|  |  |
| --- | --- |
|  | Date:       |
| Child(ren) Name(s)/DCN:       |
| Adoptive Parent(s) Name(s)/DVN:       |

Once the adoption has been finalized and/or the juvenile court has released jurisdiction, transfer all documentation to the subsidy worker within thirty (30) working days. For existing subsidy cases, the file must be transferred to the other subsidy worker/county within ten (10) working days of the family notifying the current worker. All aspects of the subsidy agreement must be complete and approved before transfer. The following documentation should be included in the file:

|  |  |  |  |
| --- | --- | --- | --- |
| Includedin Transfer | Already Transferred | N/A | Documentation Needed |
| [ ]  |  |  | Foster/Kinship/Relative Initial Home Assessment and all Updates |
| [ ]  |  |  | Adoption petition filed by the adoptive parents |
| [ ]  |  | [ ]  | Transfer of Custody order |
| [ ]  |  |  | Final Adoption Decree |
| [ ]  | [ ]  |  | “Child Summary for Adoptive Placement” for each child signed by AD family |
| [ ]  | [ ]  | [ ]  | A mental health examination/evaluation as needed or summary of psychosocial, neuropsychological, evaluation of treatment/counseling from the last 3 years.  |
| [ ]  |  | [ ]  | Any supporting documentation |
| [ ]  | [ ]  | [ ]  | Bonding assessment, if applicable |
| [ ]  | [ ]  | [ ]  | Any correspondence related to the adoption or subsidy |
| [ ]  |  | [ ]  | Printed Service Authorization for current services for each child (i.e. Daycare) |
| [ ]  | [ ]  |  | Payment requests pertaining to the reimbursement of adoption relation related services (including legal fees)  |
| [ ]  |  | [ ]  | ICAMA forms completed for the adoptive family, if applicable—**must be completed for ICPC cases** |
| [ ]  | [ ]  | [ ]  | Authorizations for release of information that have been signed by the adoptive family |
| [ ]  | [ ]  |  | Adoption Staffing forms for the selected resource |
| [ ]  | [ ]  |  | Adoption Subsidy Application and Agreement approved by Director |
| [ ]  |  |  | Transfer Summary and narrative  |
| Transfer Completed By:       | Date:       |
| Signature of Worker  **>**  |
| Transfer Approved By:       | Date      |
| Signature of Supervisor **>** |
| Transfer Accepted By:       | Date      |
| Signature of Subsidy Supervisor **>**  |