

Finalization

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FINALIZE ADOPTION

Service Areas may vary in the specific steps for processing the adoption. Staff will follow the Service Area process and consult with the designated adoption staff before finalization. When post-placement service appears to be nearing completion, and the worker and team are in agreement that finalization is appropriate, the worker will:

1. Obtain name and address of the attorney retained by the family to finalize the adoption;
2. Prepare and send adoption packet to the designated Service Area adoption staff
3. Complete necessary forms if subsidized adoption is needed and has not yet been approved;
4. Send a copy of the signed and dated adoption petition to the IM worker before the adoption.

NOTE: A copy of the above information for the adoption packet should be kept in the child's file.

Designated Staff in Service Area

Upon receipt of the adoption packet, the two designated adoption staff:

1. Review the packet for accuracy of documents and that all necessary documents are enclosed, or notify worker of the need for additional documentation or errors on the packet.
2. When both are in agreement that the packet is complete and accurate, one staff person will sign all the copies of the agency relinquishment, as established by Service Area procedures (two copies are sent to the attorney with the adoption packet and one for child's record).
NOTE: Signature must be by someone other than worker assigned to the case.
3. Within three working days, send appropriate papers to the family's attorney by certified mail.

Worker Responsibilities

The worker will:

1. Continue to provide minimum supervision and post-placement service, until the adoption is finalized. The worker will ascertain the adoption finalization date;
2. Provide a copy of the certified adoption decree, and signed petition to adopt to income maintenance staff, and a certified copy of the decree to the court of jurisdiction, upon receipt; a copy is also retained in the child's file;
3. Ensure that the family has received a copy of the decree and the adoptive birth certificate from their attorney. (If legal fees are being paid through Subsidized adoption, the bill should not be paid until copies are received by the family.);
4. The case will be closed by closing out the CWIS, FCPAY, state ward trust funds, any services being authorized for the Department, completing any filing, dictating closing summary, closing the case and forwarding the case file(s) to the vault. **NOTE:** If the child is Native American the court is to notify the Secretary of the Interior of the adoption.

NOTE: The specific Finalization Process will be discussed in Section 14 of this manual.



ADOPTION FINALIZATION PACKET CHECKLIST

INCLUDE EVERYTHING ABOVE DOTTED LINE FOR ALL ADOPTIONS:
(One packet per child):

- Relinquishment of Child for Purposes of Adoption (PS-57)**
(Must be signed by a designated DHHS employee)
- Cover letter to attorney**
 - Use wording in the "Sample Letter to Attorney" to request a certified copy of the adoption decree and a signed and dated copy of the petition to adopt for each child be send to the child's caseworker
- Child's Birth Certificate**
 - Must be a copy of the actual birth certificate, not a certificate from the hospital. (In Nebraska, the birth certificate must have the number issued by Vital Records.)
 - Does not need to be a certified copy unless specifically required by the court.
- Adoption Summary**
 - Must be signed and dated by worker and supervisor
 - Indicate DHHS recommends the adoption and that it is in the child's best interest.
- Adoptive Home Study**
 - Home study must be an "Adoptive Home Study" or an "update" and must be current, within one (1) year of finalization. Must include a statement of approval as an adoptive home.
 - Must include a check of the Child Abuse Central Register, State Patrol Criminal History, and National Criminal History. Most courts require these checks be within one year of finalization.
 - Best practice is to include these additional background checks: Adult Abuse, Sexual Offender Registry, and Local Law Enforcement.
- Adoption Medical History (HHS-25):** **Mother** **Father**
(Send forms even if the medical history is incomplete or unknown).
- Review of Child's File Prior to or After Finalization NRS 43-107 (3)**
 - Must be signed and dated by the adoptive parent(s)
 - Located in the Placement Forms Section

INCLUDE AS APPROPRIATE THE DOCUMENTS FREEING THE CHILD FOR ADOPTION:

- Relinquishment of Child by Parent (PS-58):** **Mother** **Father**
- Affidavit of Explanation of Non-consent (PS-56):** **Mother** **Father**
- Non-consent of Release of Information:** **Mother** **Father**
(Last page of HHS-25) Include only if it is signed by the parent(s).
- Acceptance Letter (Relinquishment)** **Mother** **Father**
Must be signed by a DHHS employee designated to accept relinquishments in the Service Area. This is typically a function of a supervisor or an administrator.
May include copy of the letter sent to the parent, it does not have to be the original.
-----**(or)**-----
- Certified Copy of Termination of Parental Rights Court Order:** **Mother** **Father**
(Need one certified copy per child)
-----**(or)**-----
- Certified Copy of Death Certificate of Parent**
(Need one certified copy per child) Call the IMFC Worker for assistance in obtaining death certificates.

INCLUDE AS APPROPRIATE TO THE ADOPTION:

Notice to Father Forms: (As applicable)

(If child was born out of wedlock to unmarried parents or there is reason to believe that the biological father may be someone other than the husband at the time of the child's birth)

- Affidavit by Agency (to show due diligence was made to notify biological or possible fathers)
- Statement of Necessity to Identify Father
- Affidavit of Identification of Father by Biological Mother
- Letter to Biological Father
 - Use the sample for wording to explain father's rights
 - Include a copy of the signed green card with the Letter to Biological Father.
- Statement of Father
- Waiver of Written Notice by Father (if notice was not given in writing)
- Relinquishment of Child by Parent (PS-58 or PS 58A)
- Proof of Notice to Father by Publication
- Certificate of Objection to Adoption and Intent to Claim Paternity and Obtain Custody
- Letter from Vital Records stating an Acknowledgement of Paternity was filed and Certified copy of the Acknowledgement of Paternity (or) letter from Vital Records indicating no Acknowledgement of Paternity was filed.
- Statement of Legal Risk By Adoptive Parents (if applicable)

INCLUDE AS APPROPRIATE TO THE ADOPTION FOR NATIVE AMERICAN CHILD:

- Native American Relinquishment From Court-Certified: Tribal Member Non-tribal Member
Consult DHHS Adoption Specialist in Central Office and/or agency attorney regarding questions related to Native American Relinquishments.

*******MAILING INFORMATION*******

PRIOR TO MAILING THIS PACKET:

- Assure child has lived with the family for a minimum of 6 months prior to the adoption
- Assure Subsidy paperwork is completed, approved, & signed by DHHS and family (if applicable)
- Assure packet is reviewed by 2 designated staff to make sure everything necessary is included. (per Adoption Services Guidebook, p. 39)
- Make a copy of the Adoption Packet for the child's file.

MAILING INSTRUCTIONS FOR THIS PACKET:

- DHHS will review and approve or deny the adoption packet and submit to the attorney within 5 business days of receiving the packet. (Applicable in ESA only- NFC)
- Mail completed packet to the adoptive parent's attorney via certified mail return receipt.
 - Keep the certified receipt in the child's file
 - May want to include a self-addressed envelope for the attorney to send DHHS adoption decree, adoption petition, and the bill for services rendered.

Note: The hearing to finalize the adoption will occur 4-8 weeks after the attorney files the petition.

Revised 10-15-2007
ESA Format

Adoption Packet (staple this form to the outside of the manila folder)

Check for Nebraska Department of Health and Human Services title on all forms
No staples in documents

Order the packet as listed below: Paper Clipped together

- Certified letter to the Attorney
- Adoption Summary
- Agency Relinquishment for purposes of Adoption (3 Copies)

Parental Relinquishments

- Mother's Relinquishment
 - Native American Heritage Statement
 - Affidavit of Identification
 - Affidavit of Non consent

- Father's Relinquishment
 - Native American Heritage Statement
 - Affidavit of Identification
 - Affidavit of Non consent

OR

Court Order Termination of Parental Rights- Certified Order

- Mother's Termination Order
- Father's Termination Order

IF INDICATED:

- Father's Identification Death Certificate
- Objection of Child Adoption and Notice of Intent to Obtain Custody (New-Spring 2007)
- Affidavit by Agency (Affidavit of due diligence)
- Proof of publication for absent parent (original copy of publication- when ever possible)
- No Claim (if no father identified) (Certificate after publishing in the paper and we send to Lincoln and they send back a certificate)
- ICWA Native American paper work
 - Native American Cultural Plan

- Birth Certificate
- Parents Medical History (Green Sheet Packets)
 - Mother's
 - Father's

- Adoptive Home study completed within 1 year of Adoption Court Date
- Criminal History completed within 1 year of Adoption Court Date and in the State of residence of the Adoptive Parent/s
 - National Criminal History Check (FBI)
 - NE. State Patrol
 - Sexual Offenders check
 - Central Registry check

NEXT: Make one copy of the adoption packet- Paper Clip together

Separate from the Packet:

- Subsidy Forms (need to be approved/signature by the PS Supervisor)
 Attach current FC Pay

Adoption/Guardianship Process Protocol (Southeast Service Area)

1. Contractor will complete the Adoption Packet including the Adoption Packet Checklist and submit to the Children and Family Outcome Monitor Lead Permanency Member.
2. Once submitted to CFOM Lead Permanency Member will assign this packet to one of the CFOM Permanency Member. The CFOM Permanency Member will review this packet and prepare the relinquishment by HHS form and sign.
3. The CFOM Permanency Member will deliver the Attorney the packet and will notify the Family Permanency Specialist via email.
4. The Adoption Attorney will provide the CFOM Permanency Member a copy of the Adoption Petition, Decree, and Attorney bill. (If this is delivered to the Family Permanency Specialist the FPS will provide to CFOM Permanency Member immediately)
5. The FPS and CFOM assigned to the Master Case will attend the Adoption/Guardianship hearing. (The CFOM Permanency Member that prepared the packet and subsidy DOES NOT have to be present.)

CFOM-Adoption monitor will review the Adoption Summary and use checklist to ensure everything is included.

FPS-Family Permanency Specialist/Contractor will use the Adoption Packet Checklist, including all templates provided. (Due diligence, Adoption Summary)

(Southeast Service Area Only)

Caseworker

Date Approved PS Supervisor

Date Approved PS Administrator

RELINQUISHMENT STAFFING CHECKLIST

*Birth Certificate (or copy of) is required for each child.

<u>Children</u>	<u>BC Available</u>	<u>Children</u>	<u>BC Available</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parents

Mother _____

ICWA: Y or N **Tribe Name:** _____

Tribe Notified: Y or N

TPR Filed: Y or N **Date Scheduled:** _____

Attorney aware that parent wants to relinquish: Y or N

*needs to be present at relinquishment if TPR is filed

GAL Appt: Y or N

*needs to be present at all relinquishments

Relinquishment Counseling Done: Y or N

Counseling Letter received indicating parents competence: Y or N

Father _____ **Legal:** Y or N **Alleged:** Y or N

Proof of Paternity (circle one): on birth certificate child support order

Genetic testing married to the mother

ICWA: Y or N **Tribe Name:** _____

Tribe Notified: Y or N

TPR Filed: Y or N **Date Scheduled:** _____

Attorney aware that parent wants to relinquish: Y or N

*needs to be present at relinquishment if TPR is filed

GAL Appt: Y or N

*needs to be present at all relinquishments

Relinquishment Counseling Done: Y or N

Counseling Letter received indicating parents competence: Y or N

Efforts to Locate (including date charts was checked): _____

Tasks To Be Completed (i.e. counseling, search for father, birth certificate, etc)

Needs to remain in the relinquishment file:

Copy of the Birth Certificate(original stays in family file)

Relinquishment Letter

Any Court Order

This staffing Form

Conditions for Completing a Relinquishment (as indicated in Policy):

A) A relinquishment must be given by:

1) Both Parents

2) Only one parent if:

a) the other parent is deceased and proof of the death is available for the case worker; or

b) the other parent's rights have been properly voluntarily relinquished or legally terminated and a record of such is available for the case record; or

c) there is a plan **in progress** to properly deal with the other parent's rights; or

d) no legal paternity exists and the father hasn't lived with the child or performed parental functions, such as, providing child support and a No Intent to Claim Paternity Certificate has been obtained to verify whether a claim has been made.

