



ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES

DISCLOSURE FOR ADOPTION

The following non-identifying information has been provided in relation to the proposed adoption of:

Child's First Name: _____ Date of Birth: _____

Adoption Summary Dated: _____ Adoption Summary Update(s) Dated: _____

Photographs

Hospital Birth Records

Medical Evaluation Reports Dated: _____

Immunization Record

Dental Evaluation Reports Dated: _____

Eye Evaluation Reports Dated: _____

Psychological Evaluation Reports Dated: _____

Counseling Progress Reports Dated: _____

Educational Reports Dated: _____

Speech Evaluation Reports Dated: _____

Other Reports Dated: _____

SIGNATURES:

I. Date Reviewed: _____ Adoption Supervisor Signature: _____

II. Date Received: _____ Prospective Adoptive Mother's Signature: _____

Date Received: _____ Prospective Adoptive Father's Signature: _____

Adoption Specialist Signature: _____ Date: _____

III. Date Reviewed with Adoption Specialist: _____

Prospective Adoptive Mother's Signature: _____

Date Reviewed with Adoption Specialist: _____

Prospective Adoptive Father's Signature: _____

Adoption Specialist Signature: _____ Date: _____