



Eliot Spitzer
Governor

NEW YORK STATE
OFFICE OF CHILDREN & FAMILY SERVICES
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RENSSELAER, NY 12144

Gladys Carrión, Esq.
Commissioner

Informational Letter

Transmittal:	07-OCFS-INF-02	
To:	Local District Commissioners Executive Directors of Voluntary Agencies	
Issuing Division/Office:	Development and Prevention Services	
Date:	April 4, 2007	
Subject:	Comprehensive Adoption Report (CAR)	
Suggested Distribution:	Directors of Services Directors of Authorized Agencies Adoption Staff	
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Attachments:	Comprehensive Adoption Report	
Attachment Available On – Line:	Yes	

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		Part 421	Sections 112 and 114 the DRL		

I. Purpose

The purpose of this release is to inform social services districts and voluntary authorized agencies of the availability of a Comprehensive Adoption Report (CAR). The report is designed to serve as a statewide model for the content and level of detailed information an agency should submit to the court as part of the Adoption Packet. The CAR offers a format and logical flow that, if properly utilized, should result in a thorough, relevant, and up-to-date report. It provides a judge or surrogate with the information he or she needs in order to make an informed decision whether to grant an order of adoption. The CAR is not intended to be an additional report an agency prepares as part of the Adoption Packet. Instead, the CAR is being recommended as an alternative report that provides a more organized and comprehensive approach to presenting the required information to the court.

It is expected that the CAR will be fully automated in CONNECTIONS at a later time. However, in the interim, a Web-based application of the CAR has been designed and is available for use on the Office of Children and Family Services (OCFS) Internet and Intranet sites. This release will provide all the necessary details and instructions for access to, and use of, the Web-based CAR.

II. Background

In 2003, the "Adopt Now Workgroup" (the Workgroup) was formed as a result of a partnership of New York's Chief Judge Judith S. Kaye, former OCFS Commissioner John A. Johnson, and former Administration for Children's Services (ACS) Commissioner William Bell. The Workgroup is comprised of legal, policy, regional, and program staff from ACS, the Office of Court Administration (OCA), OCFS and social services districts. The Workgroup is charged with developing and implementing programmatic and systemic solutions to barriers to adoption that would expedite adoptions for children in New York State.

The adequacy of home study reports or adoption reports of investigation included in the Adoption Packet to the court was identified as a barrier to expediting adoptions. It was reported that adoption proceedings are delayed because judges and surrogates are reluctant to finalize the adoption when incomplete, outdated, or unintelligible information is submitted to the court. The judge or surrogate is faced with either returning the packet or having to request missing information or additional clarification of the information submitted. Judges stress that they are charged with the responsibility of determining whether the placement is in the best interest of the child. To make an informed decision that adoption is in the best interest of the child, a judge or surrogate needs objective, comprehensive and legible reports on the child, the adoptive family and their home, and on the birth parents. Additionally, the need for comprehensive, up-to-date information on all members of the adoption triad is particularly important where the judge or surrogate who is considering the adoption petition has no previous experience with the child.

The Home Study sub-committee of the Workgroup was given the task of recommending a statewide solution to help agencies improve both their written adoption home studies and the reports they submit as part of the Adoption Packet. The sub-committee recommended building on a comprehensive report process introduced in New York City during a previous adoption campaign. The approach combines, in one report, all the relevant background information on the child, adoptive family, and birth family that is required by New York State statute to be submitted with the adoption petition, as well as the regulatory

criteria that must be explored in the study of a person who is interested in being approved as an adoptive parent in accordance with OCFS regulations 18 NYCRR Part 421. The result of the committee's efforts is the Comprehensive Adoption Report (CAR).

Judges, attorneys, and authorized agency staff were given an opportunity to review and comment on a draft of the CAR. The overall consensus of the comments, particularly those from Family Court judges, was favorable for the use of a comprehensive adoption report. The one concern indicated by a few of the agencies was that the CAR would be duplicative of the information they currently submit to the court. The Workgroup made it clear that the CAR is intended as a recommended alternative approach to what is currently being submitted to the courts, and that a fully automated report should improve the reporting process for agencies. The final report reflects changes based on substantive comments received during the comment process and approved by the Workgroup. Currently, the use of the CAR is being introduced to the Family Courts in New York City, and plans are being made for a similar introduction in Niagara County. It is recommended that other social services districts explore use of the CAR with their Family Court.

