



# EXPLANATION OF ADOPTION SUMMARY

State Form 56527 (R / 8-22)  
DEPARTMENT OF CHILD SERVICES

**INSTRUCTIONS:** Provide a copy of this form to each prospective adoptive parent **and** to each foster parent of a child for whom a prospective adoptive parent has been identified (IC 31-9-2-99.2). This document should be provided at the time the prospective adoptive parent or foster parent is considered for adoptive placement of the child (IC 31-19-2-2). Explain the form to the recipient and obtain signatures. Upload the form to the MaGIK Case File.

Not more than sixty (60) days after the Department of Child Services (DCS) receives notice that a Petition for Adoption has been filed with the Court, DCS will prepare a written report and recommendation as to the advisability of the adoption. The written report and recommendation is prepared by the child's assigned DCS Family Case Manager (FCM) and submitted to the court.

The written report and recommendation provides the court with the following information:

1. Family Case Manager (FCM) name;
2. Petitioner's name;
3. Child's name;
4. Adoption Cause Number;
5. Wardship date;
6. Date of Voluntary/Involuntary Termination of Parental Rights (TPR) for each parent (including all alleged fathers) and/or [Consents for Adoption](#);
7. DCS [Consents for Adoption](#) (documents the status of consent if not yet signed);
8. DCS adoption staffing date;
9. Adoptive placement date;
10. Adoptive placement approval (by whom/date);
11. Summary about the child (addresses the child's health and home environment prior to removal);
12. Summary about the child's siblings;
13. Summary about the biological parents;
14. Summary about the adoptive family (including the adoptive parent(s) and children of the adoptive parent) which includes:
  - a. The suitability of the home for the child,
  - b. Each individual's feelings about the adoption,
  - c. The impact of the adoption on family dynamics,
  - d. Parenting and discipline, and
  - e. Home and community;
15. DCS' evaluation and recommendations for placement, including the strengths, needs, and concerns for the placement and any information about substantiated reports of Child Abuse and/or Neglect (CA/N).

Address of local office (number and street, city, state, and ZIP code)	Telephone number of local office (     )
Name of Family Case Manager (FCM)	Contact number (     )
Name of FCM supervisor	Contact number (     )
Name of local office director	Contact number (     )

I have reviewed and explained the Adoption Summary to the Prospective Adoptive Parents and/or current Foster Parent.

Signature of Family Case Manager (FCM)	Date (month, day, year)
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I have reviewed and received a copy of this document and have had the adoption information explained to me. I have also had any questions resolved concerning the adoption process.

Signature of foster / adoptive parent	Date (month, day, year)
Signature of foster / adoptive parent	Date (month, day, year)