

## ICPC PRIVATE ADOPTION REQUIREMENTS: MONTANA AS THE RECEIVING STATE

1. \_\_\_\_\_ **ICPC 100(A) form** signed by the placing agency or signed by the Birth Mother if a direct parental placement adoption and by the receiving state. Approval by both sending and receiving states is necessary before Prospective Adoptive Parents leave the state with the child.
2. \_\_\_\_\_ **Cover letter** signed by the person requesting approval which identifies the child, birth parent(s), and the prospective adoptive parent(s) and includes a statement of how the match was made, the name of the intermediary, if any, and the name and address of the supervising agency.
3. \_\_\_\_\_ **Relinquishment** signed by the Birth Mother and, if possible, the Birth Father in compliance with the state statutes where the documents were signed. If the Birth Father's rights have not been addressed, the packet shall contain a statement detailing how his rights will be addressed.
4. \_\_\_\_\_ **Certification** by a licensed attorney or authorized agent of a private adoption agency or independent entity that the relinquishment is in compliance with the applicable laws of the state where it was taken.
5. \_\_\_\_\_ **Legal Risk Statement** signed by the Prospective Adoptive Parents if the Birth Parents' rights are in question and/or an agency has custody of the child.
6. \_\_\_\_\_ **Birth Mother Counseling Report** if required by statute in the state where the consents were signed.
7. \_\_\_\_\_ **Social/Medical Information** on the Birth Mother, and if possible, the Birth Father, including social history, medical history, ethnic background, reason for adoption plan, and circumstances of proposed placement.
8. \_\_\_\_\_ **Verification of compliance with the Indian Child Welfare Act, 42-2-102.**
9. \_\_\_\_\_ **Social/Medical Information** on the child, including a description of any special needs of the child and, if an infant, a copy of the medical records of the birth and hospital discharge summary for the child, if the child has been discharged.
10. \_\_\_\_\_ **Report of Agreements and Disbursements** (Statement of adoption fees and the responsible parties) 42-7-101; 42-7-102.
11. \_\_\_\_\_ **Release** to forward Medical Information to the supervising worker or agency.
12. \_\_\_\_\_ **Approved Pre-Placement Evaluation of the Prospective Adoptive Parents** completed by an entity eligible to provide these services under the statute of the prospective adoptive parents' state of residency and which includes the dates and results of child welfare and criminal background checks. Background checks within 1 year, child welfare check approved. Remove copies of background check.
13. \_\_\_\_\_ **A written statement** from the person or entity who will be providing the post-placement supervision acknowledging the obligation to provide the supervision.