ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
RECOMMENDATION FOR FINALIZATION OF AN ADOPTION
CFS-432

PURPOSE

This form documents the approval of the Adoption Specialist and Adoption Supervisor for the OCC Attorney, or if applicable, an attorney in private practice, to initiate the process to finalize an adoption. It further verifies the information and forms, reports and documents that are being submitted to initiate the process to finalize an adoption.

COMPLETION

The Adoption Specialist will complete and sign the form to approve that the process to finalize the adoption should be initiated. The following information will be completed:

Child's Birth Name: Enter the complete name of the child as documented on the child's birth certificate.

Child's Date of Birth: Enter the birth date of the child as documented on the child's birth certificate.

Child's Race: Enter the child's race by inserting any one or any combination of the following choices – American Indian, Alaskan Native, Asian, Black, African American, Hispanic, Native Hawaiian, Other Pacific Islander, White and Unable to Determine.

Child's Place of Birth: Enter the city and state that are documented on the child's birth certificate.

Termination Date: Enter the date on the court order when the birth/legal parent(s) rights were terminated.

Date Placed in Adoptive Home: Enter the date the child was placed in the adoptive home.

County of Placement: Enter the name of the adoptive parent(s) resident county.

Family's Address: Enter the complete address of the adoptive family.

Length of Time the Family Has Been at this Address: Enter the length of time the family has lived at their current address.

Adoptive Father's Date of Birth: Enter the birth date of the Adoptive Father as documented on the father's birth certificate.

Father's Race: Enter the father's race by inserting any one or any combination of the following choices – American Indian, Alaskan Native, Asian, Black, African American, Hispanic, Native Hawaiian, Other Pacific Islander, White and Unable to Determine.

Adoptive Father's Place of Birth: Enter the city and state where the adoptive father was born.

Adoptive Mother's Date of Birth: Enter the birth date of the Adoptive Mother as documented on the mother's birth certificate.

Mother's Race: Enter the mother's race by inserting any one or any combination of the following choices – American Indian, Alaskan Native, Asian, Black, African American, Hispanic, Native Hawaiian, Other Pacific Islander, White and Unable to Determine.

Adoptive Mother's Place of Birth: Enter the city and state where the adoptive mother was born.

Adoptive Mother's Maiden Name: Enter the maiden name of the adoptive mother.

Adoptive Parent's Date of Marriage: Enter the date of marriage as documented on their marriage license.

Adoptive Parent's Place of Marriage: Enter the place of marriage as documented on their marriage license.

Attachments: (1) CFS-414 (Change of Status), (2) Adoption Home Study (including all updates), (3) Child's Adoption Summary, (4) Post Placement Narrative, (5) FBI Criminal Records check (if applicable), (6) CFS-400 (Adoption Application), (7) CFS-428 (Adoption Subsidy Agreement – if applicable), (8) Termination of Parental Rights court order, (9) Child's certified birth certificate and (10) Any other documents the court may require.

The Adoption Supervisor will sign the form to approve the recommendation to finalize the adoption.

ROUTING

The Adoption Supervisor will forward the original completed form and the attachments to the OCC Attorney or attorney in private practice (if applicable). The Adoption Specialist will retain a copy of the completed form and the attachments for the child's file.