III. Program Implications

As part of the efforts taking place statewide to expedite adoptions, OCFS and the Workgroup would like to solicit the help of social services districts and voluntary authorized agencies in addressing the problem of inadequate, non-comprehensive home study reports and adoption reports provided to the court. OCFS and the Workgroup are recommending use of the CAR (Attachment A) as an ideal tool to begin to address the problem. The CAR provides authorized agencies with a model that can be used statewide to provide an objective, inclusive and detailed report for submission with the adoption petition to the court. Agencies can also use this model to review and assess the content and quality of their home study reports and adoption reports to the courts. Additionally, given the frequent turnover of caseworkers, the CAR is an ideal tool and guide to use when training workers on conducting adoption home studies and completing adoption reports for the court.

While the CAR is not mandated, it incorporates both the statutory and regulatory criteria that must be explored in a required adoption home study or pre-placement investigation, and the key elements for the statutory adoption information required by the Domestic Relations Law. By design, the CAR is inclusive of the demographic and narrative information a judge or surrogate may request in the adoption packet. However, agency staff should not be intimidated by the contents of the report. Both the Web-based application and the application being designed for CONNECTIONS allow for flexibility of use by agencies, in consideration of the jurisdictional variation in the family court requirements. Agency workers will be able to select those elements of the report applicable to their agency needs and that reflect local adoption practice.

Additionally, the functionality planned for CONNECTIONS will significantly reduce the time and amount of work needed to complete the report. Much of the information needed to complete the CAR will be available in CONNECTIONS and will be pre-filled. For the narrative portions of the CAR, workers will be able to cut and paste from other documents and update the information as needed.

IV. Web-based Application

How to Access the CAR

The Web-based application allows for the automated processing of the Comprehensive Adoption Report. Access is provided to the report template by a link via either of the following OCFS websites:

- ◆ Intranet: <http://intra.ocfs.state.ny.us/car>
- ◆ Internet: <http://ocfsws.ocfs.state.ny.us/car>

Template: open, save or format

- ◆ This current format of the CAR is a blank template. The application is designed with a report request to allow the user to select the sections of the report applicable to their agency needs. The report can be saved as a word document and printed.
- ◆ If the users choose Save, they can choose the location where they wish to save their CAR and name it anything they like. The document will automatically be named:
 - CAR for Comprehensive Adoption Report
 - Year, Month, Day, example:
20070703 and Hour, Minute, Second.
- ◆ The users should rename the file and save it as something they can easily recognize.

Note: The document is in Rich Text Format *.rtf, but can be saved as a Word document *.doc, if that is preferred. It will make no difference for using the text, saving, or mailing options.

Attachment: Comprehensive Adoption Report

s/s Jane G. Lynch

Issued By:

Name: Jane G. Lynch
Title: Deputy Commissioner
Division/Office: Development and Prevention Services

Comprehensive Adoption Report

Date: 03/05/2007

Re: Adoptive Child

Adoptive Parent(s)

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Date: 03/05/2007

Re: Adoptive Child

- Name:
- Date of Birth:
- Date Entered Care:
- Date Placed in Current Home:

Adoptive Parent(s)

Name, Address, Telephone Number:

Name, Address, Telephone Number:

To the _____ court of the county of _____, State of New York, I _____, do report that I have investigated the allegations set forth in the petition herein and statements contained in the affidavits required by the domestic relations law, and that I have conducted a full investigation into the backgrounds of the adoptive parent(s) and the adoptive child. On the basis of such investigations, I respectfully submit the following report.

In completing this investigation, I visited with all persons residing in the adoptive home on the following dates and observed the interaction between the adoptive parents and child(ren):

Date(s) home visited:

Introduction

- A. Child's Biological Relationship to Adoptive Parent(s), if applicable.
- B. How Adoptive Parent(s) Became Known to Agency?
- C. Adoptive Parent's Prior Experience with Adoption Process.
- D. Brief Description of Adoptive Parent's Participation in Parenting Training Programs.
- E. The Adoptive Parent(s) Understanding of the Legal Commitment of Adoption.

