_\_

***If it's a foster home; is it a Child and Family foster home or a Private Agency foster home, Traditional foster home, or a Kinship foster home?***      Yes      No

Name of Private Agency: \_\_\_\_\_  
 Name of Private Agency Social Worker: \_\_\_\_\_ Phone# : \_\_\_\_\_ (w)  
 \_\_\_\_\_ (c)  
 E-mail Address: \_\_\_\_\_

***Please list those siblings who are either to be placed for adoption with the above named child or with whom you hope the child will remain in contact with (attach another sheet if needed):***

<b><i>Name of Sibling</i></b>	<b><i>Date of Birth</i></b>	<b><i>To be placed for adoption w/referred child? (Check if YES)</i></b>	<b><i>With who is the child remain in contact with? (Check if YES)</i></b>

**Legal Status: Are the Parental Right; of Child: Parent: Intact?**

**MOTHER**

**FATHER**

( ) Right Intact

( ) Right Intact

( ) Deceased

( ) Deceased

( ) Parent has relinquished right

( ) Parent has relinquished right

( ) TPR Granted

( ) TPR Granted

( ) Date TPR Filed \_\_\_\_\_

( ) Date TPR Filed \_\_\_\_\_

( ) TPR on Appeal

( ) TPR on Appeal

THE FOLLOWING MUST BE ATTACHED TO THE ADOPTION PACKAGE:

- \_\_\_\_\_ Social Summary      \_\_\_\_\_ Last Court Order      \_\_\_\_\_ Medical      \_\_\_\_\_ Developmental
- \_\_\_\_\_ Psychological/Psychiatric/Psycho-educational (no greater than 2 years old)
- \_\_\_\_\_ Waiver of Confidentiality      \_\_\_\_\_ Date      \_\_\_\_\_ Recent Picture
- \_\_\_\_\_ IEP/Report Card/504 Plan      \_\_\_\_\_ Last Court Report

List the child's strengths (please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check the Applicable Needs: (if child does not have a diagnosis, please note any concerns)**

Learning Disable    Emotional Disturbance    Multiple Handicaps    Severely Handicapped  
 No Known Disability

Explain needs (include all medications & DSM-IV Diagnoses): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Visitation between Siblings: \_\_\_\_\_ How Often: \_\_\_\_\_

Visitation Between Birth Parents: \_\_\_\_\_ (Mom) \_\_\_\_\_ (Dad) How Often: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**This form MUST be reviewed and signed by the social worker and supervisor. Please submit the completed package to: Charelia Bazemore, Supervisory Social Worker @ 200 I. Street SE, Washington, DC 20003 Phone#: 202- 727-5400 Office#: 3672**

## SOCIAL SUMMARY

### OUTLINE

Instructions: Social Summary information should be in narrative form on a separate sheet of paper. The social summary must be reviewed and signed by the social worker and supervisor. Please address on areas and be as detailed as possible.

#### **Narrative of Birth Parent(s) - Background History**

Name, Address & Phone numbers

Personal characteristics & interests/hobbies physical description, social security number

Personal data, Parents siblings, Place of birth, Childhood information, Date of Birth, Religion, Medical

History, including Physical, Mental, & Substance abuse, Race, Education, Training, & Employment history.

Total number of children, Names & Birth dates

Birth Fathers

Marital Status

History of any involvement with CFSA

Reason for Court involvement

Caretaker(s) / Placement History

Referral Factors: (why was goal changed to adoption? Has all relations been exhausted? Has adoption been discussed with current foster parent? (**Explain**) What type of FAMILY would be best for this CHILD?)

Child's Developmental History

Child's History of Psychiatric Treatment

Child's Current Functioning

Child's Psychological History / Therapy

Education

Medical History

Current Psychiatric Diagnosis