3) Parents who haven't been under the influence of alcohol or drugs, including illegal substances, prescription or non prescription, mind altering drugs, within the past 24 hours.

4) A person or agency vested with the right to relinquish the child for adoption.

5) A person believed to mentally and emotionally able to understand his/her legal rights and the consequences of relinquishment. If a legal guardian for the parent has been appointed by the court, the guardian's involvement and signature, on the relinquishment are required. If no court action has been taken and staff have reservations about a parents competency then a relinquishment **WILL NOT** be taken until a report from a psychiatrist or psychologist is received, that specifically indicates that the parent is competent to relinquish parental rights.

FINALIZATION PAPERWORK

Forms (<i>per parent</i>)	Minimum # of originals	Location	Distribution
<input type="checkbox"/> Relinquishment of Child for Purposes of Adoption (PS-57)	2	N-FOCUS and DHHS Forms website (http://local.hhss.local/Forms/)	(1) Original for adoption packet to send to adoptive parent's attorney for finalization. (1) Original for child's file- Scan into N-FOCUS
<input type="checkbox"/> Cover Letter to the Attorney	1	Template	(1) Original for adoption packet to send to adoptive parent's attorney for finalization. (1) Copy for child's file
<input type="checkbox"/> Application for Certified Copy of Birth Certificate (HHS-88)		N-FOCUS Form (<i>in correspondence</i>) and DHHS Forms website (http://local.hhss.local/Forms/) And (Requesting Your Client's Out of State Birth Certificate- Instructions)	(1) Copy of birth certificate for adoption packet to send to adoptive parent's attorney for finalization. (1) Copy of birth certificate for child's file
<input type="checkbox"/> Adoption Summary	1	Template	(1) Original for adoption packet to send to adoptive parent's attorney for finalization. (1) Copy for child's file
<input type="checkbox"/> Adoptive Home Study	1	N-FOCUS	(1) Original for adoption packet to send to adoptive parent's attorney for finalization. (1) Copy for child's file (1) Copy for adoptive parent's file (Resource Development)
<input type="checkbox"/> Review of Child's File Prior to or After Finalization		Template	(1) Original for child's file (1) Original for adoptive parents (1) Copy for adoption packet sent to adoptive parent's attorney for finalization.

*Remember to scan documents and forms (not on N-FOCUS) into N-FOCUS per Protection and Safety Procedure Update #5-2014

*** For a list of ALL forms included in the Packet sent to the Adoptive Parent's attorney, see the "Adoption Finalization Packet Checklist".**

RELINQUISHMENT OF CHILD FOR PURPOSES OF ADOPTION (PS-57) "AGENCY RELINQUISHMENT"

Instructions

Location: This is form (PS-57, Rev 3/10) is available on N-FOCUS. It is also located on the Nebraska DHHS Forms website (<http://local.hhss.local/Forms/>).

When court orders termination or parents relinquish their rights, DHHS needs to give "legal consent" for the adoption to occur. This is the form on which this consent is given.

See sample completed [Relinquishment of Child for Purposes of Adoption](#).

First paragraph:

State how the child became free for adoption. We must state the date when the child became free for adoption not the date when the child became a ward of DHHS.

List the date the judge signed the termination of parental rights order even if that is a different date than the hearing (or) Date of the relinquishment by parent (or) Date on parent's death certificate.

Do not need to state biological parents names (e.g.: refer to only as "biological mother" or "biological father")

Only fill in the appropriate information, leave the other spaces blank.

List the title of the legal papers including "In the interest of" and the child's name terminating parental rights on.

Second paragraph:

List the adoptive parent's legal names including maiden name (ex: Douglas Robert and Susan Marie (Jones) Smith.)

State the proper "county" and "state" in which the adoptive parents reside.

Third paragraph:

List the adoptive parent's legal names (including maiden name).

Fourth paragraph:

List the adoptive parent's legal names (including maiden name).

State the county of the adoption hearing- county court where adoptive parents reside. (NRS 43-102 (3))

State the legal name (biological name) of child

List the adoptive parent's legal names (including maiden name).

Signatures

To be signed after the child is legally free for adoption. (No possible appeals exist)

A designated DHHS employee and a witness need to sign his document in front of a notary public.

Note: One staff person, as established by the Service Area should sign the Agency Relinquishments. The signature must be someone other than the worker assigned to the case. (Adoption Services Guidebook, p. 39)

Two (2) original **Relinquishment of Child for Purposes of Adoption** must be completed per child:

- One (1) to include in the packet sent to the adoptive parent's for attorney for finalization, and
- One (1) for child's file.

Rev. 010612



Relinquishment of Child for Purposes of Adoption

Know All Men By These Presents:

THAT, WHEREAS, the Department of Health and Human Services of the State of Nebraska, is the legal guardian of _____ a minor by virtue of a judgment and decree duly entered on or about the _____ day of _____, 20_____, by the _____ Court of _____ County, Nebraska, in a proceeding then and there pending entitled,

and/or by virtue of a relinquishment _____

WHEREAS, _____ resident(s) of _____ in the county of, _____ State of, _____ are desirous of adopting said child; and,

WHEREAS, after a full and careful investigation made by agents of the Department of Health and Human Services, it is found that said _____ is/are fit and competent persons to have the custody, care, maintenance and education of said child, and that such adoption is for the best interests of said child.

NOW, THEREFORE, the Department of Health and Human Services, by virtue of the authority vested in it by the laws of the State of Nebraska, hereby consents to the adoption of said child and voluntarily relinquishes all right to and custody and control of said child, and all claim to or interest in the service or wages of said child, to the end that said child shall be fully adopted by said _____ in the manner provided by law. The Department of Health and Human Services hereby enters its voluntary appearance in the County Court of _____ County, Nebraska, and waives the issuance and service of legal process on it in the matter of the adoption of _____ by _____.

In the presence of _____ Dated this _____ day of _____, 20_____
DEPARTMENT OF HEALTH AND HUMAN SERVICES By _____ Agent

STATE OF NEBRASKA

On this _____ day of _____ A.D. 20_____, before me a Notary public, duly commissioned and qualified for and residing in said county, personally came _____ to me known to be the Agent for the Department of Health and Human Services of the State of Nebraska, and to be the identical person whose name is affixed to the foregoing instrument, and who acknowledged the same to be the voluntary act and deed of the said Department of Health and Human Services and _____ voluntary act and deed as Agent for the purpose therein set forth.

Witness my hand and official seal the date last above written.

Notary Public _____

(COMPLETED EXAMPLE)



Relinquishment of Child for Purposes of Adoption

Know All Men By These Presents:

THAT, WHEREAS, the Department of Health and Human Services of the State of Nebraska, is the legal guardian of (Legal Name of Child – if listed differently on the court order or birth certificate, list “AKA” and both names) a minor by virtue of a judgment and decree duly entered (Date Free For Adoption by TPR or Date of Relinquishment by Parent or Date on Death Certificate) on or about the (Date) day of (Month), 20 (Year), by the (Type of Court) Court of (List County) County, Nebraska, in a proceeding then and there pending entitled, (IN THE INTEREST OF _____) and/or by virtue of a relinquishment (By Biological Mother or Biological Father Only on (Date).

WHEREAS, (Adoptive Parent(s) Full Legal Name(s) Including Maiden Names (I.e. John Thomas and Mary Ann (Jones) Smith) resident(s) of (City of Adoptive Parent(s) in the county of, (County of Adoptive Parent(s) State of, (State of Adoptive Parent(s) are desirous of adopting said child; and,

WHEREAS, after a full and careful investigation made by agents of the Department of Health and Human Services, it is found that said (Legal Names of Adoptive Parent(s) is/are fit and competent persons to have the custody, care, maintenance and education of said child, and that such adoption is for the best interests of said child.

NOW, THEREFORE, the Department of Health and Human Services, by virtue of the authority vested in it by the laws of the State of Nebraska, hereby consents to the adoption of said child and voluntarily relinquishes all right to and custody and control of said child, and all claim to or interest in the service or wages of said child, to the end that said child shall be fully adopted by said (Legal Name(s) of Adoptive Parent(s) in the manner provided by law.

The Department of Health and Human Services hereby enters its voluntary appearance in the County Court of (Name of County) County, Nebraska, and waives the issuance and service of legal process on it in the matter of the adoption of (Legal Name of Child) by (Legal Name(s) of Adoptive Parent(s).

In the presence of (Witness Name) Dated this (Date) day of (Month), 20(Year)

DEPARTMENT OF HEALTH AND HUMAN SERVICES By (Sig of Auth DHHS Staff) Agent

STATE OF NEBRASKA (Name of County)

On this (Date) day of (Month) A.D. 20(Year), before me a Notary public, duly commissioned and qualified for and residing in said county, personally came (Auth. DHHS Staff-same name as above) to me known to be the Agent for the Department of Health and Human Services of the State of Nebraska, and to be the identical person whose name is affixed to the foregoing instrument, and who acknowledged the same to be the voluntary act and deed of the said Department of Health and Human Services and (His or Her) voluntary act and deed as Agent for the purpose therein set forth.

Witness my hand and official seal the date last above written.

Notary Public

(COMPLETED EXAMPLE)



Relinquishment of Child for Purposes of Adoption

Know All Men by These Presents:

THAT, WHEREAS, the Nebraska Department of Health and Human Services of the State of Nebraska, is the legal guardian of **Betty Lea Jones**, a minor by virtue of a judgment and decree duly entered on the **21st** day of **November, 2005**, by the **Separate Juvenile** Court of **Douglas** County Nebraska, in a proceeding then and there pending entitled, in the interest of, **Betty Jones, Docket 105, No. 727** terminating the rights of **Tammy Jones** and/or by virtue of a No Request for Notification of Intended Adoption or Notice of Objection to Adoption and Intent to Obtain Custody Certificate dated on the **2nd** day of **March, 2009** ; and

Whereas, **Joseph Edward and Mary Ellen (Thomas) Smith** residents of **Bart** in the county of **Cobb**, State of **Georgia**, are desirous of adopting said child; and,

WHEREAS, after a full and careful investigation made by agents of the Nebraska Department of Health and Human Services, it is found that said **Joseph Edward and Mary Ellen (Thomas) Smith** are fit and competent persons to have the custody, care, maintenance and education of said child, and that such adoption is for the best interest of said child.

NOW, THEREFORE, the Nebraska Department of Health and Human Services, by virtue of the authority vested in it by the laws of the State of Nebraska, hereby consents to the adoption of said child and voluntarily relinquishes all right to and custody and control of said child, and all claim to or interest in the service or wages of said child, to the end that said child shall be fully adopted by said **Joseph Edward and Mary Ellen (Thomas) Smith** in the manner provided by law. The Nebraska Department of Health and Human Services hereby enters its voluntary appearance in the County Court of **Douglas** County, Nebraska, and waives the issuance and service of legal process on it in the matter of the adoption of **Betty Lea Jones** by **Joseph Edward and Mary Ellen (Thomas) Smith**.

In the presence of **(Witness Name)** Dated this **(Date)** day of **(Month)**, 20**(Year)**

DEPARTMENT OF HEALTH AND HUMAN SERVICES BY **(Sig of Auth DHHS Staff)** Agent

STATE OF NEBRASKA
(Name of County)

On this **(Date)** day of **(Month)** A.D. 20**(Year)**, before me a Notary public, duly commissioned and qualified for and residing in said county, personally came **(Auth. DHHS Staff-same name as above)** to me known to be the Agent for the Department of Health and Human Services of the State of Nebraska, and to be the identical person whose name is affixed to the foregoing instrument, and who acknowledged the same to be the voluntary act and deed of the said Department of Health and Human Services and **(His or Her)** voluntary act and deed as Agent for the purpose therein set forth.

Witness my hand and official seal the date last above written.

Notary Public

COVER LETTER TO THE ATTORNEY

Instructions

Location: This is not available on N-FOCUS. It may be saved as an MS Word template in your local office.

