**Please complete and sign the CEU Adoption Assistance checklist for each child prior to submitting the adoption assistance application to CEU.** Complete all items on the checklist. If any item is missing, the application will not be processed and will be returned to the FCM with a copy to the Supervisor. Applications should not be returned to CEU until all items in the checklist have been obtained.

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Bio Name: | | | Case #: |
| Documentation for an Adoption Assistance Application | | | |
|  | A completed ‘Indiana Adoption Program Application’ (found in DCS policy at <http://www.in.gov/dcs/files/10.14_Indiana_Adoption_Assistance_Program_Overview.pdf> or on the IARA website) signed and dated within 60 days of submission to CEU. If know, include the date, or estimated date, of the adoption hearing on the application. | | |
|  | Proof that the child ‘Cannot or Should not return home’ documented for ALL parents that are listed in MaGIK with one of the following documents:   * 1. Court order terminating the parent’s rights to the child   2. Signed consents of the parent; ‘Voluntary Relinquishment’, ‘Consent to Adoption’, ‘Consent to Termination’ or other similar document   3. Death Certificate or obituary   4. A ‘Petition for Termination’ filed with the court by the local office   5. In the event of an unknown father, an Affidavit from the Putative Father Registry indicating no fathers have registered   6. Order from the court citing IC-31-19-9-8 that consent to adoption is not required | | |
|  | Qualified Fingerprint Letters or Waiver Letter from the DCS Central Office Background Check Unit (COBCU) dated within 1 year of the adoption assistance application signature date for every household member 18 years of age and over. | If the adoptive family resides in another state, submit the adoption home study. The home study should indicate the results of the fingerprint, CPS and SOR checks *(or applicable checks required by the state in which the adoptive family resides)*.  NA | |
|  | Child Protective Services (CPS) checks for all members of the adoptive household who are 14 years of age or older. If a household member has a substantiated abuse or neglect history a waiver must be granted by COBCU. |
|  | Sex Offender Registry (SOR) checks for all members of the adoptive household who are 14 years of age or older. |
|  | Initial Court Order or Detention Hearing that orders child(ren) to be removed from the home. This order should coincide with the removal date. | | |

|  |  |
| --- | --- |
| The following items must be completed in Magik prior to submitting an application to CEU. | |
|  | A complete **Pre Adopt Plan** located on the case page in ‘Plans and Tools’. |
|  | **All family relationships to the child are accurate:** CEU will review the child’s relationships in MaGIK, and they should correctly reflect each individual’s relationship to other individuals. |
|  | **Pre-adoptive resource home:** Verify each person in the resource home has thorough demographic information entered on his//her Person Profile page. |
|  | **Household:** The child’s household in MaGIK should always reflect the household composition on the day of removal, not the child’s current placement. |

***By signing below, you certify that you have submitted all the required documents listed above and completed the necessary MaGIK screens.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Date Submitted to CEU