



# CONFIDENTIALITY AGREEMENT FOR ADOPTION INTERVIEWS AND RECOMMENDATION

State Form 50718 (R3 / 7-20) / CW 0043  
DEPARTMENT OF CHILD SERVICES

## INSTRUCTIONS:

1. The Family Case Manager (FCM) will explain the importance of confidentiality during the adoption interview process and provide this form to all participating individuals to sign. When interviews are conducted virtually, the form will be signed prior to the meeting.
2. Following the adoption interviews and selection of a family for an adoptive placement, the FCM will forward the recommendation to the Local Office Director or designee for approval.
3. Once completed and all signatures obtained, the FCM will upload this document to the case management system. See policies 2.06 Sharing Confidential Information and 10.06 Adoptive Family Recruitment Services.

I, the undersigned, am participating in family interviews for the purpose of selecting a permanent home for \_\_\_\_\_ . I agree to maintain the confidentiality of any and all information officially released to me or otherwise received in accordance with federal and state law and rule pertaining to such information, in the best interest of Indiana's children. Indiana Department of Child Services staff also need to sign.

Date (month, day, year): \_\_\_\_\_

Printed Names	Signatures	Agencies / Titles

## ADOPTION INTERVIEW TEAM RECOMMENDATION

The Adoption Interview Team met on \_\_\_\_\_ and recommend that \_\_\_\_\_  
(month, day, year) (Insert name of child.)  
be matched with \_\_\_\_\_ as an adoptive family.  
(Insert name of selected family.)

Printed name of FCM	Signature of FCM	Date signed (month, day, year)
Printed name of adoption consultant	Signature of adoption consultant	Date signed (month, day, year)

Recommendation:  Approved  Denied  Other Recommendation (Please specify below.)

Specify Other Recommendation.

Printed name of Local Office Director or designee	Signature of Local Office Director or designee	Date signed (month, day, year)
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