This letter is sent to the adoptive parent's attorney.

Use the wording in the sample **Cover Letter to the Attorney**. Remember to date the letter.

Use the attorney's formal name when addressing the letter.

Can include siblings in one letter if being adopted by same family.

Indicate that the attorney needs to send

- a certified copy of the adoption decree; and
- a signed and dated copy of the petition to adopt for each child to the HHS worker.

The worker and Supervisor must sign the letter.

- One (1) original **Cover Letter to the Attorney** must be completed.
- Original to be included in the packet sent to the adoptive parent's for attorney for finalization, and
- One (1) copy for child's file.

Rev.0 704 (SK, MD, KO), 0310, 020311



STATE OF NEBRASKA
LEWIS & CLARK GOVERNOR

Name & Address
Of Attorney

RE: The Adoption of Child Name
By Adoptive Parents

Dear Attorney:

We are sending to you by certified mail a copy of all pertinent legal forms including the relinquishment by the Nebraska Department of Health and Human Services, the papers which must be filed with the adoption petition in accordance with Sections 43-104, -105, R.R.S., Nebraska 1943, as amended.

Child has/have lived with adoptive parents on foster care or adoptive basis since date placed under the supervision of the Department of Health and Human Services. In our opinion, child has/have received adequate, loving care and the security of a good home. We recommend that the adoption be completed. A copy of our recommendation is enclosed and should be shared with the Judge hearing the adoption petition.

Adoptive parents understand(s) that you will be able to obtain for him/her/them an adoptive birth certificate under the provisions of Section 71-626 and 71-627, R.R.S. Nebraska 1943. The birth certificate number is no. of BC State of state of birth. A copy is also enclosed for your convenience.

The Nebraska Department of Health and Human Services has had custody of this child and it is necessary that we officially close our records upon completion of the adoption. Therefore, we will appreciate receiving a certified copy of the adoption decree and a signed and dated copy of the petition to adopt for each child sent to _____ at the address below. Thank you for your cooperation in this matter.

Sincerely,

Mary Dyer
Adoption Specialist
Human Services Division

Child Welfare Worker

HS-78:

Enclosure

From: NHHSS
Adoption Services
Guidebook- Forms Section

CHILD'S BIRTH CERTIFICATE REQUEST

Instructions

Location: Birth Certificates can be requested from Vital Records. A Certificate Request is available on N-FOCUS under Correspondence and it is also located on the Nebraska DHHS Forms website (<http://local.hhss.local/Forms/>) Application for Certified Copy of Birth Certificate (Form HHS-88)

A birth certificate for each child needs to be included in the packer sent to the adoptive parent's attorney for finalization. Also keep a copy in the child's file and make sure the adoptive parents retain a copy for the child.

It does not need to be a certified copy unless the court specifically requires it.

In Nebraska, make sure the Birth Certificate has the number issued by Vital Records.

Courts will not accept a birth certificate issued by the hospital.

Examples included:

- **Certificate Request-** Located in correspondence on N-FOCUS
- **Application For Certified Copy of Birth Certificate- HHS 88** (located on Nebraska DHHS Forms website (<http://local.hhss.local/Forms/>))
- **OBC and AMC examples**
- **Requesting Your Client's Out of State Birth Certificate- Instructions**

BIRTH CERTIFICATES 101

When a child is born, an **original birth certificate (OBC)** is issued showing the date of birth time, parents' names, etc.

When a child is adopted, along with the finalization papers, an **amended birth certificate (ABC)** is issued. The original birth certificate is then sealed by the court and is not available (to the adopted person, his/her adoptive parents, or any one else). It can only be accessed according to the rules of that particular state.

The birth certificate that adoptees use throughout their lives after the adoption is finalized -to enroll in school, to obtain drivers' licenses, passports and other documents- is the amended birth certificate.

Rev. 060713



APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

This office has been registering births for persons born in Nebraska since **1904**.

PLEASE TYPE OR PRINT LEGIBLY

Full name at birth _____
(If adopted, list adoptive name)

Month, day, and year of birth _____

City or town of birth _____ County of birth _____

Father's full name _____
(If adopted, list adoptive father's name)

Mother's full maiden name _____
(If adopted, list adoptive mother's name)

Is this the record of an adopted person? Yes No

For what purpose is this record to be used? _____

If this is not your record, how are you related to the person named on the record? _____

Delayed Birth Certificate - Legislation passed in 1941 provides for the filing of delayed birth certificates for persons who were born prior to 1904 OR for persons whose births were not recorded at the time of birth.

Is this a delayed birth certificate? Yes No

WARNING: Section 71-649, Nebraska Revised Statutes: It is a felony to obtain, possess, use, sell, furnish, or attempt to obtain any vital record for purposes of deception.

SIGNATURE OF REQUESTOR _____

Type or print name _____

Street Address _____

City, State, Zip _____

Telephone Number: _____

Today's Date _____

(Please enclose a photocopy of your photo ID [i.e. current driver's license] when mailing in this request).

FOR OFFICE USE ONLY

Check MO Cash

Amount Received _____

Date Received _____

By Whom Received _____

PROOF OF IDENTIFICATION;

DL STATE ID OTHER

Fees are subject to change without notice. Please call our 24-hour recorded message at (402) 471-2871 to verify fees.

Number of certified copies _____ x \$12.00 each = \$ _____ Total
(Please make checks payable to Vital Records)

Mail to:
Vital Records
PO Box 95065
Lincoln, NE 68509-5065
(Please enclose a stamped, self-addressed business size envelope.)

Bring to:
Vital Records
1033 O Street, Suite 130
Lincoln, NE 68508-3621



Original
Birth Certificate

STATE OF NEBRASKA
WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
FEB 15 2006
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

① Child's name

② Birth Parents name & address

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH 126-70 17740
N-300

1 CHILD - NAME	FIRST: Jeannette	MIDDLE: Nott	LAST: Nott	DATE OF BIRTH (MONTH, DAY, YEAR): September 19, 1977	BIRTH NUMBER: N-300	HOUR: A
2 SEX	THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY): Female		IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY): Single		COUNTY OF BIRTH: Douglas	N 9:30 A.M.
3 CITY, TOWN, OR LOCATION OF BIRTH	INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes		HOSPITAL - NAME: Booth Memorial Hospital 2404 Pratt Omaha Nebr		IF NOT IN HOSPITAL, GIVE STREET AND NUMBER: Douglas	
4 MOTHER - MAIDEN NAME	FIRST: Jeannette	MIDDLE: Elizabeth	LAST: Nott	AGE (AT TIME OF THIS BIRTH): 21	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): New Jersey	
5 RESIDENCE - STATE	COUNTY: Cumberland		CITY, TOWN, OR LOCATION: Virgiland	INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	STREET AND NUMBER: 726 Park Ave.	
6 FATHER - NAME	FIRST: James	MIDDLE: Speichinger	LAST: M.D.	AGE (AT TIME OF THIS BIRTH): 31	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): New Jersey	
7 INFORMANT - NAME OR SIGNATURE	Jeannette Nott			RELATION TO CHILD: Mother		
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED: 9-19	ATTENDANT - M.D., D.O., OTHER (SPECIFY): M.D.		
100 SIGNATURE	James P. Speichinger, M.D.		106 DATE: Sept. 19, 1977	108 ATTENDANT: M.D.		
104 CERTIFIER - NAME	James P. Speichinger, M.D.		106 MAILING ADDRESS: University Hospital	108 (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
110 REGISTRAR - SIGNATURE	<i>James P. Speichinger, M.D.</i>			DATE RECEIVED BY LOCAL REGISTRAR: SEP 28 1977		

Amended
Birth Certificate

STATE OF NEBRASKA
WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
02/15/2006
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

① Child's name

② Adoptive Parents name / address

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH 126-70 17740
J-210

1 CHILD - NAME	FIRST: Stacey	MIDDLE: Lea	LAST: Jacob	DATE OF BIRTH (MONTH, DAY, YEAR): September 19, 1977	BIRTH NUMBER: J-210	HOUR: A
2 SEX	THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY): Female		IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY): Single		COUNTY OF BIRTH: Douglas	N 9:30 A.M.
3 CITY, TOWN, OR LOCATION OF BIRTH	INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes		HOSPITAL - NAME: (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)		Douglas	
4 MOTHER - MAIDEN NAME	FIRST: Jan	MIDDLE: Lea	LAST: Zimmerman	AGE (AT TIME OF THIS BIRTH): 28	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Omaha, Nebraska	
5 RESIDENCE - STATE	COUNTY: Douglas		CITY, TOWN, OR LOCATION: Omaha	INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	STREET AND NUMBER: 6406 S. 75 Circle	
6 FATHER - NAME	FIRST: Ronald	MIDDLE: Edwin	LAST: Jacob	AGE (AT TIME OF THIS BIRTH): 31	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Cherokee, Iowa	
7 INFORMANT - NAME OR SIGNATURE	Ronald Edwin Jacob			RELATION TO CHILD: Father		
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED: Sept. 19, 1977	ATTENDANT - M.D., D.O., OTHER (SPECIFY): M.D.		
100 SIGNATURE	James P. Speichinger, M.D.		106 DATE: Sept. 19, 1977	108 ATTENDANT: M.D.		
104 CERTIFIER - NAME	James P. Speichinger, M.D.		106 MAILING ADDRESS: Omaha, Nebraska	108 (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
110 REGISTRAR - SIGNATURE	James F. Speers, M.D.			DATE RECEIVED BY LOCAL REGISTRAR: Sept. 28, 1977		

Requesting Your Client's Out of State Birth Certificate

Created 05-25-2008

**By: Jeanie Harris, Program Specialist
402-471-6670**

**This document can be printed to use
as a reference for N-FOCUS instruction.**

05-23-08
O:\44h_AD P FORMS.7\B7050BDIBN_AD P01Requesting Out-of-State Birth Certificate+Instructions_052508.doc
Source: Jeanette Harris

Stored by: Deb Smith, HRD

Instructions on Out of State Certificate Requests

Welcome to the Out of State Birth Certificate Training Packet. Requesting an out of state birth certificate is as simple as 1-2-3. (This also applies to out of state death certificate requests.)

Items you will need to send into Central Office:

1. Copy of the Out of State Certificate
2. Signed copy of the ASD-46 (Authorization for Release of Information Form)
3. (Optional, if a closed state) Copy of current photo ID of client, parent, or guardian
4. (Necessary if request is from Minnesota, Wyoming or Pennsylvania) Copy of Application

Certificate requests are to be sent to Roxy McCormick. (402-471-9450)

What you will find in this packet:

- Page 2: DO NOT send this copy.
- Page 3: Please send this copy. Only send one copy. If you click on the 'Print' button (shown on the bottom of Page 2) you will get this format.
- Page 4: You must send a current signed ASD-46 from the client, parent, or guardian.
- Page 5: Determine if the request is from a 'closed state'. Closed states require additional documentation. You must obtain the information on the Closed State list on page 5 of this packet.
- Page 6: If the request is from Pennsylvania, you must supply a copy of the current photo ID AND get client's signature on the 'Application for Certified Copy of Birth Record'. This is the exact form you must use. All that is needed is the **Signature of person Making Request** on the very first line of the application.
- Page 7: If the request is from Minnesota, you must get our client's signature on the 'Minnesota Birth Record Application'. This is the exact form you must use. All that is needed is the **Applicant's Signature and Date** at the bottom of the application.
- Page 8: If the request is from Wyoming, you must supply a copy of the current photo ID AND get the client's signature on the 'Application for Certified Copy of Birth Certificate'. This is the exact form you must use. You will need a **notarized Signature of Person Whose Certificate Is Being Requested or Parent Named on Certificate**. A Legal guardian must submit a copy of guardianship papers.

If you have any questions, you may contact me any time at (402) 471-6670.

Thanks, Jeanie

Nebraska DHHS: VitalStats – Request Birth Detail Page

★ Official Nebraska Government Website

JHARRIS
04/24/2008
10:23 AM

Birth Request Detail

Request Type	Out of State Copy	Person Number	81432897
Status	Pending	Status Date	11-29-2007

Child

First Name *
Middle Name
Last Name *
Ext
Birth Date *
City *
State
County

Father's Name

First Name **
Middle Name
Last Name **
Ext

Mother's Name

First Name **
Middle Name
Last Name **
Ext
Maiden Name

* Required Field

** Out of State requests require either mother or father information (first and last name).

Certificate Number

Status Date	Status	Status Reason	Create User Id
11-29-2007	Pending		MARIA MITCHELL

Warrant Number **Warrant Amount**
Warrant Date

Hit this button to get the correct format as shown on Page 3.

05-23-08
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Source: Jeanette Harris

Stored by: Deb Smith, HRD

2

DEPARTMENT OF HEALTH AND HUMAN SERVICES

P.O. BOX 95026
301 CENTENNIAL MALL
LINCOLN, NE 68509-5026

BIRTH CERTIFICATE REQUEST

Person#: 81432897
Worker Name: JEANETTE HARRIS
Phone Number: (402) 471-3121
Created Date: 04-24-2008

CENTRAL OFFICE – PA/FP UNIT
P.O. BOX 95026
301 CENTENNIAL MALL
LINCOLN, NE 68509-5026

Request for Birth Certificate for:

Name: ASHLEY BORDEAUX
Birth Date: Feb 16, 1994
Place of Birth: MINNEAPOLIS MN

Mother: CHRISTINE BORDEAUX
Father: SHAWN HUGHES

05-23-08

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Source: Jeanette Harris

Stored by: Deb Smith, HRD

3

AUTHORIZATION FOR RELEASE OF INFORMATION
 Applicant or Client **SHOULD NOT SIGN UNTIL** all Blanks Have Been Filled In
Nebraska Department of Health and Human Services

Office/Unit

Last Name		First Name	Middle Initial(s)
Street or Mailing Address		City	
State	Zip Code	Case Number/Social Security Number	

I authorize the release of information regarding my _____ situation to representatives of the Nebraska Department of Health and Human Services Division of Children and Family Services. Such privileged information shall be released by: (One source only. Use additional form for each additional source). _____

Only during the one (1) year following the below given date.

Signature of Applicant or Client SIGN HERE ►	Date
Signature of Spouse, if not separated from applicant or client SIGN HERE ►	Date
Signature of Witness SIGN HERE ►	Date

ASD-46 Rev. 4/97 (55001)
 (Previous version 7/93 should be used first)

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Birth Certificate Requests
CLOSED STATES
as of 02-05-2008

STATE		CLOSED	ADD'L INFO. NEEDED	
ALABAMA	AL			
ALASKA	AK			
ARIZONA	AZ	CLOSED	Need Full Names	
ARKANSAS	AR			
CALIFORNIA	CA			
COLORADO	CO	CLOSED	Need Full Names	
CONNECTICUT	CT			
DELAWARE	DL			
DIST. OF COLUMBIA	DC			
FLORIDA	FL			
GEORGIA	GA			
HAWAII	HA			
IDAHO	ID			
INDIANA	IN			
IOWA	IA			
KANSAS	KS	CLOSED	Current parent photo ID	
KENTUCKY	KY			
LOUISIANA	LA			
MAINE	MN			
MARYLAND	MD	CLOSED	Current parent photo ID	
MASSACHUSETTS	MA			
MICHIGAN	MI	CLOSED	Current parent photo ID	
MINNESOTA	MN	CLOSED	Current parent photo ID, notarized ASD-46 and signed Application *	<i>Pages 6 & 7</i>
MISSISSIPPI	MS	CLOSED	Current parent photo ID	
MISSOURI	MO			
MONTANA	MT	CLOSED	Need Full Names	
NEBRASKA	NE			
NEVADA	NV			
NEW HAMPSHIRE	HH			
NEW JERSEY	NJ	CLOSED	Current parent photo ID	
NEW MEXICO	NM			
NEW YORK	NY	CLOSED	Current parent photo ID	
NORTH CAROLINA	NC			
NORTH DAKOTA	ND			
OHIO	OH			
OKLAHOMA	OK	CLOSED	Current parent photo ID	
OREGON	OR	CLOSED	Full names of parents	
PENNSYLVANIA	PA	CLOSED	Parents' signature on Application *	<i>Pages 8 & 9</i>
PUERTO RICO				
RHODE ISLAND	RI			
SOUTH CAROLINA	SC			
SOUTH DAKOTA	SD	CLOSED	Current parent photo ID	
TENNESSEE	TN			
TEXAS	TX			
UTAH	UT			
VERMONT	VT			
VIRGINIA	VA	CLOSED	Current parent photo ID	
WASHINGTON	WA			
WEST VIRGINIA	WV			
WISCONSIN	WI			
WYOMING	WY	CLOSED	Current parent photo ID, NOTARIZED Parents' signature on Application *	<i>Page 10</i>

05-23-08

Stored by: Deb Smith, HRD

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Source: Jeanette Harris



MINNESOTA BIRTH RECORD APPLICATION – CERTIFIED BIRTH CERTIFICATE

This application must be notarized or signed in the presence of a registrar.
If fields are incomplete the application may not be processed.

BIRTH RECORD	SUBJECT'S FIRST NAME		MIDDLE NAME		LAST NAME ON BIRTH RECORD
	BIRTH MONTH	BIRTH DAY	BIRTH YEAR	SEX	CITY and COUNTY of BIRTH
	MOTHER'S FIRST NAME		MIDDLE NAME		MAIDEN NAME
	FATHER'S FIRST NAME		MIDDLE NAME		LAST NAME

Check one only:

- I am the:
 - subject
 - parent listed on the record
 - child of the subject
 - grandparent of the subject
 - spouse of subject
 - grandchild of the subject
- I am the party responsible for filing the birth record.
- I am the legal custodian, guardian or conservator of the subject. **(Must present certified copy of court order.)**
- I am a personal representative and the certified copy is required for the administration of the estate.
- I am a successor of the subject, as defined in MN Statutes section 524.1-201, if the subject is deceased and the certified copy is required for the administration of the estate.
- I can demonstrate that the information from the record is necessary for the determination or protection of personal or property rights pursuant to rules adopted by the commissioner of health. **(Requests must be approved by the State Registrar.)**
- I present an adoption agency and the record is needed to complete a confidential post-adoption search.
- I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties.
- I am an attorney and my attorney license number is _____.
- I am presenting your office with a court order issued by a court of competent jurisdiction.
- I am a representative authorized by a person under items #1-10. **(Must have a notarized statement in addition to the application.) Must be mailed in.**

Purpose for your request:

APPLICANT	APPLICANT'S FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
	CERTIFICATE MAILING STREET ADDRESS (No Post Office Box Numbers Without a Street Address)			
	CITY	STATE	ZIP	PHONE NUMBER
	E-MAIL ADDRESS			

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600.

PENALTIES: Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000 or both. (Minnesota Statutes section 144.227 and section 609.02, subdivision 3 and 4).

I certify that the information I provided on this application is accurate and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____
Please attach a copy of your valid Driver's license or State issued Identification card.

Signature must be notarized if applying by mail or fax.		<i>For Administrative Use Only</i>	
Signed or attested before me on (date): _____		ID Viewed:	
Signature of Notary Public: _____	SEAL		
My commission expires (date): _____		Initials:	



MINNESOTA BIRTH RECORD APPLICATION – CERTIFIED BIRTH CERTIFICATE

This application must be notarized or signed in the presence of a registrar.
If fields are incomplete the application may not be processed.

Example

BIRTH RECORD	SUBJECT'S FIRST NAME <i>Mary</i>		MIDDLE NAME <i>May</i>		LAST NAME ON BIRTH RECORD <i>Miller</i>
	BIRTH MONTH <i>04</i>	BIRTH DAY <i>14</i>	BIRTH YEAR <i>1944</i>	SEX <i>F</i>	CITY and COUNTY of BIRTH <i>Minneapolis/Hennepin</i>
	MOTHER'S FIRST NAME <i>Grace</i>		MIDDLE NAME <i>Elaine</i>		MAIDEN NAME <i>Ford</i>
	FATHER'S FIRST NAME <i>George</i>		MIDDLE NAME <i>Edward</i>		LAST NAME <i>Miller</i>

Check one only:

1. I am the:
 - subject
 - parent listed on the record
 - I am the party responsible for filing the birth record.
 - I am the legal custodian, guardian or conservator of the subject. **(Must present certified copy of court order.)**
 - I am a personal representative and the certified copy is required for the administration of the estate.
 - I am a successor of the subject, as defined in MN Statutes section 524.1-201, if the subject is deceased and the certified copy is required for the administration of the estate.
 - I can demonstrate that the information from the record is necessary for the determination or protection of personal or property rights pursuant to rules adopted by the commissioner of health. **(Requests must be approved by the State Registrar.)**
 - I present an adoption agency and the record is needed to complete a confidential post-adoption search.
 - I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties. *NDHHS Worker*
 - I am an attorney and my attorney license number is _____.
 - I am presenting your office with a court order issued by a court of competent jurisdiction.
 - I am a representative authorized by a person under items #1-10. **(Must have a notarized statement in addition to the application.) Must be mailed in.**

Purpose for your request: *Case file*

APPLICANT	APPLICANT'S FIRST NAME <i>Roxy</i>	MIDDLE NAME	LAST NAME <i>McCormick</i>	DATE OF BIRTH <i>03/05/55</i>
	CERTIFICATE MAILING STREET ADDRESS (No Post Office Box Numbers Without a Street Address) <i>301 Centennial Mall South 4th fl.</i>			
	CITY <i>Lincoln</i>	STATE <i>Nebr.</i>	ZIP <i>68509</i>	PHONE NUMBER <i>402 471-9450</i>
	E-MAIL ADDRESS			

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600.

PENALTIES: Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000 or both. (Minnesota Statutes section 144.227 and section 609.02, subdivision 3 and 4).

I certify that the information I provided on this application is accurate and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Please attach a copy of your valid Driver's license or State issued Identification card.

Signature must be notarized if applying by mail or fax.		<i>For Administrative Use Only</i>	
Signed or attested before me on (date): _____		SEAL	ID Viewed: _____
Signature of Notary Public: _____			Initials: _____
My commission expires (date): _____			

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Source: Jeanette Harris

For ON-LINE ORDERING or additional information, visit our website: www.health.state.pa.us/vitalrecords

05-23-08
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Source: Jeanette Harris

Stored by: Deb Smith, HRD

8

BIRTH

Application for Certified Copy of Birth Record
Pennsylvania Department of Health • Division of Vital Statistics
 (Records available from 1906 to the present)

BIRTH

By my signature below, I state I am the person whom I represent myself to be herein, and I affirm the information within this form is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

Signature of person making request: _____
 Signature required on **ALL** requests. Must be 18 years of age or older to apply. If under 18, eligible requestor must sign above.

PRINT or **TYPE** your name & **CURRENT** address.

Name: _____ Relationship to Person Named on Certificate: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime phone number: _____ E-mail Address: _____

Intended Use of Certified Copy: Travel (Date needed: _____) Social Security/Benefits School
 Employment Driver's License Other (List reason: _____)

PHOTO ID REQUIRED: The individual requesting the record must send a legible copy of his/her VALID GOVERNMENT ISSUED PHOTO ID with completed application. (Examples: State issued driver's license or non-driver photo ID with requestor's current address or passport. If possible, enlarge photo ID on copier by at least 150%.)

