ADOPTIVE SERVICE REFERRAL

CASE REVIEW COMPLETES THIS SECTION

Case name:_____ Case Number:_____

Please list each child's name, race and special needs below:

Name   Race   Special Needs

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Is current caretaker interested in adoption?   Yes ____   No____

Foster Parent(s):____   Relative:____

Caretaker Name   Phone

_____   _____

_____

Address:_____

_____

____Sibling Matching and Planning Meeting Needed (check only if siblings are in different substitute care setting)

ADOPTION DEPARTMENT COMPLETES THIS SECTION

Adoption Worker assigned: _____

Service begin date: _____

DATA ENTRY DEPARTMENT COMPLETES THIS SECTION

Legacy:

___ Add Support Service for each child with begin date and worker from above section.

SACWIS:

___ Assigned Adoption Supervisor to case as "Supervisor" as of service begin date.

___ Assigned Support Service Worker to case as "Adoption Worker" as of service begin date.

Stamp date entered: _____