



**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
SELECTION OF ADOPTIVE FAMILY**

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Foster Care Category</u>	<u>Special Need Category</u>

Legal Status: Custody Termination of Parental of Parental Rights

SELECTION OF APPROVED APPLICANT:

Name and Address: _____

Reason(s) for Selection:

Subsidy Considerations (if applicable):

Special Comments:

_____	_____	_____	_____
Adoption Specialist	Date	Adoption Supervisor	Date
		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied