

**GUIDELINES:
WHAT TO TELL AND
GIVE ADOPTIVE PARENTS**

These guidelines have been developed by the Practice Committee of Connecticut Council on Adoption. It is anticipated that these guidelines will be used by both public and private agencies to facilitate adoption placements.

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NECESSARY DOCUMENTS

The following should be obtained immediately by the child's social worker and contained in the child's record.

1. Birth Certificate. This can be acquired from the Department of Health Services, Vital Records Section, 150 Washington Street, Hartford, CT 06106; from the AFDC record if the child has been on that program, or from the town in which the child was born or in which the parents resided at the time of the birth. If the child is not yet committed, the certificate must be obtained by the parent or legal guardian. (See sample letter attached.) In some D.C.Y.S. offices, the Eligibility Technicians will obtain the certificate. Information about whom to contact for a child born in another state may be found in the Public Welfare Directory.
2. Birth History from the hospital in which the child was born.
3. Foot and hand prints and birth photograph if possible.
4. Medical Report of Newborn if applicable. (See form attached.)
5. Physical and personality descriptions of birth parents.
6. Forms CYS 337 and 338, Genetic Parents Information and Medical Information of Genetic Parents.
7. Developmental history of child.
8. Social Security number.
9. Order of Commitment and Order of Termination.
10. Psychological and psychiatric reports.
11. History of extended family members, including geographical location.
12. Photographs.
13. Life Book.

CONTACTING THE ADOPTIVE PARENTS

When a specific child is being considered for an adoptive family, the child's worker should contact the adoptive family's worker to confirm that the family is still available and is a viable resource for the child. If the decision is to proceed, the adoptive family's worker should make the initial telephone contact with the family to arrange an interview for them with the child's worker and the adoptive family's worker to learn about the child. In this telephone contact, the family should be given the age and sex of the child, the legal risk status, and any significant problems the child may have as well as any significant strengths. It is helpful to give examples. The family should also be told if other families are being considered for the child.

INTERVIEW WITH ADOPTIVE PARENTS

Both the child's worker and the adoptive family's worker (homefinder) should be present.

Information shared should include:

Physical description of the child: include height, weight, build, coloring, hair style, etc.

Personality description: Temperamental, emotional, and mental traits - use descriptive adjectives.

Present functioning: family and peer relationships; developmental functioning, including lags. (Be task oriented.) Behavior problems. Child's capacity to form meaningful relationships.

Legal status: Has termination of parental rights occurred? Is it final or is there a legal risk? Has D.C.Y.S. or a private child placing agency been appointed statutory parent?

Educational: What grade is the child in? Is he on grade level? What is his behavior in school? What are his work habits? What screening or testing has been done? Is he in Special Ed? Has there been a PPT and an IEP? What are his Special Ed needs? Is there a surrogate parent?

Family history: Give information on the CYS forms on parents as well as on extended family members. Is there any known physical, sexual, or emotional abuse in the background? What are the parental life styles? What significant or traumatic events have happened to the parents? What were the reasons for TPR?

Developmental history: Developmental milestones - i.e. age of walking, talking, toilet training, etc. Who provided the history? Were there any developmental delays? Have there been any developmental evaluations?

Medical history: Child's present medical condition. If there are any medical problems, give required treatment, medications, and prognosis. Previous illnesses. Immunization history. Who provided the history?

Mental health history: Give the results of any professional evaluations. If the child has been in therapy, indicate how long, by whom, and the results. What mental health agencies have been or are involved? Is he presently receiving services? Has there been any neurological testing? How do the foster parents see the child? How do you see the child? What do you see as strengths and weaknesses?

Life experiences: Include physical, sexual, and emotional abuse, and other traumatic events that have happened in the child's life. Significant people in the child's past.

Religion: What have been the child's experiences in the area of religious activities? Is he presently attending Sunday School and/or church? How important is this to him?

Significant relationships: Child's need for continued contact with birth family members, foster family members, or other people important to him. Identify who they are, the frequency of the projected contact, and how it will be carried out.

"Potential": What is the potential for the child's future functioning? Is it anticipated that he will be able to become a part of a family? May he need residential treatment in the future? What are the predictions for self-sufficiency in adulthood?