I. Child for Whom Adoption is Requested

A. General Information

- 1. Child's aliases.
- 2. Proposed new full name, if applicable.
- 3. Physical description.
- 4. Description of personality (Include likes, dislikes, sensitivities, hobbies, talents, academic and other aspirations for the future depending on age of child).

B. Birth and Heritage Information

- 1. Place of Birth, Hospital, City and State.

2. Child's heritage, including:
 - a. Citizenship and immigration status (If not US citizen, indicate impact of adoption on status).
 - b. Race:
 - c. Ethnic Background: (If an Indian Child, applicability and compliance with the Indian Child Welfare Act.)
3. Birth family background.

C. Placement History

1. Prior foster or adoptive placements. (Provide following information for each placement.)
 - a. Date placement commenced and terminated.
 - b. Reason for termination of placement.
2. Interstate Compact, if applicable. (See attached ICPC report.)
3. Method by which custody and guardianship was transferred or child otherwise became free for adoption. Status of an appeal, if applicable.
 - a. Court order.
 - (1) Date order was signed and entered.
 - b. Surrender.
 - (1) Date of surrender.
 - (2) If extra-judicial surrender, date approved by court.
 - c. Death of Birth Parent(s)/Custodian/Legal Guardian.
 - (1) Date of parent's/custodian's/legal guardian's death.
4. Legal history.
 - a. Juvenile delinquency history, if applicable.
 - b. PINS (Person In Need of Supervision), if applicable.

D. Child's Adjustment to Current Placement

1. Child's position regarding adoption by adoptive parent(s).
2. Child's understanding of legal consequences of adoption.
3. Child's position regarding relationship with birth family, if contact has continued.
4. Child's relationship with other children in household
5. Child's relationship with other adults in household.

E. Religious Designation by Birth Parent

F. Health of Adoptive Child (See attached health reports)

1. Medical History (brief summary) including:
 - a. Diagnosis/prognosis and lay descriptions.
 - b. Physical disabilities and their effect on daily functioning.
 - c. Prescribed medications/physical therapy.
2. Mental Health History. (See attached mental health records.)
 - a. History of mental illness/prognosis.
 - b. Hospitalizations/Inpatient treatment.
 - c. DSM IV diagnosis.
3. Substance Abuse Issues.
 - a. Date of onset and date agency became aware.
 - b. Current or past alcohol or drug abuse problems.
 - c. Describe history of treatment and/or therapy and current treatment and/or therapy.

- 4. Counseling/Psychotherapy. (See attached therapist report, within the year, if applicable.)
 - a. Purpose of ongoing therapy.
 - b. Type of therapy:
 - (1) Psychiatric, psychological.
 - (2) Individual, family.
- 5. Adoptive parent's acceptance of and/or method of coping with child's special health needs.

G. Subsidy

- 1. Child has been determined eligible for adoption subsidy. Yes No
- 2. Type of Subsidy (check one)
 - a. Handicapped
 - b. Hard to place
- 3. Level of Payment (check one)
 - a. Basic
 - b. Special
 - c. Exceptional
- 4. Child is:
 - a. IV-E eligible
 - b. Non IV-E eligible
- 5. Medical Coverage
 - a. Medicaid
 - b. COBRA
 - c. State Medical

H. Education History

- 1. Current school name and address.
- 2. Grade and placement category.
- 3. Summary of academic record.
- 4. Special educational needs.
- 5. Description of conduct in school.
- 6. Services provided to the child by the school.
- 7. Relationship with teachers and peers.
- 8. Adoptive parent's involvement with child's education and commitment to encourage child's education.

I. Relationship with Birth Family

- 1. Siblings.
 - a. Name, birth date, address, and with whom siblings reside.
 - b. Indicate if siblings are in foster care or adopted.
 - c. If not in same home, does contact/visitation occur? (If there are visitation orders, see attached orders.)
 - d. Frequency, location and nature of visitation.
 - e. Potential for visitation after finalization.
- 2. Birth Parents.
 - a. Conditional surrender with contact provisions.
 - Frequency, location and nature of contact. (See attached copy of Conditional Surrender.)
 - b. Other contact.

- Frequency, location and nature of contact.
 - c. Agreement for contact after finalization, if different.
- 3. Biological Relatives.
 - Frequency, location and nature of contact. (See attached visitation orders, if applicable.)

