ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES

INDIVIDUALIZED ADOPTION RECRUITMENT PLAN
CFS-433

PURPOSE
This form develops a plan to recruit an adoptive family for a child and to document the progress. It is not required for a child with a plan of foster parent or kinship foster parent adoption.

COMPLETION
The Adoption Specialist will complete the following:
Child’s Name: Enter the child’s name.
Date of Birth: Enter the child’s date of birth.
Resident County: Enter the child’s resident county
Adoption Specialist: Enter the name of the child’s Adoption Specialist.
Date Assigned: Enter the date that the child is assigned to the Adoption Specialist
Dates Revised: Enter the dates that the plan is revised.
Strategy: Select the strategies that are to be implemented to recruit an adoptive family.
Name of Contact: Enter the name of the person, who is to be contacted to achieve the strategy.
Deadline: Enter the proposed date that the strategy is to be achieved.
Competed: Enter the date that the strategy is completed.
Results/Comments: Enter results of the strategy to recruit an adoptive family or related comments.
The Adoption Specialist will periodically assess and revise the recruitment plan when appropriate.

ROUTING
The Adoption Specialist will retain the completed recruitment form.