



CHILD REGISTRATION AND ADOPTION RECRUITMENT PLAN

State Form 11840 (R14 / 6-25)

DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
1. Family Case Manager (FCM) and/or Adoption Consultant complete the document with as much information as possible.
 2. Complete a KidTraks services referral for Adoption Recruitment, upload this form as an attachment, and send the KidTraks referral.

NOTE: Services available include Child Social Summary, professional photo, video shoot, recruitment events, and other identified services. See policy [10.07 Adoptive Family Recruitment Services](#) and [10.11 Child Social Summary](#) for additional information.

SECTION A – CHILD INFORMATION

First name of child		Last name of child		Case management system case e-mail address
Date of birth (month, day, year)	Age	Gender	Language(s) spoken <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____	
Race (Check all that apply.)	<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> American Indian	Hispanic ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine
	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other (specify): _____	
Grade level (K – 12)		Describe educational needs (IEP, 504, etc.)		
Medical Need (Describe any physical, mental or disabilities, etc.):				
Case plan goal Primary plan: <input type="checkbox"/> Reunification <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> Fit and Willing Relative <input type="checkbox"/> Another Planned Permanent Living Arrangement (APPLA) Concurrent plan: <input type="checkbox"/> Reunification <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> Fit and Willing Relative <input type="checkbox"/> Another Planned Permanent Living Arrangement (APPLA) <input type="checkbox"/> None See policy 5.15 Concurrent Planning/Second Permanency Plan-Overview				
Reason for removal: <input type="checkbox"/> Neglect <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual abuse		Has anyone expressed interest in adopting the child: <input type="checkbox"/> Yes <input type="checkbox"/> No		Most recent relative search:
City of current placement	County of court	Type of current placement <input type="checkbox"/> Foster Home <input type="checkbox"/> Relative / Kinship Placement <input type="checkbox"/> Residential Facility <input type="checkbox"/> Other		
Name of parent/provider / contact person with whom the child resides				
Address (number and street, city, state, and ZIP code)				
Telephone number ()		E-mail address		
Sibling Information				
Name	Age	Is sibling placed with child?	Are siblings being recruited together?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B – LEGAL INFORMATION				
Information regarding Termination of Parental Rights (TPR) or Parental Consent to Adopt				
Parent One:	TPR filed <input type="checkbox"/>	TPR ordered <input type="checkbox"/>	Parental Consent <input type="checkbox"/>	Date Completed (mm/dd/yyyy):
Parent Two:	TPR filed <input type="checkbox"/>	TPR ordered <input type="checkbox"/>	Parental Consent <input type="checkbox"/>	Date Completed (mm/dd/yyyy):
Legal Father:	TPR filed <input type="checkbox"/>	TPR ordered <input type="checkbox"/>	Parental Consent <input type="checkbox"/>	Date Completed (mm/dd/yyyy):
Alleged Father:	TPR filed <input type="checkbox"/>	TPR ordered <input type="checkbox"/>	Parental Consent <input type="checkbox"/>	Date Completed (mm/dd/yyyy):
Alleged Father:	TPR filed <input type="checkbox"/>	TPR ordered <input type="checkbox"/>	Parental Consent <input type="checkbox"/>	Date Completed (mm/dd/yyyy):
Alleged Father:	TPR filed <input type="checkbox"/>	TPR ordered <input type="checkbox"/>	Parental Consent <input type="checkbox"/>	Date Completed (mm/dd/yyyy):
No Identified Father:	Putative Father Registry Check <input type="checkbox"/>		Date Completed (mm/dd/yyyy):	
Deceased Parent One:	Death Certificate Confirmation <input type="checkbox"/>		Date Completed (mm/dd/yyyy):	
Deceased Parent Two :	Death Certificate Confirmation <input type="checkbox"/>		Date Completed (mm/dd/yyyy):	
Has the Court approved a Permanency Plan for the child of which adoption is the only intended permanency or long-term care and custody arrangement? (<u>Per IC 31-34-21-7.3</u>) <input type="checkbox"/> No <input type="checkbox"/> Yes				Date of most recent Permanency Hearing:
Note- If a child is not legally free (TPR granted), or adoption consents are not signed by the parents, a court order authorizing adoption recruitment services is required.				
Is there an active No Contact Order (NCO) prohibiting recruiters from contacting members of the birth family following TPR? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, court order or Case ID number:				

SECTION C – CONTACT INFORMATION		
Name of FCM	County	Region
Address (number and street, city, state, and ZIP code)		
Telephone number ()	Fax number ()	E-mail address
Name of FCM supervisor		
Telephone number ()	Fax number ()	E-mail address