



**Department of Human Services  
Division of Children and Family Services  
ADOPTION SERVICES CHANGE OF STATUS**

Date \_\_\_\_\_

Adult  Child

Adoption Specialist Area Number \_\_\_\_\_

Case Name \_\_\_\_\_  
(Last) (First) (Middle)

Address ( New or  Current) \_\_\_\_\_

**ACTION:**

**ADULT**

Open Case

Race \_\_\_\_\_

Change of Address

Recommend: Approval  Denial

Family withdraws

Reason: \_\_\_\_\_

Case Closed

Reason: \_\_\_\_\_

Foster Parent Adoption Yes  No

Preferences  
\_\_\_\_\_

Subsidy Requested: Yes  No

**CHILD**

DOB \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Placed with Family

\_\_\_\_\_  
Name of family

\_\_\_\_\_  
Address

\_\_\_\_\_  
Child's Complete New Name

**Special Needs:** (Check all applicable)

Race  Sibling Group  Emotional Needs  
 Age  Medical Needs  Learning Needs

**“At Risk” For Special Condition:** Yes  No

**Title IV-E Eligible:** Yes  No

**Recommend Legal Work:** Yes  No

\_\_\_\_\_  
OCC Attorney's Name County

**Disruption**  Reason \_\_\_\_\_

Comments:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Adoption Specialist

\_\_\_\_\_  
Signature of Adoption Specialist