

Child's Name

Intent to Adopt

SSI Award Letter

Medical Documents:

Dental Exams

Medication Documents

Immunization Record

Birth Records

Adoption Assistance Application

Adoption Assistance Agreement

Adoption Assistance Rate Request

Physical Exams and Treatment Plan

Tennessee Department of Children's Services

Checklist for Preparing Adoptive Parents

DOB

Adoptive Parent(s) Name	Adoptive Parent(s) Name				
The following items must be reviewed with all prospective adoptive parents prior to adoption finalization. This can be done					
through counseling, training or a or	e-on-one interview.				
Initial each box that has been cor The adoptive parents have rece select the adoptive parent and The adoptive parents have rece The adoptive parents have rece The adoptive parents have rece	ived information on the lifelong adoption process and its meaning. ived information on the process for completing adoption including the criteria used to the availability of adoption subsidies and post-adoption services. ived education on the needs of children awaiting adoptive families. ived education on the benefits and responsibilities of openness in adoption. ived education and training on child development and parenting techniques including				
The adoptive parents have rece impact on their family.	ived education and training on attachment and bonding and possible ived education, training information and support that address raising a child of a different				
race, ethnicity, culture or religion The adoptive parents have rece The adoptive parents received i identity development.	· · · · · · · · · · · · · · · · · · ·				
Historical Information: Presentation Summary Birth Family History	Psychological Records: Psychological/Psychiatric Evaluation Counseling Notes				
Verifications:					

	Social Security Card Application	
	Adoption Preparation Training Family Resource Directory Contact Information for Subsidy Speci	inline
	Contact information for subsidy speci	alist
Child's Name	DOB	

Educational Records:

Resource Information:

Adoption Materials

Federal Tax Credits

Scholarship Information

ASAP Brochure

Developmental Materials

Psycho-educational Evaluation

Individual Education Plan (IEP)

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Resource Parent File/ Adoptive Parent

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possession that is legal to provide from no contained in documents presented to me information gathered from other sources developmental, emotional, and/or behave further understand that, as with any child may arise in the future that do not current	nedical and family is believed by the s. I acknowledge the ioral problems tha d, problems with p ntly exist or that ar and happiness of a	provided me with the most complete information in its service providers and/or the birth family. All information Department/Private Provider to be accurate according to at it is possible the child could have physical, mental, were unreported and unknown to the Department/Provices, mental, developmental, emotional, or behavioral is unknown to the Department/Provider, and that no child child. Medical, Psychological, and Education advice should treatment plans as needed.	ider. I ssues I welfare
Adoptive Parent Signature	(Date)	Adoptive Parent Signature	(Date)
FSW/Perm. Specialist Signature	(Date)	Private Provider Signature ((Date)

Adoptive Parent(s) Name

Adoptive Parent(s) Name

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