

FOR FILING PURPOSES NAME OF APPLICANT(S): AGENCY NAME:

NEW APPLICATION **UPDATE/ADDENDUM**

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
FINAL ASSESSMENT AND DETERMINATION
ADOPTION ONLY

This form is a written analysis and summary of the entire adoption approval process. Home finder/agency worker completes this form for a new application and reviews with supervisor. For update/addendum, complete sections V-VII. Determinations must be shared with the family for review.

APPLICANT 1:			
APPLICANT 2:			
ADDRESS:			
HOUSEHOLD MEMBERS:			
Name	Date of Birth / /	Name	Date of Birth / /
Name	Date of Birth / /	Name	Date of Birth / /
Name	Date of Birth / /	Name	Date of Birth / /

I. REGULATORY REQUIREMENTS
Compliance with regulation 18 NYCRR Part 421
<p>1. Applicant is over the age of 18.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Applicant 1 Date of Birth: / /</p> <p>Applicant 2 Date of Birth: / /</p> <p>Document(s) used to verify:</p>
<p>2. The current marital status of the applicant(s) meets regulatory requirements.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>The current marital status of the applicant(s) is:</p> <p>Applicant 1: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Separated <input type="checkbox"/> Couple living together</p> <p style="padding-left: 40px;">If separated: <input type="checkbox"/> Living separate and apart for more than 3 years <input type="checkbox"/> Legal separation agreement/decree</p> <p>Applicant 2: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Separated <input type="checkbox"/> Couple living together</p> <p style="padding-left: 40px;">If separated: <input type="checkbox"/> Living separate and apart for more than 3 years <input type="checkbox"/> Legal separation agreement/decree</p> <p>Document(s) used to verify:</p>

3. List the name(s) of the applicant(s) and all applicable household members, including dates and results, for each of the following clearances:

a. Statewide Central Register (SCR)
Name(s), Date(s) and Results:

b. Out-of-State Child Abuse Register N/A
Name(s), Date(s) and Results:

c. NYS Division of Criminal Justice (DCJS)
Name(s), Date(s) and Results:

d. Federal Bureau of Investigation (FBI)
Name(s), Date(s) and Results:

e. Justice Center-Staff Exclusion List (SEL)
Name(s), Date(s) and Results:

4. The applicant(s) and each member of the household are in good physical and mental health and free from communicable diseases, infection or illness, or any physical condition that might affect the proper care of the adoptive child(ren).

No Yes

Explain:

5. Applicant(s) has demonstrated the ability to budget resources in such a way that a child placed can be reasonably assured of minimum standards of nutrition, health, shelter, clothing and other essentials.

No Yes

Explain:

Document(s) used to verify:

6. If applicant(s) works outside the home, there is a suitable plan for child care and supervision at all times.

No Yes

Explain:

7. Three personal references per applicant were submitted attesting to the applicant's character, judgement, habits, reputation, personal qualifications and suitability for caring for a child.

No Yes

Explain:

Date(s) of most current references: / /

8. The applicant(s) understands the role of an adoptive parent and demonstrates the ability, motivation and psychological readiness to adopt.

No Yes

Explain:

9. Other household members understand adoption and the adoptive child's role in the family.

No Yes N/A

Explain:

10. The history of the applicant(s) as an adoptive parent(s) has been:

a. Verified? No Yes N/A

b. Is acceptable? No Yes

Document(s) and/or methods used to verify:

II. ASSESSMENT OF HOME STUDY COMPONENTS

PARTNER RELATIONSHIPS

Based on the information provided by the family and your analysis of the applicant(s), summarize each area below as it impacts the ability to adopt.

STRENGTHS:

CONSIDERATIONS:

SUPPORTS NEEDED:

PARENTING

Based on the information provided by the family and your analysis of the applicant(s), summarize each area below as it impacts the ability to adopt.

STRENGTHS:

CONSIDERATIONS:

SUPPORTS NEEDED:

FAMILY RELATIONSHIPS

Based on the information provided by the family and your analysis of the applicant(s), summarize each area below as it impacts the ability to adopt.

STRENGTHS:

CONSIDERATIONS:

SUPPORTS NEEDED:

CHILD INTERVIEWS, IF APPLICABLE

Based on the analysis of information gathered during the interview(s) and the observation(s) of the child(ren), describe how the child(ren)'s physical, emotional and developmental needs are being met in this home.

STRENGTHS:

CONSIDERATIONS:

SUPPORTS NEEDED:

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PSYCHOSOCIAL
Based on the information provided by the family and your analysis of the applicant(s), summarize each area below as it impacts the ability to adopt.
STRENGTHS:
CONSIDERATIONS:
SUPPORTS NEEDED:

III. AGENCY DETERMINATION FOR INITIAL APPROVAL
Based on the application, home study, safety review form, medical report(s), references and background checks, is this applicant(s) ready to parent an adoptive child? <input type="checkbox"/> No <input type="checkbox"/> Yes
Select One:
<input type="checkbox"/> Approve applicant(s)
Explain agency recommendation of the applicant(s) for approval including child characteristics based on the preferences of the applicant(s) and the readiness of the applicant(s) to parent an adoptive child:
<input type="checkbox"/> Do not approve applicant(s)
Explain:
<input type="checkbox"/> Application withdrawn on / /
Explain:
<input type="checkbox"/> Discontinuation of the approval process for adoptive parents by mutual consent on / /
Explain:

HOME FINDER'S/AGENCY WORKER'S SIGNATURE: X	DATE: / /
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SUPERVISOR'S SIGNATURE: X	DATE: / /
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IV. APPLICANT(S) COMMENTS

Enter applicant(s) comments here:

APPLICANT'S SIGNATURE: X	DATE: / /
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APPLICANT'S SIGNATURE: X	DATE: / /
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HOME FINDER'S/AGENCY WORKER'S SIGNATURE: X	DATE: / /
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SUPERVISOR'S SIGNATURE: X	DATE: / /
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V. UPDATE/ADDENDUM: The purpose of the update/addendum is to reflect any and all changes since last approval. Sections V-VII must be completed.
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AGENCY TRANSFER:
Effective date: / /
Explain:

HOME ADDRESS (<i>Safety Review Form</i> is required):
Effective date: / /

FOR FILING PURPOSES
NAME OF APPLICANT(S):
AGENCY NAME:

Explain:

HOUSEHOLD COMPOSITION (Fingerprinting is required when new adult enters household or turns 18):

Effective date: / /

Explain:

CRIMINAL RECORDS RESULT:

Effective date: / /

Explain:

MARITAL STATUS (New application is required if adult spouse enters home):

Effective date: / /

Explain:

AGE RANGE OR GENDER PREFERENCE:

Effective date: / /

Explain:

CAPACITY:

Effective date: / /

Explain:

PROGRAM TYPES:

Effective date: / /

Explain:

LEVEL OF CARE:

Effective date: / /

Explain:

REOPEN A HOME:

Effective date: / /

Explain:

Summarize the effect of any of the above changes on the adoptive approval including the impact on any child/children currently placed in the home:

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VI. AGENCY DETERMINATION FOR UPDATE/ADDENDUM

Select One:

Approve

Explain:

Do not approve

Explain:

HOME FINDER'S/AGENCY WORKER'S SIGNATURE: X	DATE: / /
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SUPERVISOR'S SIGNATURE: X	DATE: / /
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VII. APPLICANT(S) COMMENTS

Enter applicant(s) comments here:

APPLICANT'S SIGNATURE: X	DATE: / /
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APPLICANT'S SIGNATURE: X	DATE: / /
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HOME FINDER'S/AGENCY WORKER'S SIGNATURE: X	DATE: / /
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SUPERVISOR'S SIGNATURE: X	DATE: / /
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