



**Arkansas Department of Human Services
Division of Children and Family Services
RECOMMENDATION FOR FINALIZATION OF AN ADOPTION**

Child's Birth Name _____

Child's New Name _____

Child's Date of Birth _____ Child's Race _____

Child's Place of Birth _____

Termination Date _____ Date Placed In Adoptive Home _____

County of Placement _____

Family's Address _____

Length of Time the Family Has Been at This Address _____

Adoptive Parent 1's Name _____

Adoptive Parent 1's Date of Birth _____ Race _____

Adoptive Parent 1's Place of Birth _____

Adoptive Parent 2's Name _____

Adoptive Parent 2's Date of Birth _____ Race _____

Adoptive Parent 2's Place of Birth _____

Adoptive Parent 2's Maiden Name _____

Adoptive Parents' Date of Marriage (if applicable) _____

Adoptive Parents' Place of Marriage (if applicable) _____

CHECKLIST OF ATTACHMENTS:

- CFS-414: Adoption Services Change of Status (recommending legal work begin)
- Adoptive parents' adoption home study
- Child's adoption summary
- Post placement narrative
- Results of FBI & state records checks, as applicable

- Copy of CFS-446: In Home Consultation Visit Report (adoption application/IHC Report)
- Copy of CFS-428: Adoption Assistance Agreement, if applicable
- Termination court order
- Child's certified birth certificate
- Other _____

Adoption Specialist Name

Adoption Supervisor Name

Adoption Specialist Signature

Date

Adoption Supervisor Signature

Date