

# ADOPTION CONSENT REQUEST (CHILD IN HOME, NO COMPETING PARTIES)

Michigan Department of Health and Human Services

Child's Name (Last, First, Middle)	Date of Birth	Case ID	Child's Person ID
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Adoptive Placement County	Full Legal Name of Recommended Adoptive Parent(s)
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Recommended Adoptive Parent(s) Relationship to Child

Foster Family     
  Relative     
  Recruited Family     
  Other \_\_\_\_\_

Date of Placement in the home: \_\_\_\_\_

**EXPEDITED CONSENT REQUEST (All of the following must apply):**

- The recommended family is the only family requesting to adopt the child. There are no competing families for adoption.
- The child's is residing in the adoptive home for six consecutive months and all of his/her physical and emotional needs are being satisfactorily met.
- This is the only child available for adoption OR all available siblings (i.e. PCW's or MCI wards) are being adopted together.
- Criminal record checks and CPS clearances for all adults in the home are current (see policy) – no arrests or convictions.
- Fingerprinting of adoptive applicants completed. No arrests or convictions.
- The family has no previous complaints, licensing and/or CPS, involving the care of a child.
- Three references recommending the family for adoption of these children have been received.
- There are no "Circumstances Requiring Additional Documentation" as defined in the Adoption Policy ADM 850.
- Marriage and divorce verifications and medical evaluations of the adopting parent(s) are in the case record.

**REGULAR CONSENT REQUEST (One or more of the following apply):**

- Child is not being placed with other siblings who are available for adoption.
- Family has previous licensing, protective services, or criminal complaints.
- There are other circumstances existing that require additional documentation.

**ALL OF THE FOLLOWING ARE REQUIRED FOR EACH CONSENT REQUEST:**

- Consent to Adoption by Agency/Court (PCA 309)
  - County where petition will be filed. Child's name as it appears on the birth certificate and any termination and/or commitment order (an AKA may need to be used if names are different).
  - Full legal name(s) of the adoptive parent(s) as confirmed by birth, marriage or divorce papers.
  - In revisable format
- Copy of the child's birth certificate or other verification of birth.
- Legal Documentation (Copies of **ALL** court orders that verify termination of parental rights of **both** parents & commitment to MCI if applicable to the case).
  - JC 63, Order Terminating Parental Rights/Commitment to the Michigan Department of Health and Human Services or Michigan Children's Institute
  - PCA 305, Release of Child by Parent
  - PCA 306, Release of Child by Child Placing Agency
  - PCA 312, Order Terminating Rights of Father Without Release or Consent
  - PCA 318, Order Terminating Rights after Release or Consent
  - PCA 322, Order Committing to Agency/Michigan Department of Health and Human Services
  - Order committing the child to MCI following a disrupted adoption
  - Copy of death certificate of birth parents.
- The following documentation is required regarding the child and is current per policy:
  - DHS-1927, Child Adoption Assessment
  - DHS-606, Child Adoption Assessment Addendum(s)
- The following required documentation (if applicable to the case) is required regarding the adoptive parent(s) and is current per policy.
  - CWL-3130, Initial Foster Home/Adoption Evaluation
  - DHS-612, Adoptive Family Assessment Addendum
  - DHS-612-CH, Adoptive Family Assessment Addendum Criminal History
  - CWL-3130-A, Children's Foster Care Relative Placement Home Study
  - DHS-1926, Preliminary Adoptive Family Assessment

- ICPC Home studies with placement recommendation of the child(ren) with the family in another state
- Copies of most recent Licensing Annual and Renewal.
- Copies of all Special Evaluations, Corrective Action Plans (CAP) and Corrective Action Plan Outcome reports.
- Copies of all CPS investigations, reports, complaints (both Substantiated and Unsubstantiated)

The following Relative Notification and Search forms must be included:

- DHS-588, Initial Relative Safety Screen
- DHS-987, Relative Documentation
- DHS-988, Relative Search Information
- DHS-989, Relative Response
- DHS-990, Relative Notification Letter

DHS-605, Recommendation to Deny Consent (For Denial Only Requests)

Is the child enrolled or eligible for enrollment in a federally recognized tribe?  Yes  No

If yes, please include:

- Documentation of tribal consultation
- Documentation of the tribe's recommendation

Name of Placement Agency and Address		
LGAL Name	LGAL Telephone Number	LGAL Email Address
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Signature of Adoption Worker		Adoption Worker Printed Name
Adoption Worker's Email Address		Adoption Worker's Telephone Number Ext.
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Signature of Adoption Supervisor Recommending this Placement		Adoption Supervisor Printed Name
		Date
Adoption Supervisor's Telephone Number Ext.		Adoption Supervisor's Email Address
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The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.	AUTHORITY: MCL 710.21 et. seq. and P.A. 280 of 1939. RESPONSE: Required. PENALTY: Adoption delay.
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