

**DePaul Community Resources**

**Pre-Placement Adoption Services Referral - Intake Form**

**Services requested:** (Please select all that apply **-** definitions of services are on page 4 of form.)

[ ]  **Child & Family Prep**  [ ]  **Child Recruitment**  [ ]  **Assist with finalization paperwork**

\*Please note that all recruitment referrals will be staffed with DePaul’s Wendy Wonderful Kids (WWK) program to determine which program best meets the needs of the child.

**Child’s Full Name:**  **Date of Birth:**

**Gender:**  **Race:**  **Ethnicity:**

**Date of FC entry:**   **OASIS Case ID:**  **OASIS Client ID:**

**Termination of Parental Rights - *\*Referrals for ATCP services must have TPR and any appeal process completed.***

FATHER - TPR Date: Appeal? [ ]  Yes [ ]  No - If yes, Date Final:

MOTHER - TPR Date: Appeal? [ ]  Yes [ ]  No - If yes, Date Final:

**SIBLINGS**

Name and DOB of child’s sibling(s), if applicable:

Are siblings placed together? [ ]  Yes [ ]  No

**IS THIS CHILD SIX YEARS OLD OR OLDER:** [ ]  Yes [ ]  No

*\*Please note that if a child under the age of six does not meet two or more of the following criteria, a special approval request (SAR) must be submitted to VDSS by DePaul Community Resources. The SAR must be approved by VDSS prior to opening the case**. VDSS approval to open a SAR case is not guaranteed.*

**Please list the special needs of this child:**

[ ]  Physical, mental, or emotional condition existing prior to foster care (please list all that apply):

[ ]  Hereditary tendency, congenital problem, or birth injury leading to substantial risk of future disability (please list – must have documentation):

[ ]  Member of a minority group based on racial, multi-racial, or ethnic heritage (please list):

[ ]  Close relationship with one or more siblings and the siblings will be placed together

**If a child under the age of six is being referred and is not placed with sibling(s), please note why your agency is requesting assistance.**

[ ]  Not applicable as the child is age six or older or is under age six and placed with sibling(s)

[ ]  Agency is short staffed

[ ]  No workers are trained to complete the adoption process

[ ]  Worker caseloads are high

[ ]  Other (please list):

**CHILD’S CURRENT PLACEMENT TYPE**

[ ]  LDSS Home [ ]  TFC Home [ ]  Residential Placement [ ]  Other:

TFC Agency Name & TFC Worker Name (if applicable):

TFC Worker Phone (if applicable):

TFC Worker Email Address (if applicable):

**Potential Adoptive Placement:**  [ ]  Yes [ ]  No

**Adoptive Placement Agreement signed:** [ ]  Yes (Date: ) [ ]  No

**Placement Name:**

**Full Address:**

**Phone:**

**Email:**

**Date child entered current placement:**

**REMINDER:** All adults in the adoptive home must have criminal and central registry background checks current within 18 months of filing the Report of Investigation. If updated checks are needed, it is recommended to begin that process as soon TPR is achieved and there is an identified adoptive placement.

**Please list any other important information:**

**PLEASE READ AND SIGN BELOW INDICATING AGREEMENT WITH AND CONSENT TO THE FOLLOWING:**

*Release:* DePaul Community Resources has permission to photograph and/or videotape the child/children referred

and to feature them in the media, including internet, television, print, radio, electronic and other public venues, for

the purpose of locating an adoptive family.

*Confidentiality*: DePaul Community Resources agrees that the use or disclosure of any information concerning children or families serviced by DePaul Community Resources will be used for adoption purposes only.

*Acknowledgement of Privacy Practices*: I acknowledge that I have received and reviewed the agency’s privacy practices as outlined on the back of this referral form.

**Providing your initials represents your electronic signature on this form**:

Name of person completing referral:

LDSS Agency Name:

Please list information for the DSS worker that will be responsible for processing the adoption paperwork:

DSS Worker Name:

DSS Worker Phone Number:

DSS Worker Email Address:

Today’s Date**:**

**DePaul Use Only:**

Adoption Specialist: Office:

Grant: Case Opening Date:

Child’s Category (ATCP only):

**ADOPTION SERVICES AGREEMENT:**

**ACKNOLWEDGMENT OF PRIVACY PRACTICES**

**GRIEVANCE PROCEDURE**

Your input regarding the services provided by DePaul Community Resources’ Adoption Program is important. If you are not satisfied with services provided, it is important to let the Adoption Specialist managing the case know of your concerns. You may also contact Marya McPherson, Director of Adoption, at 540-381-1848 or Renee Brown, Vice President of Child and Family Services of DePaul Community Resources. Renee can be reached at 540-265-8923.

