

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Foster/Adopt Parent(s): \_\_\_\_\_

Legal County of Child: \_\_\_\_\_

Boarding County/Private Agency: \_\_\_\_\_

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1. (We) (I) have been informed of the reason the child came into Foster care.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. (We) (I) have been informed of the number of placements the child has experienced since he/she has been in the care of the agency.               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. (We) (I) have been provided with the information that the agency has knowledge of on each of the items below:                                    |                          |                          |                          |
| Health issues (past or present)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School issues and history   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health issues (past or present)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospitalizations  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Residential setting placements (past or present)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family Medical History  |                          |                          |                          |
| 4. (We) (I) have been informed of the agency's knowledge of the existence of other children born to the child's biological Parents.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. (We) (I) have been informed of any plans or requirements for future sibling contact.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. (We) (I) have been informed of the agency's knowledge of any known physical or sexual abuse and/or neglect of which the child has been a victim. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. (We) (I) have been informed of any known alcohol or drug addiction of the child's biological parents.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. (We) (I) have been informed of the child's known medication history.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FOSTER TO ADOPT PLACEMENT AGREEMENT

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- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 9. (We) (I) understand that there may have been events or traumas that occurred in the child's past of which the agency has no knowledge. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. (We) (I) understand there may be medical conditions in the child's background of which the agency has no knowledge.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. \*(We) (I) have been informed of all efforts required to reunify the child with his/her birth family and agree to support such efforts. We understand the efforts agreed upon are subject to change based upon the progress of the case.

Visits (how often) \_\_\_\_\_

(Location) \_\_\_\_\_

Family conferencing

Other (specify) \_\_\_\_\_

12. (We) (I) have been informed of the child's current legal situation including the potential for the child being returned to the immediate or extended birth family.

(a) Nonreunification case plan dated?

(b) Permanency hearing held?

(c) TPR hearing scheduled?

If yes, date of TPR \_\_\_\_\_

(d) Partial rights terminated?

Specify remaining rights to be terminated, if yes

\_\_\_\_\_  
Scheduled Date of remaining TPR \_\_\_\_\_

(e) All Parental Rights Terminated?

(f) Appeal filed?

If Yes, indicate date filed \_\_\_\_\_

(g) Other (specify) \_\_\_\_\_

13. (We) (I) have been informed that we/I will be advised of all permanency plans made for the child and that we will have the opportunity to make an application for adoption via agency Forms 149, 150 and 151 should the child become free for adoption.

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## FOSTER TO ADOPT PLACEMENT AGREEMENT

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Yes No N/A

14. (We) (I) have been informed that we will be invited to all reviews and court hearings regarding the child placed in my home.

15. (We) (I) have been informed that no assurances can be made that this child will be placed for adoption in (our/my) home.

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