

**Child and Family Services Policy Manual: Adoption
The Child's Adoption Referral Circulation**

Developing the Permanent Placement Plan	As soon as possible after the need for an adoptive home is identified, the permanency team should review the child's circumstances and needs and determine what action is necessary to identify an approved adoptive family and place the child adoptively. This plan must be presented to the court at the 12-month permanency plan hearing. (See Section 301-2, Required Judicial Hearings.)
Adoption Referral	<p>The child's Child Protection Specialist must provide a written adoption referral packet to a family resource specialist or family resource specialist supervisor. To expedite the subsidy processing, the referral must be submitted in conjunction with a permanent custody hearing. The following information must be contained in the referral packet:</p> <ul style="list-style-type: none"> • completed DPHHS-CFS-107 <u>Birth Family Social and Medical History</u>; • a determination of the best interest criteria for adoptive placement of the child. (See form at the end of this section.)
Circulation	States may not deny or delay the placement of a child for adoption when an approved family is available outside of the jurisdiction with responsibility for the child. In ALL instances in which a prospective adoptive home has not been identified within 30 days of the date the permanent custody hearing is completed, the child's social history must be circulated. Circulation within DPHHS and to other licensed adoption agencies is required. Circulation should be completed by the assigned family resource specialist. If the foster parent(s) are an approved adoptive family and have been determined to be an appropriate family for the child, it is not necessary to circulate the child's history.
Adoption Circulation List	The social history will be sent to all family resource specialists and permanency planning specialists and/or appropriate Tribal agencies via hard copies or agency E-mail using the E-mail address of <i>HHS Adoption List</i> . If the worker wants to have verification that the information was sent to tribal agencies to demonstrate compliance with ICWA, the social history should be sent by certified mail. At the same time, a hard copy may be sent to the licensed adoption agencies listed below:

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- Catholic Social Services
PO Box 907
Helena, Montana 59624
Phone: (406) 442-4130

- Lutheran Social Services
2429 Mission Way
Billings, MT 59105
Phone: (406) 245-9949

- A New Arrival, Inc.
PO Box 445
204 South Main St.
Twin Bridges, MT 59754
(406) 684-5312

- Family Based Services
Intermountain
3240 Dredge Dr.
Helena, MT 59602
(406) 457-4845

- Dan Fox Foster Care and Adoption Program
Youth Homes
Missoula Office:
515 S. Reserve St., Suite 5
Missoula, MT 59801
(406) 543-7792

Helena Office:
619 N. Last Chance Gulch
Helena, MT 59601
(406) 443-4730

The E-mail message or cover letter should indicate to whom copies of pre-placement evaluations should be sent.

AdoptUSKids

If an adoptive family has not been located within 30 days after the social history of the child is circulated, the child must be referred to, *AdoptUSKids*, the national website (www.AdoptUSKids.org), if the Department has been granted permanent custody of the child.

If a child is affiliated with a Native American tribe, written

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approval to feature the child on *AdoptUSKids* must be received from the child's tribe prior to the child appearing on *AdoptUSKids*. If the tribe does not respond to a request for approval within two weeks, contact the ICWA specialist for assistance.

If the Department has not been granted permanent custody, the child may be featured on *AdoptUSKids* only with written consent of the child's parent(s). The regional permanency planning specialist or an Adoption Program Officer may be contacted for assistance in making the referral to *AdoptUSKids*. A referral to *AdoptUSKids* requires:

- a photo of the child;
- a completed *AdoptUSKids* profile;
- signed authorization form; and
- preparation of the child and his or her foster parent(s) for circulation on *AdoptUSKids*.

Before referral to *AdoptUSKids* is made, preparation of both the child and the child's foster care provider is necessary and should be provided by the child's worker with assistance from the permanency planning specialist. The preparation process should include one or more visits with the child to prepare the child and foster parent(s).