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**CONFIDENTIALITY**

Protecting confidentiality is important to DePaul Community Resources. All client information is confidential. On the referral application, you have been asked to give permission for the referred child to be featured in the media for recruitment purposes.

Written permission to release client-related information to outside parties for other purposes is required by law, except in the following cases:

1. Mandated reporting of abuse, neglect, self-harm, harm to others, duty to warn of threat to harm others, or client inability to care for self.
2. Medical emergency; for the purpose of preventing injury to or death of client or another person
3. Subpoena for records, legal counsel, hearings, reviews, appeal, or investigation under the regulations of Licensing, Human Rights, or certification or accreditation. (12 VAC 35-115-80)

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**CLIENT RIGHTS**

DePaul Community Resources respects the rights of children receiving services.

Clients being served have the right….

* to be treated with dignity and respect
* to be told about their treatment
* to have a say in their treatment
* to speak to others in private
* to have their complaints resolved
* to say what they prefer
* to ask questions and be told about their rights
* to get help with their rights

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**Please sign or initial the second page of the referral form to acknowledge receipt of these privacy practices.**

Thank you for your referral. We are committed to working with you to ensure that

children and families are adequately prepared for adoption and that appropriate adoptive

resources are available and located for youth in need of a permanent home.

Please let us know how we may assist you in achieving permanency for Virginia’s waiting youth.

**DEPAUL COMMUNITY RESOURCES**

**PRE-ADOPTIVE PLACEMENT DESCRIPTION OF SERVICES:**

**Child Preparation:** The DePaul Adoption Specialist will provide adoption preparation for a child referred by LDSS who is placed in a potential adoptive home or who needs an adoptive placement. Adoption preparation services will also be provided to adoptive families when the child is already matched. The services provided will be determined based upon the assessment completed by the DePaul Adoption Specialist in consultation with the LDSS. The services available include Life Book work, adoption preparation using workbooks, and using other tools to help the child understand the steps toward adoption.

**Child Recruitment:** The DePaul Adoption Specialist will provide child focused recruitment for a child referred by LDSS. A flyer will be created with input from the child, LDSS, and the DePaul Adoption Specialist. The DePaul Adoption Specialist will utilize all available tools as a part of recruitment in consultation with the LDSS. The child’s photo and flyer information will also be displayed on the DePaul Community Resources website in the Waiting Children section.

**Assistance with Finalization Paperwork:** The DePaul Adoption Specialist will complete a case file review upon opening the case. The case file review will be used to complete the draft of the Full Disclosure form, which will be provided to the DSS agency. The DePaul worker is also able to complete other finalization paperwork to include the Report of Investigation when requested by the DSS worker.

\*Please note: Children served by the WWK grant will not receive assistance with paperwork due to WWK Recruiter grant limitations and guidelines. ATCP can provide paperwork only assistance to children served by WWK once a child is placed in an adoptive home and the adoption is ready to proceed.

**Referral Contacts Email Fax Number**

**Abingdon Office:** Madison Patrick (ATCP) mpatrick@depaulcr.org 276-623-0002

**Cedar Bluff Office:** Kristie Ferguson (ATCP) kferguson@depaulcr.org 276-963-2363

 Tonya Muncy (ATCP) tmuncy@depaulcr.org 276-963-2363

**Christiansburg Office:** Andrea Sabourin (Adoption Manager) asabourin@depaulcr.org 540-381-5372

 Sadie Steele (ATCP) ssteele@depaulcr.org 540-381-5372

**Roanoke Office:** Laura Israel (ATCP) lisrael@depaulcr.org 540-265-7663

**Roanoke Office:** Kara Thorniley (WWK) kthorniley@depaulcr.org 540-265-7663

**Email is the preferable way of submitting a referral when possible. Thank you!**