PRINT or **TYPE** information below with regard to person named on requested certificate: **Number of copies:** _____

Name at Birth: _____
If name has changed since birth due to adoption, court order, or any reason other than marriage, please list changed name here: _____
Date of Birth: _____ Age Now: _____ Sex: Male Female
Place of Birth: _____ Hospital: _____
 Full Maiden Name of Mother: _____
 Full Name of Father: _____

BIRTH: \$4.00 each

No fee may be required for birth records of active or inactive members of the Armed Forces and their dependents. Please complete the following:

Armed Forces Member's Name: _____ Service Number: _____
 Relationship to Armed Forces Member: _____ Rank and Branch of Service: _____

If fee is required, make check/money order payable to: VITAL RECORDS. Complete this application and mail with legible copy of ID to: Division of Vital Records, 101 South Mercer St., PO Box 1528, New Castle, PA 16101.

You are welcome to visit one of our public offices in the following cities:

- ◆ New Castle, PA, Room 401, 101 South Mercer St.
- ◆ Philadelphia, PA, Philadelphia State Office Bldg. Room 1009, 1400 West Spring Garden St.
- ◆ Erie, PA, 1910 West 26th St.
- ◆ Pittsburgh, PA, Pittsburgh State Office Bldg. Room 512, 300 Liberty Ave.
- ◆ Harrisburg, PA, Health and Welfare Bldg. Room 129, 7th and Forster Sts.
- ◆ Scranton, PA, Scranton State Office Bldg., Room 112 100 Lackawanna Ave.

05-23-08

Stored by: Deb Smith, HRD

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 Source: Jeanette Harris

BIRTH

Application for Certified Copy of Birth Record
 Pennsylvania Department of Health • Division of Vital Statistics
 (Records available from 1906 to the present)

BIRTH

Example

By my signature below, I state I am the person whom I represent myself to be herein, and I affirm the information within this form is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

Signature of person making request: Roxy McCormick

Signature required on ALL requests. Must be 18 years of age or older to apply. If under 18, eligible requestor must sign above.

PRINT or TYPE your name & CURRENT address.

Name: Roxy McCormick Relationship to Person Named on Certificate: NDHHS Worker

Address: 301 Centennial Mall S. 4th

City: Lincoln, NE State: _____ Zip: 68509

Daytime phone number: (402) 471-9450 E-mail Address: _____

Intended Use of Certified Copy: Travel (Date needed: _____) Social Security/Benefits School Employment Driver's License Other (List reason: NDHHS files)

PHOTO ID REQUIRED: The individual requesting the record must send a legible copy of his/her VALID GOVERNMENT ISSUED PHOTO ID with completed application. (Examples: State issued driver's license or non-driver photo ID with requestor's current address or passport. If possible, enlarge photo ID on copier by at least 150%.)

PRINT or TYPE information below with regard to person named on requested certificate: Number of copies: 1

Name at Birth: Jill Jones
If name has changed since birth due to adoption, court order, or any reason other than marriage, please list changed name here: _____
 Date of Birth: 01-02-2002 Age Now: 6 Sex: Male Female
 Place of Birth: Allentown Pennsylvania Hospital: St. Luke's
 Full Maiden Name of Mother: Jennifer Jones
 Full Name of Father: John Jones

BIRTH: \$4.00 each

No fee may be required for birth records of active or inactive members of the Armed Forces and their dependents. Please complete the following:

Armed Forces Member's Name: _____ Service Number: _____

Relationship to Armed Forces Member: _____ Rank and Branch of Service: _____

If fee is required, make check/money order payable to: VITAL RECORDS. Complete this application and mail with legible copy of ID to: Division of Vital Records, 101 South Mercer St., PO Box 1528, New Castle, PA 16101.

You are welcome to visit one of our public offices in the following cities:

- ♦ New Castle, PA, Room 401, 101 South Mercer St.
- ♦ Philadelphia, PA, Philadelphia State Office Bldg. Room 1009, 1400 West Spring Garden St.
- ♦ Erie, PA, 1910 West 26th St.
- ♦ Pittsburgh, PA, Pittsburgh State Office Bldg. Room 512, 300 Liberty Ave.
- ♦ Harrisburg, PA, Health and Welfare Bldg. Room 129, 7th and Forster Sts.
- ♦ Scranton, PA, Scranton State Office Bldg., Room 112 100 Lackawanna Ave.

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 Source: Jeanette Harris

For ON-LINE ORDERING or additional information, visit our website: www.health.state.pa.us/vitalrecords

05-23-08

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Source: Jeanette Harris

Stored by: Deb Smith, HRD

11

STATE OF WYOMING
APPLICATION FOR CERTIFIED COPY OF
BIRTH CERTIFICATE

This request must be accompanied by a fee of \$13.00 per copy. A money order or personalized check from the person making the request should be made payable to VITAL RECORDS SERVICES

If you do not have a birth record on file, you will be sent instructions for filing a Delayed Birth Certificate, and your \$13.00 fee will be retained as a searching fee.

Enclosed is \$ _____ for _____ certified copy/copies

Please enclose a self-addressed stamped envelope with the application.

WARNING: Wyoming Statute 35-1-431 states that it is a criminal violation to, willfully and knowingly, use or attempt to use a birth certificate for any purpose of deception.

Requests must include a photocopy of the driver's license, state issued ID card, or passport of the person requesting the certificate. We will also accept a notarized signature of the person making the request.

PHOTOCOPY OF IDENTIFICATION

Name as it appears on birth certificate	
First Name _____	
Middle Name _____	
Last Name _____	
If this record could be recorded under any other name, list that name here	

Date of Birth _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth _____, WY	
Mother's Full Maiden Name	
Full Name of Father	
Signature of Person Whose Certificate is Being Requested or Parent Named on Certificate. If under 18 years of age, signature of parent or legal guardian required. Legal guardian must submit a copy of guardianship papers.	
X _____	
Address to Which Copy is to be Mailed	

Mail your request to:

Vital Records Services
 Hathaway Building
 Cheyenne, WY 82002

ADOPTION SUMMARY

Instructions

Location: This is not available on N-FOCUS. It may be saved as an MS Word template in your local office.

Separate summaries are not needed for each child. One summary can be completed for siblings, but be sure to send the attorney one per child.

See sample **Adoption Summary**

The first paragraph of the summary should include:

- the background of the child and history of child's placement;
- date of birth;
- where the child was born;
- date the child became a ward of HHS;
- how the child became free for adoption including the father's parental rights;
- when the child was placed with the adoptive parents (even if it was a foster care placement and it should indicate that the child has resided in that home since that date.)

Some summaries are too short; the information should fit comfortably on one page.

Indicate DHHS recommends the adoption and that it is in the child's best interest.

The worker and Supervisor must sign and date the summary.

One (1) original **Adoption Summary** must be completed.

- Original (1) is to be included in the packet sent to the adoptive parent's for attorney for finalization, and
- One (1) copy for child's file.

Rev. 0704 (SK, MD, KO), 0310, 020311

Sample
ADOPTION SUMMARY

Child: _____
Birthdate: _____

Adoptive Parents: Mr. and Mrs. _____
Address: _____

(Child) was born in Omaha, Nebraska on November 20, 1984. Due to chronic mental illness on the part of the biological mother, (child) as placed on a county attorney hold at the hospital after birth. She was placed in the temporary foster home of _____ when she was released from the hospital on November 26, 1984. She has remained with the adoptive parents since that date. On November 19, 1985, the biological mother relinquished her parental rights. On April 28, 1986, the Juvenile Court of Douglas County terminated parental rights on the biological father, thus making child free for adoption.

Mr. and Mrs. adoptive parents have had (child) in their home since November of 1984. They kept her first in foster care and expressed a strong desire to adopt her if she ever became available for adoption. When (child) become available, they cooperated in having an adoptive home study completed. They also attended our adoption classes and had their older children attend adoption classes for siblings. They have remained committed to adopting (child) and seem very appropriate as she is very bonded to them and knows no other parents but the (child) has been treated as a very special member of the adoptive parents family. Her medical needs are met and attended to as Mrs. adoptive parent is a registered, nurse. The family has shown her great love and the extended family has welcomed her also.

Mr. and Mrs. adoptive parents have been told the complete history of mental illness on the part of the biological mother. They are adopting (child) with the full knowledge that these illnesses are sometimes inherited. The adoptive parents have not hesitated in their desire to adopt despite this.

(Child) has flourished under the direct love and care provided by the family. Therefore, the Nebraska Department of Health and Human Services definitely recommends that this adoption be finalized.

Protection & Safety Worker Date

Protection & Safety Worker Date

HOME STUDY

Instructions

Location: This form (CFS 18, 12/13) is available on the DHHS forms website (<http://local.hhss.local/Forms/>). It is also available as a link from the PS/OJS Training Tools Webpage.

The new Home study format was implemented on January 1, 2013. The N-FOCUS template should no longer be used. This is a fillable template. The completed Home Study should be scanned into N-FOCUS.

For adoptions, the Home Study must be for the purpose of Adoption and must be current within one year of finalization.

The new home study format is as follows: (Additional information is included in the Home Study Guidebook)

I. Pertinent Information

- Tribal Affiliations
- Email Addresses
- Kinship
- Non-Custodial Parent

II. Home Study Outline

- Self-Awareness
- Physical and Behavioral Health
- Ability to Meet Child's Social, Emotional, Educational, Physical Health Needs
- Support Systems

III. Household Information

- Financial Assets
- Forms of Assistance
- Household Expenses Monthly

IV. Number of References Contacted

V. Medical Report of Applicants

VI. Evaluation

VII. Recommendations

- Approval or Disapproval

VIII. Approval Signatures

Distribution: One (1) original Adoptive Home Study must be completed.

- Original is to be included in the Adoption packet sent to the adoptive parent's attorney
- One copy for the child's file
- One copy for the adoptive parent's file

Home Study Guidebook



This guide has been developed to provide guidance including the general types of questions and information that needs to be gathered in the development of a home study.

Department of Health & Human Services



I. PERTINENT INFORMATION

Ensure every part in this section has been completed.

II. HOME STUDY OUTLINE / GUIDE

Many of the sections present information that should be included in the form of a question that the author of the home study would ask.

1. Family Background

In this section please include the following information regarding the applicant: Where is your birthplace (city and state), who is your family of origin (names, ages and current location) to include parents, siblings. Describe the quality of relationships between family members (past and present). Include description of relationship between parents/primary caregivers. How would you describe your childhood? Describe all tribal heritages, affiliations, memberships, enrollments or registrations. What is your religion and willingness to accept foster children of other religions, including how they will ensure foster children of a different religion get to religious services? How would you describe your parents' parenting style? Would you describe your parent(s)/caregivers as nurturing? What type of discipline did your parent(s)/caregivers use? What were the family rules? Who enforced the family rules? Were consequences used? Please explain what types of consequences were used during childhood and how you feel about the consequences used. Were there any childhood/adolescent experiences that you would describe as traumatic? Explain any history of mental health disorders or substance abuse with any family member of origin and impact on you as child/adult. How were these dynamics managed and addressed by the family? Was professional help sought?

2. Current Family Composition

In this section please include the following information regarding the applicant: Who are your current family members and/or significant others (name, ages and relationship to the applicant). Describe the quality of relationships between family members and significant others in your life. Describe the applicant's significant relationships/marital history. Give dates of marriage(s) and divorce(s). If divorced, describe circumstances of the divorce(s). (For adoptive home study, copies of current marriage certificate and all divorce decrees need to be in the file.) If not currently in a marriage, is the applicant involved in any relationship that might affect a child? Describe how applicant makes decisions and resolves differences. If applicable, describe the applicant's present relationship with ex-partners. How would the applicant feel, and what would s/he do, if the child becomes a disruptive influence on his/her marriage/relationship? Has the applicant ever been separated from his/her present partner? What were the reasons and how were they resolved?

CHILDREN:

Describe all the children in the home including name, ages, grade level, academic performance, special needs, personality, likes/dislikes, health, responsibilities in the home and school adjustment. Children's Tribal Affiliations: If any biological or adopted child has tribal affiliation(s), describe the relationships with the child's tribe(s), including participation in cultural activities. Describe any adult child/ren in or out of the home including where they reside and their current relationship with the applicant. Describe any behaviors of the child/ren in the home that may affect a child placed in that home. If the applicant/s has/have minor children who are not living with them, please explain why. What is the



applicant/s on-going contact with these children? Have any of the applicant/s children been involved with the juvenile court system? How do the applicant/s children (including adult children) feel about having additional children brought into the home? Has the applicant ever experienced the death of a child? If so, what were the circumstances?

