Arkansas Department of Human Services

Division of Children and Family Services

FOSTER PARENT REQUEST FOR CONSIDERATION TO ADOPT

A. I/We _____ request consideration to adopt
Name(s) of foster parent(s)

_____,who currently reside(s) in my/our home.
Name(s) of child(ren)

I/We understand that the following factors must be in place or addressed when being considered as an adoptive placement for _____**:**
Name(s) of child(ren)

- The child must be legally free for adoption.
- The opinions of my/our birth or legal children, including those out of the home, regarding this placement must be considered.
- The child, whose age (10 or older), mentality, and maturation are appropriate, has expressed a desire to be adopted by me/us.
- The child considers me/us as his/her parent(s) and my/our home as his/her own home.
- The child's physical, emotional, intellectual, and social needs must continue to be met.

I/We understand that the child's race, ethnic heritage, and the religious preference stated by the birth/ legal parent(s) of the child will be considered in the decision for permanent placement.

B. I/We _____ do not wish consideration in adopting _____
Name(s) of foster parent(s) **Name(s) of child(ren)**

_____, who currently reside(s) in my/our home.

C. I/We _____ **DO** or **DO NOT** wish consideration in adopting the sibling(s) of
Name(s) of foster parent(s) **(circle one)**

_____, who currently reside(s) in my/our home.
Name(s) of child(ren)

D. _____ _____
Foster Parent 1's Signature Date

_____ _____
Foster Parent 2's Signature Date

_____ _____
Family Service Worker's Signature Date

_____ _____
Foster Care Supervisor's Signature Date