Preparation should include:

- an explanation as to why this method of recruitment is being utilized e.g., identification of specific families appropriate for children who are on *AdoptUSKids*, recruitment of adoptive families in general etc.;
- an explanation that this is only one way that the agency will try to locate a home for the child and if it does not result in an appropriate family, the agency will try other methods;
- an explanation of the pre-placement evaluation process that families must complete prior to any child being placed with them;

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- discussion of possible reactions from other people who may see the *AdoptUSKids* website, e.g., how will foster parents respond to pressures that they should be “keeping” the child, what should child say to peers; and
 - involvement of the child and foster care provider in developing the profile that will be on *AdoptUSKids*.
- In addition to preparing the child and the child's foster parent(s), it may be appropriate to prepare the child's birth parent(s) or other extended family.

Exception

An exception to referral to *AdoptUSKids* can be granted by the Regional Administrator or designee. The exception request must be submitted in writing to the Regional Administrator or designee with a copy sent to the child protection specialist supervisor and permanency planning specialist. The request for an exception must justify why the referral to *AdoptUSKids*, is not in the child's best interests. A written response approving or denying the request for an exception will be sent to the worker requesting the exception with a copy sent to the worker's supervisor and to the permanency planning specialist.

Waiting Child Program

Any time after permanent legal custody with the right to consent to adoption is granted to the Department, a child may be referred to the Montana Waiting Child Program. The permanency planning specialist can facilitate the referral process as well as provide information on other potential opportunities for identifying an adoptive home for a child.

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CFS-035
Rev.7/08

**Best Interest Criteria
Of Child To Be Placed Adoptively**
Complete PRIOR to Selection Committee Meeting
Attach a Copy of Child's Social History

Child: _____ **Age:** _____ **DOB:** _____

Current Legal Status: _____

Date of Original Placement: _____ Number of Placements: _____

Nature of Current Placement: _____

Siblings: _____

To be Placed Together? _____

-
-
1. Describe the child's special needs and related services required to meet those needs.
 - A. Physical, emotional, psychological, and educational needs (*Please include therapist's recommendation if available*):

- B. Describe services needed to meet needs.

2. Document efforts to locate and develop family member placement. Describe where birth family is located and the need for child to maintain contact with family. (*Policy 304-1*)

3. Is it in the child's best interest to be placed with siblings?
A. If yes, what is their relationship and the level of importance of joint placement?

- B. If no, document reasons and have supervisor sign.

SUPERVISOR SIGNATURE: _____

4. Does the child have an emotional relationship with any of the families being considered as an adoptive resource? If so, describe:

5. Discuss the short-term impact that result to the child from a change in placement including the importance of maintaining current relationships through:

- A. Placement with family with whom the child has strong emotional ties.

- B. Placement that enables the child to maintain relationships with friends, teachers, foster parents, etc.

- C. Placement with a family that will make a permanent, lifelong commitment to the child

D. Placement with kin:

6. Identify the child's race and the role racial identity has played in the child's life.

7. Identify the child's religion and the role it has played in the child's life.

8. Has the child stated a preference for a family? If so, what type of family?

9. Is there any significant information that is pertinent to this child? (ie. Interests, skills, personality, activities, etc.)

**** IF THE INFORMATION BEING REQUESTED IS IN THE CHILD'S SOCIAL HISTORY, PLEASE MAKE THE NOTATION AND MAKE REFERENCE TO THE PAGE NUMBER ****

Prepared by: _____ Date: _____

CPS Specialist → Please complete the child's need section PRIOR to the selection committee meeting. The family's strengths section will be completed by the selection committee members DURING the selection meeting.

Factors to Consider Only as it Applies to the Individual Child(ren)

Child's Need Strength		Family Strength	Family Strength	Family Strength
<input type="checkbox"/>	Two parent home _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cultural Connections _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	No other children in the home _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stay at home parent _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Understand special education needs _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Medical knowledge _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Able to advocate with other systems _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other children in the home _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	No pets _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	No smoking _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow contact with birth family _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Parenting experience/knowledge _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Family has skills to meet child(ren)'s therapeutic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Willingness to develop skills to meet child(ren)'s therapeutic needs..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total: _____

COMMENTS:

Rev. 10/05
 Rev. 10/07
 Rev. 07/08
 Rev. 06/13
 Rev. 08/14
 Rev. 06/15
 Rev. 08/15