II. Adoptive Parent(s)

The information requested in A and B should be provided separately for both adoptive parents. The information requested in A and B should also be provided for the adoptive parent's non-marital partner who lives in or outside the household.

A. Social History of Adoptive Parent

1. Full Name, maiden name, and aliases.
2. Place and date of birth:
3. Current marital status:
 - a. Date of marriage or when relationship began.
 - b. City, state and county of marriage.
4. Previous Marriage(s).
 - a. Name of previous spouse(s) from whom divorced or separated.
 - b. Date of marriage(s).
 - c. City, state, and county of previous marriage(s).
 - d. Divorce(s), legal separation(s) or living separate and apart for 3 or more years.
 - (1) Date.
 - (2) City, state, county, and court of divorce or separation.
 - (3) Grounds and/or reasons for divorce, separation or living separate and apart for 3 or more years (Include any previous orders of protection).
 - e. Date of death of previous spouse.
5. Citizenship or Immigration Status.
6. Physical Description.
7. Educational History.
 - a. High School Diploma Yes No
 - b. General Equivalency Diploma (GED) Yes No
 - c. College Diploma Yes No
 - d. Other
8. Employment History.
 - a. Current occupation, including employer's name, address, worksite address if different and length of employment.
 - b. Major employment patterns.
 - c. If never employed as adult, state reason. Describe other income or means of support.
9. Religion of Adoptive Family.
 - a. Current beliefs and practices:

- b. Extent of family's involvement in religion.
- c. Religion in which adoptive child will be raised.

B. Health of Adoptive Parent(s) (See attached health reports.)

1. Medical History. (Provide brief summary of current reports.)
 - a. Health problems (diagnosis/prognosis) and their effect on daily functioning.
 - b. Physical disabilities.
 - c. Prescribed medications/physical therapy.
2. Mental Illness. (See attached mental health records.)
 - a. History of mental illness/prognosis.
 - b. Hospitalizations/Inpatient treatment.
 - c. DSM IV diagnosis.
3. Substance Abuse Issues.
 - a. Date of onset and date of agency became aware.
 - b. Current or past alcohol or drug abuse problems.
 - c. Describe history of treatment and/or therapy and current treatment and/or therapy.
4. Counseling/Psychotherapy. (See attached therapist report, within the year, if applicable.)
 - a. Purpose of ongoing therapy.
 - b. Type of therapy:
 - (1) Psychiatric, psychological.
 - (2) Individual, family.
5. Medical Insurance
 - a. Name of medical insurance carrier.
 - b. Type of coverage, or assistance provided family in obtaining coverage (i.e. Family Health Plus.)

C. Characteristics of Adoptive Parent(s)

1. Description of personality.
2. Adoptive parent's reason for becoming a foster parent, if applicable, reason for pursuing adoption and ability to make a commitment to this child.
3. Adoptive parent's evaluation of relationship with partner, if applicable.
 - a. Strengths and difficulties.
 - b. Settlement of disputes.
 - c. Interests and hobbies shared.
 - d. Decision making.
4. Ability to cope with problems, stress and frustration, particularly issues that have arisen due to the child's placement in the home.
5. Ability to use community resources to strengthen and enrich family functioning.
6. Awareness of the availability of and access to post adoption services and willingness to take advantage.

D. Adoptive Parent(s) Relationship with Adoptive Child

1. Shared affection.
2. Ability to provide for adoptive child's physical, emotional, cultural and ethnic needs.
3. Adoptive parent(s) description of adoptive child's interaction with parent(s) and other members in the home.

E. Child Care Plan

1. Daily child care routine.
2. Interview with any child care person who will care for child regularly.

III. Adoptive Family's Home**A. Home**

Length of time at current residence, including residences for last five(5) years. State reason(s) for frequent moves, if applicable.

1. Type of building: apartment building, single family house, number of floors, part of a complex of buildings, upkeep of building, and any other relevant information including safety standards.
2. Sleeping arrangements if applicable, degree of privacy for adoptive child.
3. Furnishings/household appliances.
4. Housekeeping skills.
5. Pets.

