

Adoption Finalization Checklist

NOTE to CPS / RFS and CPSS/RFS: Each item noted below should be attached to this reviewed, approved, signed and dated checklist to consider the packet complete.

Send completed checklist with attachments ATTN: Adoption Unit-CFSD Central Office

1. _____ **Form DPHHS-CFS-107 (Parts A through E)- CPS/RFS**
2. _____ **Certificate of Live Birth; if adoption being completed out of state provide a Certified Copy, if finalization will occur in MT a legible copy is sufficient - CPS/RFS**
3. _____ **Social Security Card; original, legible copy or screen from CHIMES indicating social security number is verified- CPS/RFS**
4. **Indian Child Welfare Act (ICWA) documentation required in adoption packets: CPS**
_____ Indian Child Welfare Act Reporting Form (DPHHS-CFS/ICWA 250)-this form is provided to the courts when legal paperwork is submitted for the adoption
_____ Indian Child Welfare Act Reporting Form (DPHHS-CFS/ICWA-252) on each individual child;
_____ **All Tribal notification(s) sent by CFSD to Tribe(s) when a child is or might be eligible for enrollment with a Tribe(s);**
_____ Request For Verification Of Status (DPHHS-CFS/ICWA-251) and:
_____ **All Tribal response(s) letters received, when applicable. NOTE: Tribal responses are not required to finalize an adoption and only needs to be provided if available**
5. _____ **Death Certificate (if applicable); if adoption being finalized out of state provide a Certified Copy, if finalized in MT provide a legible copy- CPS/RFS**
6. **2 Certified copies of court orders terminating parental rights of all parents, including any exhibit(s) or attachment(s) the order(s) states are attached: CPS (check spellings of names on birth certificate!)**
_____ Mother
_____ Father (Is BFR on birth certificate? If not include paternity test, term on "Any/All", or include any info on how paternity was established)
_____ **any putative fathers or no one on birth certificate include Putative Father's Registry documentation (Did we publish per MCA 42-2-605 and Policy 302-6?)**
_____ **verbiage giving DPHHS permanent legal custody and the right to consent to adoption**
_____ Montana Supreme Court Appeal decisions (if applicable) Certified copy not necessary.
7. _____ **Application to Adopt- DFS-90 or CFS-021, completed which includes: RFS**
_____ Pre-adoptive parent(s)' **FULL LEGAL** names: first, middle, last
_____ Pre-adoptive parent(s)' date(s) of birth, including City & State of birth
_____ **Pre-adoptive mother's maiden name**
_____ Date and place of marriage
(all above info needed for legal paperwork which goes to the courts to complete the adoption)
*******For ICPC adoption packets, this information is required and may be placed in the Cover Letter.*****
8. _____ ***Pre-placement evaluation: most current home study or re-evaluation recommending adoption and LIC Approval Letter**
*******For ICPC packets, this information will be replaced by a copy of the completed and approved ICPC 100A Form and a copy of the approved home study***** RFS**
9. _____ **Agreement on Pre-Adoptive Placement or legible copy, CFS-030 (Rev. 10/19), completed, dated and signed by: (child Legally Free after both parents have a signed TPR from a judge) CPS/RFS**
_____ CPS or RFS worker and
_____ Pre-Adoptive parents

10. _____ **Consent of children age 12 and above** (Mont. Code Ann. §42-2-301(6)) Montana Law requires children 12 and over to *consent either in writing or in court*, unless the child does not have the mental capacity to consent. The consent must be acknowledged before an officer authorized to take acknowledgments or witnessed by a representative of the department, an agency, or the court. ***Central Office decision: If 12 years old or older, there must be a written statement from the child (unless the child does not have the mental capacity to consent) and that is witnessed by our agency or court official and included in the packet.** (If you are a witness please date, sign, and handprint your name): **CPS/RFS**

11. _____ **ACTD screen** _____ **(Entry Date):** Documentation of **discussion** on the possible Federal tax credit incentive for special needs adoptions and that the North American Council on Adoptable Children (NACAC) article was supplied to the pre-adoptive parents. (See Policy 602-1 for NACAC article website address) **CPS/RFS**

12. _____ **ACTD screen** _____ **(Entry Date):** Documentation of **discussion** which occurred with adoptive parent(s) regarding the efforts to place the child(ren) for adoption without a subsidy **or** documentation from CPS regarding the exception to make the effort (See Policy 604-1, pages 2 & 3, for further explanation of this required documentation) **CPS/RFS**

13. **Cover Letter including:** **RFS**

_____ Attorney’s name (legal signature); name of law firm; both physical and/or mailing addresses, if different; phone and fax numbers; & work E-mail address *If Family are Petitioners Pro Se, then include their full names; both physical and/or mailing addresses, if different; phone number and fax; & E-mail address in the cover letter

_____ **Number of years adoptive parents have lived at the current address, (MCA § 42-5-101(1)(a))**

*******Remember if it is an ICPC information from #7 should be included on Cover Letter*******

14. **Report to the court / Post Placement Evaluation (PPE)**, including all PPE contents located in Policy 603-5 and the following: **RFS**

- _____ **Date of foster care placement (with prospective adoptive family)**
- _____ **Date of pre-adoptive placement (as indicated on signed Pre-Adoptive Placement Agreement (30))**
- _____ **Child’s Post Adopt name**
- _____ **Signed**

To be reviewed by Central Office Adoptions Negotiations Program Manager in Helena:

1. _____ **CFS-083 (Adoption Subsidy Program Child’s Eligibility Determination)** to verify amount of benefits child is receiving, if any, and the specific factor(s) or condition(s) that makes the child a child with special needs. **(Ensure supporting documents are uploaded to Doc Gen)** **CPS/RFS**

2. _____ **SPND screen, documenting in CAPS the child’s special need factor(s) or condition(s) and matching special need factor(s) or condition(s) determined and which matches form CFS-083 (Policy 604-1 covers SPND completion).** **CPS/RFS**

To be completed by Central Office Adoptions Negotiations Program Manager in Helena:

3. _____ **Approved adoption subsidy agreement** (CFS-082, and First page of current Tax Form 1040 to verify pre-adoptive parent(s)’ legal names) signed by pre-adoptive parents and the Adoption Negotiations Program Manager

4. _____ **IV-E eligibility determination for adoption subsidy** will be completed by the IV-E unit at Central Office.

CPS/RFS completing packet _____ **Date**

_____ **CPS/RFS Supervisor reviewed** _____ **Date**