OTHER ADULTS LIVING IN THE HOME:

Identify any other persons living in the home or on the property. Will they be involved in the parenting, care taking and/or supervision of the child? Will they have any responsibility for transporting children? (If so, verify that they have a valid driver's license and insurance). All background checks need to be completed on any other adult living in the home and the results need to be documented in this section.

Consultation Point needs to occur with Supervisor to determine what other questions need to be addressed in this section.

3. Self-Awareness

In this section please include the following information regarding the applicant: How would you describe yourself? Who did you consider your family when you were growing up? How did you feel about your parents and how did that change as you grew into adult hood? How did you feel about your siblings and how did that change as you grew into adult hood? Which parent did you feel closest to and why? Why do you think there isn't this same feeling with the other parent? Did you have any significant relationships with adults outside of your parents? Why were they important to you? How does your childhood impact your adult life and choices? How will your culture impact your ability provide foster care? How will the child's culture impact your ability to provide foster care? What coping strategies do you use when experiencing stress? How would a child/adolescent know you are stressed? What would that look like? What coping strategies do you use when experiencing frustration? How do you express anger? How would a child know you are angry? What would that look like? How do you manage conflict? How do you manage/express grief? What fears or worries do you have with providing foster care? What fears or worries do you have with the child's behavior? Who would you talk to about your fears and worries regarding foster care /adoption? Do you feel you are prepared for the responsibility of caring for children? What concerns do you have about caring for children? What are your family's interests, hobbies?

4. Physical and Behavioral Health

In this section please include the following information regarding the applicant: Describe the overall physical health of you and your family members. Describe any conditions any family member is receiving for on-going medical care from a physician. Describe any substance use (alcohol and non-prescribed drug use) by each family member to include substance of choice, frequency of consumption. Has anyone told you or a family member that drinking is a problem or that you drink too much? Does anyone in the family have history of substance abuse? Are you or is anyone in the family currently receiving treatment for substance abuse? Include whether treatment was residential or outpatient, length of treatment, outcome of treatment, involvement with a sponsor, and use of support groups i.e. Alcoholics Anonymous or Narcotics Anonymous and/or current place with recovery. Describe the current use of tobacco products by all family members. Do you have any concerns about your physical ability to provide care for a child? Is anyone in the family currently receiving treatment for a major mental health disorder? Is the individual compliant with their recovery plan? Describe any history of domestic violence. Has anyone in the applicant's immediate family had a restraining, anti-harassment or protective order filed against him or her, or on his/her behalf? If not, how has the applicant resolved the situation? Is there any domestic violence issues within



the extended family that could pose a threat to a child placed in the home? Describe any criminal history. What was the outcome?

5. Parenting

In this section please include the following information regarding the applicant: Share your beliefs about how children should be disciplined? Describe how you parent and discipline style? Do you think the age of the child influences the type of discipline a parent should use? How much of your current parenting style did you learn from your parents? What or whom has influenced your current parenting style the most? If you have adult children, how would they describe your parenting style? Have you ever been criticized for your style of parenting (explain)? Have you ever been complimented on your parenting style (explain)? What are the major similarities between your parenting style and the other adult(s) parenting style (who live in the home)? What are the major differences? How would you describe someone who is an effective/successful parent? Does the discipline you use when you are angry look different from the discipline you use when you are not angry, describe? Do you believe physical discipline is an effective way to change/manage behaviors? Under what circumstances? How has your childhood impacted your parenting as an adult? How does any previous trauma you have experienced influence your parenting? What fears/worries do you have about parenting? How much parenting experience do you have? Describe any CPS history your family has experienced.

Questions for Home Study Renewals *(only)*: How would you describe the foster care experience, how has providing foster care been so far? Was it what you expected? Describe any challenges and joys you have experienced in providing foster care? Have you had and placement holds or had any allegations? Describe any continued contact you have with former foster children? Do you think you have been successful?

PLEASE REVIEW THE DHHS DISCIPLINE POLICY with ALL ADULTS LIVING IN THE HOME. THE DISCIPLINE POLICY IS SIGNED and DATED BY ALL ADULTS LIVING IN THE HOME. THE PRIMARY CARETAKING ADULTS HAVE A COPY OF THE DISCIPLINE POLICY. ENSURE THE SIGNED POLICY IS ATTACHED TO THE HOME STUDY.

6. Motivation to Foster/Adopt Child(ren)

In this section please include the following information regarding the applicant: What is your motivation for exploring foster care /adoption? Are there any infertility issues? How are you coping? How will you work to maintain the child's relationships with other significant people in their life, i.e. birth parents, siblings, teachers, friends, tribal representatives, other foster parents? Describe the applicant's skills and ability to parent a special needs child? Do you know about the Federal guidelines for parenting time and how will you support those guidelines? Describe your understanding of the Agency and service providers involved and assesses your willingness to cooperate with Agency representatives and service providers. Have there been any past issues? How would you support a child's need to remain connected to their birth family and extended family? Will your family support an open adoption? Describe your interest in caring for American Indian or Alaska Native children, keeping children connected to safe and appropriate extended family and their tribes.



7. Ability to Meet the Child's Social, Emotional, Educational and Physical Healthcare Needs:

A. Child's Social Development:

In this section please include the following information regarding the applicant: Social development refers to the process by which a child learns to interact with others around them. As they develop and perceive their own individuality within their community, they also gain skills to communicate with other people and process their actions. Social development most often refers to how a child develops friendships and other relationships, as well how a child handles conflict with peers. Explain your role with supporting a child's social development? How would you go about supporting a child's social development? How would you learn about the social needs of a child? Describe your interest in caring for American Indian or Alaska Native children, keeping children connected to safe and appropriate extended family and their tribes. Describe your willingness to teach American Indian or Alaska Native children about their culture and participation in cultural activities. How will American Indian or Alaska Native children's cultures be incorporated into the family if an American Indian or Alaska Native child is in the home?

B. Child's Emotional Development:

In this section please include the following information regarding the applicant: Emotional development refers to the child's ability to identify and understand their own feelings, accurately read and understand the feelings of others, manage the way they feel, shape the way they behave, develop empathy for others, and build and keep good relationships with friends, family and others. Explain your role with supporting a child's emotional development? How would you support a child's emotional development? How would you learn about the emotional needs of a child?

C. Educational Needs:

In this section please include the following information regarding the applicant: Positive, stable school experiences enhance a child's well-being, help them make more successful transitions to adulthood, and increase their chances for personal fulfillment, economic self-sufficiency and their ability to contribute to society. For American Indian or Alaska Native children, how will they be educated about their tribes, cultures and rights? What role can you play with helping a child experience academic success? How might you become informed about a child's educational needs? How can you partner with the child's school? School(s) that the child(ren) in the home attend and the school that the foster/adopted child will attend. If applicable, special education services available to students in the identified school(s).

8. Support Systems

In this section please include the following information regarding the applicant: Who do you consider to be your primary source of support? Please identify your family's formal and informal supports. Are you comfortable reaching out to those who can provide support? How often are those who provide support to you available? On average, how often do you reach out to those who provide you support? How do you generally go about solving problems?

9. Employment, Education and Military

In this section please include the following information regarding each applicant: What is the highest level of education/grade level you completed, include: High School attended? College attended? Was a Degree Obtained? Who is your employer; length of time with employer, nature of work, # of hours worked each week and work schedule. Describe your



previous work history if with current employer < 3 years; do you have vacation and sick time available? Who will provide child care while you are at work? Are you currently or formerly with the military? Include: how many years, rank, discharge status, deployment eligible?

Household Information

1. Current Living Arrangements/Description of Home

In this section please include the following information regarding the applicants' current living arrangements: Describe the home environment. (For example, is it chaotic, peaceful, busy, organized, warm and welcoming, etc.?) Include a description of the home, including the number of rooms, the sleeping arrangements, is the home handicapped accessible and the housekeeping standards. Describe the neighborhood. Is the home in a rural, urban or other setting? Describe the community resources available, including medical, counseling, educational services. Describe the cultural diversity of the community. How does the applicant think a child of a different race would be treated within the community? Are there appropriate areas for children to play, and toys that encourage growth and development? Describe indoor and outdoor play areas. Describe the property including any out buildings, and tell how they are used (check the inside of outbuildings. Are there safety issues in the home, or surrounding neighborhood, that would affect children? Are there any hazards? For example a wood stove, electric fences, pools, water?) What is the safety plan? Are there weapons in the home? If so, how and where are they stored? Are there medications in the home? Where are they stored? Describe all pets. How do they interact with children? Does the applicant/s have any dietary preferences? (i.e. Vegetarian, Kosher, etc.)

2. Transportation

In this section please include the following information: List each vehicle used by the family including the make/model/year and number of working seatbelts. Who is your insurance carrier(s)? Do you have car seats? Have the car seats been installed properly? How do you know the car seats are installed properly? Were the car seats installed by a trained installer? Include: who/when/where? Does your family need information on community resources to assist with proper car seat installation? Will others be assisting you with transporting children? Explain responsibility of primary caretakers to ensure car seats are used and properly installed.

3. Finances

In this section please include the following information regarding the applicant: Gather the following financial information to assess and understand that the applicant has the ability to financially support a foster child/adoptive child.

A. Income:

	Applicant/Caregiver Name	Applicant/Caregiver Name
	Name	
Current Gross Income		
Current Net Income		
Social Security		
Child Support		
Alimony		
Disability		
Unemployment		



Veteran's Benefits		
Workman's Comp		
Pension		
Assets		
Additional Income		

B. Forms of Assistance: NA

SNAP-food stamps		
WIC		
General Assistance		
Other		

C. Household Expenses/Monthly:

Housing (Rent / Mortgage)		
Utilities (electric, water, gas, etc.)		
Medical Insurance		
Cable/Phone/Internet		
Vehicle (payment and insurance)		
Loan and or credit card(s)		
Medical/insurance not-covered		
Living expenses (groceries, gasoline, and entertainment)		
Child Care		
Other		

III. REFERENCES

References must be obtained for each applicant according to policy and/or regulation. This section of the home study must include the identified strengths and areas of concerns as reported by the references.

The information reported in the references must be taken into consideration when conducting your evaluation and making your recommendation. If three positive references are unable to be obtained, a supervisor staffing is required and the outcome documented with the recommendation.

IV. MEDICAL REPORT OF APPLICANTS

Each applicant must submit a signed Health Information Report (HIR), *unless* the applicants are kin or relative and not licensable.

Part "A" of the Health Information Report must be completed by all adult applicants and adults in the household who are/will be caretakers for children in placement.



Part "B" of the Health Information Report must be completed when the applicant is taking most any prescription medication. The *only* exceptions would include: Birth Control, allergies, time-limited antibiotics, cold, or other temporary conditions.

Part "B" must be completed by a Health Practitioner, Medical Doctor, RN, or Physician's Assistant

V. EVALUATION

The evaluation section is a critical component of the home study. In this section the home study evaluator must provide his/her analysis of all the information gathered to draw conclusions that identify the family's strengths, needs and recommendations.

VI. RECOMMENDATION

Ensure a recommendation of approval or disapproval has been provided, along with a supporting summative statement for the recommendation.

Indicate the types of children the applicant(s) are willing to foster or adopt. This section is not applicable if the kin is not licensable.

VII. SIGNATURES

Ensure all signatures have been obtained on the home study.

VIII. HOME STUDY ADDENDUM

Applicants must have all the background checks and clearances completed. (National criminal history, Nebraska state patrol, Adult/Child Abuse/Neglect central register/y, State Patrol Sex Offender, Google and social media, Department for Motor Vehicle (DMV), and Law Enforcement)

Adult/Child Abuse/Neglect Register checks must be completed on each applicant in any other states they have lived within the past 5 years.