IV. Other Members of Adoptive Family**A. Children Residing in the Home:**

1. Birth and Adoptive Children. (Provide information for each child.)
 - a. General Information Full name and aliases.
 - (1) Place and date of birth.
 - (2) Gender.
 - (3) Race and Ethnicity.
 - b. Biological relationship to adoptive parent(s), if applicable.
 - c. Adoptive parent(s) relationship with child.
 - d. Child's Special needs.
 - e. Health.
 - f. Opinion regarding adopting another child into family.
 - g. Educational level.
 - h. Employment, if applicable.
 - i. Interaction with adoptive child.
2. Foster Children.
 - a. Same as Section 1. above, i.e. Items a through i.
 - b. Date of placement with family.
 - c. Permanency plan and, if adoption, whether adoptive parent(s) intend to adopt.
3. Other Children.
 - a. Same as Section 1. above, i.e. Items a through i.
 - b. Reason in home. (Specify legal status, e.g. custody, guardianship).

B. Other Adults Residing in the Home

1. Name, gender, age.
2. Biological relationship to adoptive parent(s).
3. Reason in the home.
4. General Health, including any significant physical or mental disabilities issues.
5. Means of financial support.
6. Interaction with adoptive parent(s).
7. Interaction with adoptive child.

C. Adoptive Parent's Children not Living at Home (This information may be obtained from members of the adoptive family.)

1. Name, gender, year of birth (if a minor, give the reason for the child not living in the home).
2. Current Functioning and Educational History.
3. Relationship with Adoptive Parent(s).

D. Extended Family Members (Person not residing in the adoptive home, who may have frequent and meaningful contact with the adoptive household. This may include individuals who are not biologically related to adoptive parents.)

1. Name, gender, age.
2. Interaction with members of the adoptive household, particularly with adoptive child.
3. Adoptive family's emotional support system. Is extended family supportive of the adoption?

V. Relationship Between Adoptive Parent(s) and Birth Parent(s)

VI. Clearance and Criminal History of Adoptive Household Members

A. Criminal History Record Check (Give dates and period of incarceration where applicable.) Was the Adoption Application Criminal History Certification truthful? If applicable, discuss the impact on current family functioning, results of agency safety assessment and reasons agency decided to approve the adoptive parents.)

1. Applicant.
2. Household members over the age of 18.

B. SCR Review (List when review was done and the results. If a person is the subject of a report, document the rationale for approval.)

1. Applicant.
2. Household members over the age of 18.

VII. Finances of Adoptive Family

A. The Details of the Adoptive Family's Financial Situation. Income derived must be verified via a W-2 Form or Form 1040.

B. Financial Stability of Family and Ability to Manage Finances.

C. Family's Capability to Meet Monthly Expenses Without Subsidy.

D. Responsibility for Household Budget.

VIII. Assessment of Adoptive Family and Agency Recommendation

A. Strengths

Summary may include: Family's readiness to accept responsibility for a child and to provide for his/her physical and emotional needs, adoptive parent's understanding and acceptance of the child's past, and the family's emotional support system.

B. Potential Issues

1. Any indicators of potential issues that may impair the viability of the adoption or might have an adverse effect on the adoptive child.
2. Factors that the court should be aware of before issuing an order of adoption.

C. Plan to Help Resolve Issues

1. Details of action taken including services offered by Agency.
2. Adoptive family's response to plan.
3. Success of plan.

D. Post Adoption Services (Need, information and assistance offered by Agency).

E. Agency Recommendation Regarding Adoption of the Child.

Attachment A - Child's Medical Information

Sec. 112(3) (5) D. R. L
373-a S.S.L.

Form 1-d
(CHILD'S MEDICAL HISTORY AGENCY)
12/90

COURT OF THE STATE OF NEW YORK

COUNTY OF NEW YORK

In the Matter of the Adoption of
a Child Whose First Name is _____

(Docket) (File) No. _____

Child's Medical History
(Agency)

1. Age and date of birth of child: _____ D.O.B. _____

2. Has the child had any of the following illnesses or health problems: (Where indicated, specify below or on reverse side of page)