Subsidy: Is the child eligible for an adoption subsidy? (See attached.)

Placement: What is the projected schedule for pre-placement visiting and for placement? What does the child understand about adoption?

AT TIME OF PLACEMENT

Give to the adoptive parents if they don't already have:

- Placement Agreement
- Medical Passport - completed
- Foot and hand prints if given at birth
- CYS forms 337 and 338
- Medical report of newborn, if applicable
- Emergency medical authorization
- Child's profile (see attached)
- Child's daily schedule
- Birth history
- Letter to school requesting change of name (see sample)
- Letter to insurance company verifying child's placement (see sample)

- Life book
- Early photos of the child and photos of the birth family
- Medical history
- Letters from birth parents
- School records
- Medical records
- IV-E status
- Mental health history
- HIV information about the child, if applicable

**REQUEST FOR CERTIFIED BIRTH
CERTIFICATE**

I am applying for the birth certificate of:

Full Name _____ Date of Birth _____

Place of Birth _____ Race _____

INFORMATION ON ABOVE PERSON'S FAMILY

Father's Full Name _____
Father's Birthplace _____

Mother's Full Name _____
Mother's Birthplace _____

Residence of Mother at time of this birth _____

PERSON MAKING THIS APPLICATION

I certify that this is (my own birth certificate) (my child's birth certificate) (the birth certificate of a person I lawfully represent).

Written Signature: _____
(If applicant is a minor (under 18 years of age) parent or guardian must make application for a complete certified copy.)

Address: _____

I appoint the following individual to act as my agent to obtain this copy for me.

Social Worker: _____

Agency's Address: _____

MEDICAL REPORT OF NEWBORN CHILD

From: _____
Name of hospital

Address _____

Attending physicians: Mother _____
Child _____

Child's Name: _____ Date of Birth: _____
Sex: _____ Time of Birth: _____
Single or multiple birth: _____

Birth History:
Weight _____ lbs. _____ oz. Term: Premature _____ weeks
Length _____ in. Postmature _____ weeks
Head Circumference _____ in. Full _____ weeks
Chest Circumference _____ in.
Blood Type _____

Mother's History:
Blood test _____
R.H. factor _____
Toxicology screen results _____
Number of previous pregnancies _____
Complications during pregnancy _____
Complications during and after delivery _____

Delivery:
Type _____ Duration _____
Anesthesia _____
Reason for operative interference _____

Condition of Child at Birth:

Apgar Score	One Minute	Five Minutes
Heart Rate	_____	_____
Respiratory Effnt.	_____	_____
Muscle Tone	_____	_____
Reflex Irritability	_____	_____
Color	_____	_____

Child's Name: _____

CHILD'S PROFILE

Eating Routines:

1. Does he/she have any eating difficulties? If so, what are they?
2. Is he/she a picky eater or does he/she stuff himself/herself?
3. What are his/her special likes and dislikes?
4. How have his/her eating habits changed since being in your home?
5. What does he/she like to eat or drink when he/she is sick?

Additional Comments:

Sleeping Routines:

1. What time does he/she usually go to bed?
2. Does he/she resist going to bed?
3. How difficult is it for him/her to go to sleep?
4. Does he/she sleep with a special object?
5. Does he/she sleep with a light on?

6. Does he/she share a bedroom? With whom?
7. Does he/she have nightmares? How frequently? Under what circumstances?
8. Does he/she wake at night, wander?
9. Does he/she wet the bed? How frequently? Under what circumstances?
10. What time does he/she wake up?
11. Is it hard for him/her to get up?
12. What kind of mood is he/she in when he awakens?
13. Does he/she take a nap?

Additional Comments:

Self-Help:

1. Does he/she dress himself/herself?
2. Does he/she pick up his/her own clothing?
3. Does he/she straighten his/her room?
4. Does he/she need help in bathing, shampooing, and brushing teeth?
5. Is he/she toilet trained? Does he/she go to the bathroom by himself?

6. Is he/she dry during the day?
7. Does he/she do chores? What kind?
8. Does he/she receive an allowance? How much? Does he/she have to earn it?