If there are any other adults age 18 or over living in this home, complete the background checks and clearances for them as well. If there are any children residing in this home age 13 and over, complete a Nebraska Child Abuse/Neglect Central Register check and a Nebraska Adult Abuse/Neglect Check, and State Patrol Sex Offender Check for each child.

Document the results of those additional checks and clearances in the same format as the applicant information.

If the background checks indicate a central register/y finding, felony conviction, sex offender registry finding, or any other criminal history record per policy an approval status form is required before the home study can be approved.



PROGRAM MEMO**Titles 390, Protection and Safety #4-2007**

To: Holders of Titles 390 and 479
Protection and Safety Workers, Supervisors; and Administrators,
Service Area Administrators;
Income Maintenance- Foster Care Workers and Supervisors; and
Economic Assistance Supervisors

From: Todd Reckling, Administrator, Office of Protection and Safety

Signed by: _____
Todd Landry, Director
Division of Children and Family Services
Department of Health and Human Services

Date: (This document was signed 8/20/07 by Todd Landry)

RE: **Requirements for Background Checks for Purposes of Foster
Care/Adoptive Care Licensing or Approval**

Effective: September 1, 2007

Duration: Until regulation is revised

Contact: **Central Register** - Steve Wilson, Program Specialist, Office of Protection
and Safety, (402) 471-9277 or steve.n.wilson@hss.ne.gov.
National Criminal History Check - Kathy Ewing, Program Specialist,
Office of Protection and Safety, (402) 471-9333 or kathy.ewing@hss.ne.gov.

Purpose: The purpose of this memo is to clarify requirements for National Criminal History
Checks and Central Register Checks for licensing and approval.

History: The Adam Walsh Child Protection and Safety Act of 2006 (Public Law 109-248)
requires background checks for all prospective foster or adoptive parents and for all other
adults residing in the home, including relatives prior to licensure or non-emergency
approval for placement.

Action Required: Currently Protection and Safety regulations at 390 NAC 7-001.06 and
474 NAC 6-003.25B require a National Criminal History Check and a check of Nebraska's
Central Register of Child Abuse and Neglect. However, the Social Security Act, Section
471(a)(20)(C)(i); Public Law 109-248 places additional requirements on states regarding
background checks. This law now requires States to request a check of information in
another State's Child Abuse and Neglect Registry in which a prospective

foster parent, adoptive parent, or other adult in the home has resided in the preceding five years. This includes relatives. Therefore background checks as specified below are required to be completed prior to licensure or non-emergency approval of a foster, adoptive, or relative family. These background checks include:

- Completion of a check of the State-maintained Child Abuse and Neglect Registry: This check for each individual must be done for each state that the person has lived in within the past five (5) years; and
- Completion of a National Criminal History Check.

For information on accessing the Central Register/Registry in other states, please refer to http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/policy-issues/State_Child_Abuse_Registries.pdf

Non - legible Finger Prints: In some situations, it is not possible to obtain finger prints that are adequate for a National Criminal History (AFIS) checks. These situations include:

1. Fingerprints that have been obtained but are not of a quality that is classifiable: This decision can only be made by the State Patrol Office in Lincoln, where National Checks are processed. Generally, this decision will be made ONLY when the prints have been rolled at one of the State Patrol offices. Because of the seriousness of making this decision, and because of the possibility that the subject can purposefully make it impossible to obtain prints, the Patrol Office in Lincoln can require that the individual's prints be rolled at the Lincoln location. (True inability to obtain adequate prints generally would occur when the individual is elderly or has done work that wears down the ridges on his or her prints.); or
2. Fingerprints that cannot be obtained, due to the applicant's handicapping condition: In this situation, the worker must send a written request explaining the person's condition. The request must include the individual's name, any other names by which the individual has been or is known, Social Security Number (if any), date of birth, and addresses, including present address. These requests are to be sent to Protection and Safety Central Office, attn: Annette Werschke. Protection and Safety will determine if additional information is needed and/or if the request will be forwarded to the State Patrol. The State Patrol will determine if this exception is warranted.

When the Patrol makes a decision that obtaining a finger print-based check will not be possible, the Patrol will do the usual Nebraska check, along with a Name-Only National Criminal History Check and provide those results in lieu of the finger print-based check.

REMINDER: Only staff persons or contractors who have been trained by the State Patrol can roll fingerprints for purposes of the National Check. If there is a need for training of staff in your Service Area, the Resource Development Administrator or designee may contact Kathy Ewing to request that a training session be arranged.

Department staff may continue to do emergency placements and approvals, using the guidelines and time frames established in Program Memo #2-2004.



STATE OF NEBRASKA
MIKE JOHANNIS, GOVERNOR

PROGRAM MEMO

August 18, 2000

Program Memo: Title 390, Protection and Safety # 1-2000

TO: Holders of Title 390

FROM: Jone Bosworth, Deputy Director
Protection and Safety Division

Signed by Ron Ross, Director
Department of Health and Human Services
9/1/00
Date

RE: Adoptive Home Studies for Private Adoptions

Effective Date: Immediately.

Duration: Indefinitely

Contact: Margaret Bitz, Protection and Safety
Mary Dyer, Protection and Safety, Adoption Specialist, (402) 471-9331

Citation: 390 NAC 5-005.03, replaces Administrative Memorandum #7-96

REQUIREMENTS FOR HOME STUDIES

Nebraska statute §43-107, amended in 1993, states that in all adoptive placements made after January 1, 1994, a pre-placement adoptive home study shall be filed with the court. The statute requires that such home study be completed by the Department or a licensed child placing agency licensed by the Department within one year prior to the date of the adoptive placement.

There are several exceptions to this identified in Neb.Rev.Stat. §43-107. They are:

1. The placement of a foster child by the Department or a licensed child placing agency into the home of a person who later files a petition to adopt that child. Such situations are exempt from a pre-placement home study. However, a post-placement home study must be completed by the Department or a licensed child placing agency and filed with the court finalizing the adoption at least one week prior to the hearing to finalize the adoption.

2. The adoption by a stepparent does not require a home study, unless ordered by the court. In this situation, a check of the Nebraska State Patrol and the Central Registry on child abuse is required by law.
3. A voluntary placement for purposes other than adoption made by a parent or guardian of a child without assistance from an attorney, physician or other individual or agency which later results in adoption. In this situation, statute requires a post-placement home study to be completed and filed with the court a week prior to the adoption finalization hearing.

August 18, 2000
Page Two

WHO MAY CONDUCT HOME STUDIES

The law requires that all adoptive home studies must be completed by the Department or a child placing agency licensed by the Department within a year of the adoptive placement. The law does not allow for private individuals or private MSW social workers to do home studies on their own. They may contract with a private child placing agency or the Department to complete the studies.

If a private social worker does complete a home study or if a post-placement home study is completed on situations other than those that are exempt, the court may not finalize the adoption and if finalized, the adoption can be challenged at anytime in the future.

HHS CONDUCTING HOME STUDIES IN PRIVATE ADOPTIONS

In situations in which our agency has been asked to complete adoptive home studies for private adoptions, staff should refer applicants to a licensed private adoption agency unless there is no agency serving their area or the applicant is an approved foster parent for HHS. A current list of those agencies agreeing to complete such studies is attached to this memo.

Updated information can be accessed from the Nebraska Adoption Agencies Association on the Internet at: meadowlark.creighton.edu/naaa

HOME STUDY FEE AND FEE WAIVER

The fee for a home study is \$1,100 paid to HHS during the home study process. Applicants should give the check to the staff member conducting the home study who sends it with a memo indicating that it is for an adoptive home study to Cindy Strufing in Financial Services.

The home study process should include some information and education for the applicants on adoption and the differences between raising an adopted child and a child born to them.

The home study should indicate clearly that the applicant is either approved or rejected as adoptive parent(s). The home study should not be released to the applicant or their attorney. The applicants may read the home study and add comments if they do not agree with what is stated. A letter of approval should be sent to the family and, if they are represented, to their attorney. A home study may be released to an agency in another state with the adoptive parents' signature of release. The family should be told that in all cases of in-state or out-of-state adoptions, the family should inform the worker when the child is placed.

Current regulation (390 NAC 5-005.03) already allows for the fee to be waived in court ordered home studies:

"The Department will determine whether to complete or contract for independent adoption studies when the court has ordered the adoption study under Neb. Rev. Stat. 43-107.

If the Department completes the adoptive home study ordered under Neb. Rev. Stat., it will be at the expense of the petitioner(s) unless the expenses are waived by the Department. The Department will determine the fee or rate for the adoptive home study. The rate will be comparable to that charged by other agencies in the state."

August 18, 2000
Page Three

On either court ordered or other requests for home studies, a waiver may be granted using the following guidelines:

1. If a family already has a foster care or adoption home study completed and they are providing foster care to a state ward of our state or another state agency, the decision whether to waive the fee for the home study in the private adoption will be made by the Service Area Administrator or designee. A post-placement adoptive home study will be completed for the finalization of the adoption.
2. If a family has an approved foster care or adoption home study by HHS but has not had a state ward placed with them for six months, the family will be charged the \$1,100 for the home study for the private adoption.

POST-PLACEMENT SUPERVISION

When a child is placed for adoption who is in the custody of an agency in another state, that agency usually requires that one to three post-placement supervisory visits be made to the adoptive family and reports sent to them as a condition of finalization of the adoption. Adoptive parents usually pay the fee for this supervision. If HHS staff have conducted the home study, we should agree to provide one post placement visit at no charge. If more visits are required there will be a charge.

MD:B0174C

Attachment



Division of Children and Family Services
Home Study

I. PERTINENT INFORMATION:

APPLICANT/CAREGIVER NAME:

Date of Birth: _____ Social Security Number: _____

Tribal Affiliations: _____

Address (Street or Mailing): _____

City: _____ State: _____ Zip: _____ County: _____

Telephone Number – Home: _____ Telephone Number – Work: _____ Telephone Number – Cellular: _____

Email Address: _____

APPLICANT/CAREGIVER NAME:

Date of Birth: _____ Social Security Number: _____

Tribal Affiliations: _____

Address (Street or Mailing): _____

City: _____ State: _____ Zip: _____ County: _____

Telephone Number – Home: _____ Telephone Number – Work: _____ Telephone Number – Cellular: _____

Email Address: _____

Type of Home Study: Initial Renewal Addendum Adoptive Home Study Update

Purpose of Home Study: (Check all that apply):
 Parent Relative ICPC Non-Custodial Parent Foster Care
 Kinship Adoptive

Date Home Study Completed: _____

Home Study Completed by – Name: _____

Credentials:
 Bachelor of Arts Master of Arts Doctorate Degree Bachelor of Science
 Master of Science Licensed Mental Health Practitioner Bachelor of Social Work
 Master of Social Work High School/GED + Required Experience Associates

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Date of Referral: _____ Referral Source: _____

CHILD INFORMATION Not Applicable

Child's Name:

Date of Birth:

Child's Current Placement:

Child's Relationship to Foster Parent: (If placement is completed prior to home study completion, provide circumstances. If caregivers are American Indian or Alaska Native, identify who is a member or eligible for membership in a federally recognized tribe, identify which tribe and attach copies of tribal documents.)

Anticipated Placement Date:

CONTACTS

Prior Contacts of Studies Completed:

Self-Studies Completed:

 Yes No

Personal Interviews (for each interview include names, dates, who attended and location of interview):

Foster Parent Training Completed:

 Yes No Date:

If Applicable, Foster Parent Training Waived:

 Yes NoOther Training:

II. HOME STUDY (See instructions in Home Study Guidebook)

APPLICANT/CAREGIVER NAME:

1. Family Background:

2. Current Family Composition:

3. Self-Awareness:

4. Physical and Behavioral Health:

5. Parenting:

Please review the DHHS discipline policy with all adults living in the home. The discipline policy is signed and dated by all adults living in the home. The primary caretaking adults have a copy of the discipline policy. The signed policy is attached.