- | | |
|--|---|
| _____ AIDS/HIV infection | _____ Hepatitis |
| _____ Allergy to foods/other substances | _____ Malaria |
| _____ Allergy to medications
(prescription or over the counter) | _____ Mental/Behavioral disorders
(specify) |
| _____ Asthma | _____ Mumps |
| _____ Chicken Pox | _____ Parasites in stool |
| _____ Circulatory system disorders
(specify) | _____ Rheumatic fever |
| _____ Diabetes | _____ Tuberculosis |
| _____ Diphtheria | _____ Typhoid Fever |
| _____ German Measles | _____ Urinary Track/kidney
disease/infection |
| _____ Measles | _____ Other/Specify |
| _____ Hay Fever | _____ Operation/Accidents |
| _____ Heart Problems | _____ Fractures (specify) |
| _____ Sickle Cell Anemia/Trait | _____ Scarlet Fever |

3. Immunizations: give dates of the following:

- DPT/D.T. _____
- Polio (oral) _____
- Measles _____ Mumps _____
- Rubella _____
- Hemophilus Influenza B. (H.I.B) _____
- Heptavax/Hepatitis Immune Globulin _____
- Influenza (Flu) _____
- Pneumonia vaccine _____
- Other (specify) _____
- Tuberculosis test (most recent result) _____

4. List Prenatal History:

Pregnancy:

- First trimester bleeding
- Toxemia (high blood pressure or protein in urine)
- Medications (other than vitamins)
- Diabetes or thyroid problems (specify)
- Drugs (such as marijuana, heroin, methadone or amphetamines) (specify)
- Alcohol (occasional, heavy) (specify)

Birth:

- Birth weight _____
- Apgar scores: 1 min _____
- Date baby was due _____
- Date was born _____
- Complications of delivery
- Premature rupture of membrane
- Cesarean: routine _____ emergency _____
- Excessive bleeding _____ placenta _____
- Length _____
- 5 mins. _____

Newborn:

- Resuscitation required
- Yellow jaundice
- Lights: _____ exchange transfusion _____
- Infection (specify)
- Breathing problems
- Other (specify) Drug Intoxicated

5. List congenital impairments, including physical defects, if any:

6. State present health or cause of death (give ages), if known, of:

Natural father:

Natural Mother:

Siblings

Full:

Half:

7. If known, indicate whether natural mother had any of the following:

- Tuberculosis
- Diabetes
- Breast Cancer
- Mental or nervous disorders e.g. schizophrenia, depression or manic depression illness (specify)
- Asthma
- Gastrointestinal disease, e.g. gall bladder, ulcer, irritable bowel (specify)
- Colon Cancer
- Cancer, other (specify)

- Thyroid disease
- Stroke
- Sickle cell anemia
- AIDS
- Bleeding tendency
- Eye or ear disorder
- Retardation: Mental or Physical
- Obesity
- Other (specify)
- Arthritis or rheumatism
- Kidney disease (specify)
- High Blood pressure
- Alcoholism or other substance abuse (specify)
- Circulatory or blood disorders (specify)
- Developmental disorder, e.g. learning disability, attention deficit (specify)

8. If known, indicate whether natural father had any of the following:

- Tuberculosis
- Diabetes
- Breast Cancer
- Mental or nervous disorders e.g. schizophrenia, depression or manic depression illness (specify)
- Thyroid disease
- Stroke
- Sickle cell anemia
- AIDS
- Bleeding tendency
- Eye or ear disorder
- Retardation: Mental or Physical
- Obesity
- Other (specify)
- Asthma
- Gastrointestinal disease, e.g. gall bladder, ulcer, irritable bowel (specify)
- Colon Cancer
- Cancer, other (specify)
- Arthritis or rheumatism
- Kidney disease (specify)
- High Blood pressure
- Alcoholism or other substance abuse (specify)
- Circulatory or blood disorders (specify)
- Developmental disorder, e.g. learning disability, attention deficit (specify)

Indicate source for information about child's medical history and the source(s) for information about medical history of natural mother and natural father and whether from direct or indirect source:

Completed by (state official title, if any): _____

Dated: 03/05/2007

*See Sec.373-a S.S.L.