Additional Comments:

Play:

1. What does he/she like to do with his/her spare time?
2. How well does he/she play alone? How well does he/she play with others?
3. What kinds of play does he/she like?
4. What kinds of play does he/she avoid?
5. What are his/her special interests?
6. What are his/her favorite toys?
7. How much television does he/she watch? Which are his/her favorite shows?
8. Does he/she prefer to play inside or outside?

Additional Comments:

Communication:

1. How well does he/she communicate?
2. Can he/she make himself/herself understood?
3. Are there special body postures or habits of speech he/she uses to communicate certain feelings or ideas? If so, what are they?
4. Can he/she talk about his/her feelings?
5. What does he/she say about his/her biological family?
6. How does he/she react when you talk to him/her about his/her biological family?
7. What does he/she say about his/her experiences before he/she came to you?

Additional Comments:

Relationships with Other Children:

1. How does he/she get along with other children in your family?
2. How does he/she get along with other children in the neighborhood?
3. Does he/she prefer to play with children who are older, younger, the same age, the same or other sex?

4. Who are his/her special playmates? Name them:

Additional Comments:

Experience at School:

1. Does he/she like school? What does he/she like best? What does he/she like least?
2. How well does he/she do academically?
3. How well does he/she get along with people in authority?
4. How does he/she get along with children in school?
5. Is he/she used to being helped with homework?
6. What have school problems been, if any?
7. What has been done to help him/her with them?
8. Is he/she in any special program?

Additional Comments:

Religion:

1. Does he/she attend church and/or any religious instruction on a regular basis? If so, at what church?
2. How important is this to him/her?

3. Does he/she participate in any other on-going religious activities?

4. Has he/she experienced any significant religious milestones such as baptism, First Communion, or Confirmation while he/she has been with you?

5. How does he/she behave in church?

Additional Comments:

Functioning in the Family:

1. How has he/she adjusted to your home?
2. How does he/she respond to reasonable requests? Does every issue become a battle?
3. How does he/she handle routine chores and expectations?
4. How is he/she disciplined? What has been successful? What has not been successful?
5. How does he/she react to expressions of affection such as touching, hugging, etc.? Is he/she able to give affection? Is it superficial?
6. Does he/she relate better to men or women? What behavior illustrates this? Do you know the reason for this?
7. Who are the people most important to him/her?
8. Does he/she need a lot of approval? In what form?

9. Do you like this child? Why or why not?

Additional comments:

Self Control and Anti-Social Areas:

1. Has he/she ever had temper tantrums?
2. Has he/she ever soiled? How often? What has been done to correct this? How does he/she react to soiling?
3. Has he/she ever lied? Under what circumstances?
4. Has he/she ever stolen? What and how often?
5. Has he/she ever set fires?
6. Has he/she ever been violent? What does he/she do?
7. How does he/she treat his possessions and those of others?
8. What animals is he/she used to? How does he/she get along with them?

Additional Comments:

Sex:

1. What has he/she been told?
2. What does he/she say he/she knows?

3. What is his/her sexual awareness?

4. Has he/she ever acted out sexually? How?

Additional Comments:

Fears:

1. What specific things or situations is he/she afraid of?
2. How does he/she handle these fears?

Additional Comments:

Personal Feelings and Perceptions:

1. What kind of feelings does the child have about himself/herself?
2. How does he/she make you aware of his/her feelings of failure, anger, anxiety, happiness, success, pain, disappointment, sadness, stress, change?
3. What does he/she understand about why the extended family could not keep him/her?
4. What does he/she understand the reasons for termination of parental rights are?
5. What does he/she understand about foster care?
6. Does he/she know the reason for his/her being in foster care?

7. Does he/she understand the reasons for leaving previous placements?
8. Does he/she have a Life Book?
9. Has he/she been receiving therapy?
10. What does he/she understand about moving into adoption?

Additional Comments:

Signed: _____

Dated: _____

To Whom It May Concern:

This to confirm that Mary Jane Black, born _____,
has been placed in adoption with _____ (adoptive parents) _____,
16 Elm St., Anytown, CT. We should appreciate it if you would
change your records to reflect the name by which she is now
known, Mary Jane Perkins.

Thank you for your cooperation.

