

433 Adoptive Placement Checklist

CHAPTER 4, Adoption and Birth Parent Services

Revision Number: 03-03

Effective Date: 11/18/2003

433 Adoptive Placement Checklist

AH Name: _____ CAPSS Provider ID: _____

Old AH Number (if Applicable): _____

Are provider's address and payee name correct in CAPSS? _____

Child's Name: _____ CAPSS Person ID:

_____ CAPSS Person ID:

_____ CAPSS Person ID:

Legal

Legal Status, Legal Documents / **NA** / **NA**

____ TPR Order ____ Date entered Foster Care: _____

____ 2 Relinquishments ____ EPC date: _____

____ 1 Relinquishment ____ Ex-parte date: _____

____ Other (list) ____ Voluntary Placement date: _____

_____ Removal Complaint date: _____

_____ Merits Order date: _____

_____ Subsequent Orders and Dates:

Birth Certificates

____ Child ____ Adoptive Mother ____ Adoptive Father

____ Background Summary (addendum if over 6 months old)

____ Preplacement Investigation (addendum if over six months old)

____ Statement of Fees

____ Date of last Judicial Review/Permanency Planning hearing _____

____ Fire inspection (current within one year of placement)

____ DHEC (health and safety) inspection

____ Fingerprint results

____ CPS results (current within six months prior to placement and within one year after placement prior to finalization)

____ SLED results (current within six months prior to placement and within one year after placement prior to finalization)

Financial Assistance (Adoption Assistance, Supplemental Benefits, Medical Subsidy)/**NA**

____ Face Sheet

____ Adoption Subsidy Negotiation Checklist

____ Supporting documentation to verify Special Needs (should be marked clearly in record for copying)

____ Copy of Social Security Card

____ Nonrecurring costs (pay attorney directly ____ or reimburse family ____)

Determination of Adoption Subsidy Eligibility (IV-E or Supplemental Benefits)/NA

____ Adoption Subsidy Negotiation Checklist

- ___ Determination of IV-E Adoption Assistance Eligibility and attachments
- ___ CIS
- ___ Current statement from bookkeeper
- ___ Payment printout from CAPSS
- ___ Proof of SSI, if applicable
- ___ IV-E Checklist from CAPSS
- ___ **DSS Form 3050: Bi-Annual Review of Eligibility for Foster Care Funds**
(if IV-E eligible – will be dated when adoption complaint filed)
- ___ **DSS Form 1903: IV-E Annual Review and Change Report**
noting change in status due to adoptive placement

CAPSS/NA

- ___ Complete adoption subsidy eligibility checklist in CAPSS
- ___ Add placement with adoptive family and end foster care placement
(Foster Care service line – placement tab) (ICPC – create provider and AH)
- ___ Complete adoption subsidy approval on same screen. Check no board pay for adoption subsidy.
- ___ Update Child Tracking (Adoption service line)
- ___ Close recruitment
- ___ If child receives SSI, SSA, VA benefits, check the person record in CAPSS to make sure the amount is accurate – make corrections if necessary)
- ___ Check the following for accuracy (Foster Care service line – Legal tab)
- ___ TPR for each parent
- ___ Permanency Planning – must be current
- ___ Foster Care Review Board – must be current (If adoption has case management, make necessary corrections. If not, make correction when case management is transferred)
- ___ Indicate placement and change of status for adoptive home, if family lives in your region. If not, ask adoption specialist in family's region to make this change.

Correspondence/NA

- ___ Letter to Eddie
- ___ Medicaid worker (old and new county, if applicable)
- ___ FCRB Change of Venue? ____yes/no

- ____Foster care worker, if applicable
- ____Letter to supervising worker/region
- ____Seedlings form/notice of placement/change/hold
- ____Closure of State Office recruitment/SEEUS
- ____Expenses letter (if applicable)
- ____Letter to State Office terminating accelerated board
- ____Letter for family to take to attorney

Miscellaneous/NA

- ____Adoptive Parent Certification Statement
- ____Child's Consent to Adopt (14 years or older)
- ____Post Placement Report (when adoption complaint is filed)
- ____Notification to adoption office licensing worker to close foster home (for foster/adopt placement)
- ____Lifebook

Marital status of birth mother at time of child's birth ____ (If birth mother was married at time of child's birth, her husband is the child's legal father, and his rights must be disposed of)

Birth mother's year of birth _____

Birth father's year of birth _____

Adoptive placement the result of recruitment ____yes/no

If yes, source: _____

Referenced Documents

[DSS Form 3091: Child Welfare Services Face Sheet](#)

[DSS Form 3050: Bi-Annual Review of Eligibility for Foster Care Funds](#)

[DSS Form 1903: IV-E Annual Review and Change Report](#)

Revision Comments