

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
CFS-470
SELECTION OF ADOPTIVE FAMILY**

PURPOSE

The purpose of this form is to document the selection of an adoptive family for a child by providing specific information about the child, name of the selected approved adoptive applicant, the reason(s) for the selection of the approved applicant, and information for adoption subsidy eligibility (if applicable). The form is not required for a foster parent, kinship foster parent, or relative adoption.

COMPLETION

The Adoption Specialist for a child will complete the form if an approved adoptive applicant is determined to be an appropriate adoptive family after assessing the adoption home study and completed adoption forms of approved adoptive applicants. The Adoption Specialist will complete the following information on the form:

Name of Child: Enter the name of the child.

Date of Birth: Enter the date of birth of the child.

Foster Care Category: Enter if the child is in category IV-E, Non-IV-E, IV-E/SSI, or Non-IV-E/SSI.

Special Need Category: Enter the appropriate code to describe if a child is in a special need category for adoption planning: C—Caucasian child nine years of age or older, CC—Child of color two years of age or older, S—Any sibling group being placed together, M—Severe medical need that requires ongoing rehabilitation or treatment, P—Severe psychological need that requires ongoing rehabilitation or treatment, and/or HR—High risk for the development of a serious medical, mental, or emotional condition. Enter N/A (not applicable) if the child does not qualify for a special need category.

Legal Status: Enter custody if termination of parental rights has not been granted and a legal risk adoption is planned, or enter termination of parental rights if it has been granted.

Selection of Approved Applicant: Enter the name and address of the family that is being recommended as an appropriate adoptive family for a child. Enter the reason(s) for the selection of the approved adoptive applicant.

Subsidy Consideration: Document efforts to select an approved adoptive applicant who does not require an adoption subsidy. Enter N/A (not applicable) if a child does not qualify for a special need category.

Special Comments: Enter information to explain special situations, needs, or facts such as siblings being separated and ongoing contacts are recommended, ongoing contacts with significant others, special resources the child needs, financial resources the child has beyond foster care board payment, etc.

Signature: Enter signature and date of signature.

The Adoption Supervisor will complete the following information on the form:

Signature: Enter signature and date of signature and approve or deny the selection.

ROUTING

The Adoption Specialist for the child will retain the completed form. If the selected approved adoptive applicant does not have the same Adoption Specialist, the child's Adoption Specialist will keep a copy of the form and route the original form to the approved applicant's Adoption Specialist with the child's disclosure packet (child's adoption summary and attachments). If an adoption subsidy application is filed for the child, a copy of the completed form will be included with the initial application packet that is forwarded by the Adoption Specialist to the Adoption Subsidy Coordinator, Adoption Services Unit, Central Office.