Attachment B - Adoptive Family's Financial Information

Name: _____

	Adoptive Father	Adoptive Mother
<u>A. Income:</u>		
Employment:		
Specific Occupation:		
Name of Employer:		
Address:		
Monthly Gross Earnings:	\$ _____	\$ _____
Other Employment	\$ _____	\$ _____
1) Total	\$ _____	\$ _____
Monthly Gross Earnings		
2) Monthly	\$ _____	\$ _____
Income From Other Sources		
Describe:		
3) Total	\$ _____	\$ _____
Monthly Income (Line 1 plus Line 2)		

B. Expenses – Monthly Amounts

Housing:		
+ Owned Housing		
-Mortgage payment	\$ _____	
-Property Tax	\$ _____	
-Maintenance	\$ _____	
-Other	\$ _____	
+ Rental Housing		
-Rental payment	\$ _____	
-Other	\$ _____	
4) Total Housing	\$ _____	
Costs		

C. Insurance Costs:

+ Car insurance payment	\$ _____
-------------------------	----------

Name and Address of insurer:

+ Health insurance \$ _____
payment

Name and Address of insurer:

+ Life insurance \$ _____
premium

Name and Address of insurer:

Face Value:

5) Total \$ _____
Insurance Costs

D. Other Monthly Expenses:

Auto Maintenance	_____	Clothing	_____
Education	_____	Entertainment	_____
Food	_____	Telephone	_____
Transportation	_____	Utilities	_____
Other	_____		

6) Total Other Monthly Expenses: \$ _____

E. Outstanding Debts: Monthly

-Medical bills	\$ _____
-Credit Cards	\$ _____
-Loans	\$ _____
-Outstanding court judgments	\$ _____
-Other	\$ _____

7) Total Outstanding Debts (Monthly) \$ _____

8) Total Expenses (Lines 4, 5,6, and 7) \$ _____

Balance (Line 3 less Line 8) \$ _____

F. Other Assets and Resources

1) Savings \$ _____
Accounts

Name of Depositor:

Name and Address of Institution:

2) Checking \$ _____
Accounts

Name of Depositor:
Name and Address of Institution:

3) Stocks, Bonds, \$ _____
Securities:

4) Life Insurance \$ _____
(Face Value):
Name and Address of Insurer:

Total Other Assets and \$ _____
Resources:

G. Subsidy for Adoptive Child

Per Diem Subsidy payment approved for \$ _____

Adoptive Child is not eligible for subsidy \$ _____

H. Total Public Financial Support

(foster care, subsidized adoption, public assistance, and all other payments for other children in home received by adoptive parents)

\$ _____

Recommendation

It is recommended the application for adoption submitted by

_____ be _____ and that
[Applicants Name] [Approved/Denied]

[Child(ren)'s Full Name]
_____ placed for adoption with them.
[Be/Not Be]

Caseworker Name
Title: _____
Date: _____

Adoption Supervisor
Title: _____
Date: _____

Reviewed by:

Applicant Name
Date: _____

Applicant Name
Date: _____

Attachment C - Family Heritage of An Adoptive Child

Information Required Pursuant to Section 112(2-a) of the DRL
FAMILY HERITAGE OF AN ADOPTIVE CHILD HAVING THE FIRST NAME OF _____
WHO WAS BORN ON _____

BIOLOGICAL MOTHER:

Name _____

Date of birth or _____

age at time of child's birth: _____

Nationality _____

Ethnic Origin _____

Race _____

Height _____

Weight _____

Color of Hair _____

Color of Eyes _____

Color of Skin _____

Education _____

Occupation _____

Religion _____

Talents _____

Hobbies _____

Special Interests _____

Drugs taken during pregnancy _____

Hereditary Diseases _____

If Deceased Check Here []

BIOLOGICAL FATHER:

Name _____

Date of birth or _____

age at time of child's birth: _____

Nationality _____

Ethnic Origin _____

Race _____

Height _____

Weight _____

Color of Hair _____

Color of Eyes _____

Color of Skin _____

Education _____

Occupation _____

Religion _____

Talents _____

Hobbies _____

Special Interests _____

Hereditary Diseases _____

If Deceased Check Here []

State of New York)
) ss.:
County of)

I, _____, of _____ Agency have examined the record of the Agency and from my knowledge of these, verify the statements as set forth in this Report concerning the adoption of _____, a minor, by: _____, and believe it to be in the best interests of the above-named child that this adoption be granted.

Report Submitted By: _____

Date: _____

Sworn to before this
____ Day of _____, 20____.

Notary