Sincerely yours,

Social Worker

Addendum 5

To Whom It May Concern:

This is to confirm that the child known as (adopted name) ,
born , is in adoption placement with
 (adoptive parents) , 16 Elm Street, Anytown, CT. We have
verification of the birth date in our record.

Signed:
 Social Worker

ADOPTION SUBSIDY IN CONNECTICUT

What Is The Subsidized Adoption Program?

Financial and/or medical assistance may be available to prospective parents who wish to adopt a special needs child.

What Is A Special Needs Child?

A special needs child is a child who is legally free for adoption and has one or more of the following:
1.) a physical, intellectual or emotional handicap;
2.) is over the age of eight; 3.) is a member of a sibling group that needs to be placed together; 4.) and/or a member of a minority group.

This child must be legally free for adoption and under the care of the Department of Children and Youth Services or a Connecticut licensed child placing agency to be eligible for an adoption.

How Do I Apply For An Adoption Subsidy?

The Department or the agency who is responsible for the child will make an application for an adoption subsidy if no other resources are available to place the child without subsidy.

In most circumstances, a subsidy is approved before finalization, although there is a provision to apply for subsidy after finalization. The adoptive family may also apply for subsidy on behalf of their special needs child.

How Is An Adoption Subsidy Obtained?

The child's social worker will submit documentation certifying the child as special needs. A subsidy agreement will be negotiated between the prospective adoptive parents and the Department, stating the type of subsidy (medical and/or financial) and the dollar amount, if any.

When Does The Subsidy Become Effective?

The subsidy agreement becomes effective the date the child's adoption is legalized. The subsidy agreement remains in effect, regardless of the state in which the adoptive family resides.

How Long Does The Child Receive An Adoption Subsidy?

Financial subsidy terminates at age eighteen. Medical subsidy may be received up to age twenty-one if the child continues to have medical needs for which the subsidy was granted. A lesser time to receive a subsidy must be agreed upon by the Department and the adoptive parents.

Are There Any Other Requirements To Receive A Subsidy?

An annual review of the subsidy agreement must be filed with DCYS certifying that the child remains under the care of the adoptive family. This form is furnished 45 days prior to the annual review date. The form requires notarization and must be returned to DCYS. A review will be completed yearly until the child turns 18 years old. A review will be completed annually for medical subsidy up to the age of 21 as long as the child continues to have medical needs for which the subsidy was granted.

What Are The Medical Benefits Under Adoption Subsidy?

The Child who has medical subsidy provided will receive a state Medicaid card. The State Medicaid Program is administered by the Department of Income Maintenance, who sets the fee schedule and payment procedures. The adoptive family's health insurance may provide medical benefits to the child. Not all providers accept the State Medicaid card. Adoptive families should check with their health care providers.

Are There Other Benefits Included In the Subsidy Agreement?

The child may receive, payable monthly, a financial subsidy that cannot exceed the state's foster care rates. The family also may be reimbursed for one-time non-recurring adoption expenses, such as homestudy expenses and travel, incurred prior to and agreed upon before finalization.

Can The Subsidy Agreement Be Revised Should There be Changes?

Adoptive families need to notify the Subsidized Adoption Office of any change that might effect their subsidy. These changes might include: change of address, divorce or marriage of adoptive parent, death of parent, death of child, child's absence from the home, emancipation of the child or change in any benefits a child may receive (i.e., Social Security income).

Does The Adoptive Parent Have The Right To Appeal An Adoption Subsidy Decision?

The adoptive parent may appeal any decision to deny, modify or discontinue subsidy benefits by writing to the Commissioner of the Department of Children and Youth Services asking for a hearing before the Subsidized Adoption Review Board. The hearing will be conducted according to the Uniform Procedures Act. If a decision is appealed, the subsidy will continue without modification until the final decision of the Subsidized Adoption Review Board.

How Effective Is The Adoption Subsidy Program?

The adoption subsidy program enables special needs children to be placed and adopted who might other-wise not find a permanent and loving home.

The adoption subsidy program enables families to adopt special needs children who may have financial and medical issues. It relieves some of the burden of raising a child to adulthood.

The costs for subsidized adoption are less than the costs required to maintain a child in foster care.