Yes No

6. Motivation to Foster/Adopt (Child(ren)):

7. Ability to Meet the Child's Social, Emotional, Educational and Physical Health Care Needs:

A. Child's Social Development:

B. Child's Emotional Development:

C. Educational Needs:

8. Support Systems:

9. Employment, Education and Military:

APPLICANT/CAREGIVER NAME:

1. Family Background:

2. Current Family Composition:

3. Self-Awareness:

4. Physical and Behavioral Health:

5. Parenting:

Please review the DHHS discipline policy with all adults living in the home. The discipline policy is signed and dated by all adults living in the home. The primary caretaking adults have a copy of the discipline policy. The signed policy is attached.

Yes No

6. Motivation to Foster/Adopt (Child(ren)):

7. Ability to Meet the Child's Social, Emotional, Educational and Physical Health Care Needs:

A. Child's Social Development:

B. Child's Emotional Development:

C. Educational Needs:

8. Support Systems:

9. Employment, Education and Military:

III. HOUSEHOLD INFORMATION

1. Current Living Arrangement/Description of Home:

2. Transportation:

3. Finances: (In this section please include the following information regarding the applicant: Gather the following financial information to assess and understand that the applicant has the ability to financially support a foster child/adoptive child.)

A. Income:

Income	Applicant/Caregiver Name:	Applicant/Caregiver Name:
Gross Income	\$	\$
Current Net Income	\$	\$
Social Security	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Disability	\$	\$
Unemployment	\$	\$
Veteran's Benefits	\$	\$
Workman's Compensation	\$	\$
Pension	\$	\$
Additional Income	\$	\$
Assets (Property, stocks, bonds, etc.)	\$	\$
TOTAL	\$	\$

B. Forms of Assistance: NA

SNAP	\$
WIC	\$
General Assistance	\$

Other	\$
TOTAL	\$

C. Household Expenses Monthly:

Housing (Rent/Mortgage)	\$
Utilities (Electric, Water, Gas, etc.)	\$
Medical Insurance	\$
Cable/Phone/Internet	\$
Vehicle (Payment and Insurance)	\$
Loan and or Credit Card(s)	\$
Medical/insurance not-covered	\$
Living expenses (Groceries, Gasoline, Entertainment, etc.)	\$
Child Care	\$
Other	\$
TOTAL	\$

IV. REFERENCES CONTACTED

Applicant/Caregiver Name:

Number of References Received:

Summary of Strengths/Concerns Identified:

Applicant/Caregiver Name:

Number of References Received:

Summary of Strengths/Concerns Identified:

V. MEDICAL REPORT OF APPLICANTS

Applicant/Caregiver Name:

1. Signed Health Information Report is Present in the Permanent File:
 Yes No Not Applicable (if relative or kinship is not licensable)

a. If yes, the date it was signed by the applicant:

b. General statement of health: (overall health, activity level, list of medications [purpose of the medication]):

c. Identification of any condition which may be expected to affect parenting ability (mental health, substance abuse, diagnosis):

Applicant/Caregiver Name:

1. Signed Health Information Report is Present in the Permanent File:
 Yes No Not applicable (if relative or kinship is not licensable)

a. If yes, the date it was signed by the applicant:

b. General statement of health: (overall health, activity level, list of medications [purpose of the medication]):

c. Identification of any condition which may be expected to affect parenting ability (mental health, substance abuse, diagnosis):

VI. EVALUATION

A. Strengths of Foster Family:

B. Needs of Foster Family (training, services, or supports needed):

C. Recommendations for Foster Family:

VII. RECOMMENDATIONS

A. Statement of approval or disapproval for the placement of children in this home:

B. Type of child to be considered for placement: Not applicable (if relative or kinship is not licensable)

1. Age Range:

2. Gender:

3. Physical Handicap:

4. Emotional Handicap:

5. Learning Disability:

6. Intellectual Disability:

7. Child in Need of Placement with Siblings:

8. Medical Risk:

9. Child in Need of Openness in Adoption:

10. Legal Risk:

VIII. APPROVAL SIGNATURES

Complete by (Printed Name):	Date:
Signature:	Date:
Supervisor (Printed Name):	Date:
Signature:	Date:
Printed Name:	Date:
Signature:	Date:

HOME STUDY ADDENDUM

REGISTER, LAW ENFORCEMENT CHECKS AND CLEARANCE

Applicant/Caregiver Name:

National Criminal History Check (Finger Prints) Results:	Date Completed:
Nebraska State Patrol Check Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Google and Social Media Checks Results:	Date Completed:
Department of Motor Vehicle (DMV) Check Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED: Yes No

If Yes, DATE signed by Child and Family Services Administrator

If Yes, DATE signed by Service Area Administrator

Applicant/Caregiver Name:

National Criminal History Check (Finger Prints) Results:	Date Completed:
Nebraska State Patrol Check Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Google and Social Media Checks Results:	Date Completed:
Department of Motor Vehicle (DMV) Check Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED: Yes No

If Yes, DATE signed by Child and Family Services Administrator

If Yes, DATE signed by Service Area Administrator

HOME STUDY ADDENDUM

REGISTER/Y CHECKS

Other States Applicant lived in within the Past 5 Years

Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:
Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:
Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:
Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:
Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:
Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:
Applicant Name/Caregiver:	State:
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED: Yes No
 If Yes, DATE signed by Child and Family Services Administrator
 If Yes, DATE signed by Service Area Administrator

HOME STUDY ADDENDUM

REGISTER/Y, LAW ENFORCEMENT CHECKS AND CLEARANCE for Other Household Members Age 18 and Over

Household Member Name:

National Criminal History Check (Finger Prints) Results:	Date Completed:
Nebraska State Patrol Check Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Google and Social Media Checks Results:	Date Completed:
Department of Motor Vehicle (DMV) Check Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED: Yes No
If Yes, DATE signed by Child and Family Services Administrator
If Yes, DATE signed by Service Area Administrator

Household Member Name:

National Criminal History Check (Finger Prints) Results:	Date Completed:
Nebraska State Patrol Check Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Google and Social Media Checks Results:	Date Completed:
Department of Motor Vehicle (DMV) Check Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED: Yes No
If Yes, DATE signed by Child and Family Services Administrator
If Yes, DATE signed by Service Area Administrator

HOME STUDY ADDENDUM

**REGISTER/Y CHECKS for
Other Household Members age 13-18**

Household Member Name:

Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:

Household Member Name:

Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:

Household Member Name:

Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:

Household Member Name:

Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED: Yes No
If Yes, DATE signed by Child and Family Services Administrator
If Yes, DATE signed by Service Area Administrator

Example

Department of Health & Human Services



Division of Children and Family Services

State of Nebraska
Dave Heineman, Governor

RESULTS OF NATIONAL CRIMINAL HISTORY BACKGROUND CHECK

(This form is completed by DHHS and will be distributed internally to designated DHHS staff and to Child Placing Agency staff for the purpose of determining the suitability of foster parents for licensure and adoption.)

RECEIVE DATE: 01-28-2014

DATE COMPLETED BY THE NSP: 01-27-2014

DATE COMPLETED BY THE FBI: 01-24-2014

SUBMITTED BY: Marlea Weyers

APPLICANT NAME: [REDACTED]

APPLICANT DATE OF BIRTH: [REDACTED]

SENT TO:

AGENCY NAME: Boys Town

DHHS NAME: Tammy Arduc

After reviewing the Criminal History Record Information received from the Nebraska State Patrol (NSP) and the Federal Bureau of Investigation (FBI), the following determination was made regarding the above-named applicant:


Applicant passed his/her background check


Applicant failed his/her background check

****No Record Based on Name Check Only****

**DIVISION OF CHILDREN AND FAMILY SERVICES
ADMINISTRATIVE MEMO #20-2011**

To: All Children and Family Services Staff

From: Christine Hanus, Child Welfare Administrator 
Division of Children and Family Services

Approved by: Scot L. Adams Ph.D., Interim Director 
Division of Children and Family Services
Department of Health and Human Services

Date: December 19, 2011

RE: Review of Child's File By Adoptive Parent(s)

Effective: Immediately and until revised or regulations are issued

Contact: Deanna Brakhage, Children and Family Services, Adoption
Specialist, at (402)471-9331 or deanna.brakhage@nebraska.gov
or Margaret Bitz, Children and Family Services, Policy
Section, at (402)471-9457 or margaret.bitz@nebraska.gov.

Purpose: The purpose of this memo is to provide instructions for review of the child's file by adoptive or prospective adoptive parents.

Background: 390 NAC 1-007 addresses Confidentiality and Release of Information. The opening paragraph states, "Information shared with the Department doesn't require any signed release. It will be provided based on the person's need to know and his/her involvement with the child or family." Section 1-007.14 states that once an adoption decree has been issued and the case is closed, the file is considered sealed, placed in the DHHS vault, and accessible only to designated staff, and also directs the reader to the Adoption Services Guidebook for additional information on sharing. The Guidebook explains when information should be shared with prospective or finalized adoptive parents.

In the 2011 Session, Neb. Rev. Stat. 43-107 (3) was amended to include provision for adoptive parents of DHHS wards to read the child's file prior to or after finalization of the adoption, and to require DHHS to provide a document to verify that the opportunity was given. This provision became effective on 8/27/11 and applies to any adoption for which the petition was filed on or after that date.

Required Action:

1. After the filing of a petition and before entry of the decree, DHHS will:
 - Assure that discussion has been held with each adoptive parent of a DHHS ward to explain that the parent has the right to read the file maintained by DHHS on the child, either prior to the entry of the decree or at any time in the future. If the parent wants to read the file, DHHS will assure that arrangements are made to do so.
 - Provide the adoptive parent with the DHHS-designated form that documents that the opportunity was given, and request that the adoptive parent complete, sign, and date the form. (The form is found at the end of this memo.)
 - Provide a copy of the completed form to the adoptive parent's(s') attorney for filing with the Court prior to finalization of the adoption. (This form will become part of the Court record.)
 - File a copy of the completed form in the child's file.
2. After the entry of the adoption decree, DHHS will:
 - Make arrangements with the adoptive parent(s) to review the file that DHHS maintained on the child prior to the adoption, upon written request of the adoptive parent(s).
 - Narrate on N-FOCUS the date the adoptive parent(s) read the file, and any questions or comments from the adoptive parent.
3. Prior to allowing the adoptive parent(s) to read the file, DHHS will:
 - Remove any materials that cannot be released based upon state statute, federal statute, federal rule, or federal regulation. Examples of such materials are medical reports, including mental health reports, for the birth parents (this material can be summarized); CPS reports that contain the name of the reporter; and information related to a delinquency or statutes offense by a family member when that information has been sealed by the court.

It is expected that full disclosure of information about the child and his or her background will have occurred long before the adoption petition is filed, and, in fact, before the prospective adoptive parent made a decision to commit to adoption. Despite that fact, the adoptive parent should be encouraged to read the file as an assurance that s/he has all available information about the child for s/he now is the parent, and to provide the opportunity to raise and answer remaining questions.

Process:

- Requests by adoptive parents after finalization can be made to local office Child Welfare staff or to Central Office, and either local office or Central Office staff can make arrangements for them to read a file. It is recommended that a case manager or Central Office staff person knowledgeable about adoption be available to the adoptive parent(s) prior to, during, and after their reading of the file, for purposes of answering questions and discussing issues raised by the adoptive parent.

REVIEW OF CHILD'S FILE
PRIOR TO OR AFTER FINALIZATION
OF ADOPTION
Per Neb. Rev. Stat. 43-107 (3)

I, _____, have been given the opportunity to
(adoptive parent)

read the file maintained by DHHS for _____,
(name of child prior to adoption)

the child I am planning to adopt. I understand that I also have the right to read

the file at any time following the adoption of my child, upon making a written

request to the Department.

I understand that the information provided to me to read will not include any

information or documents that DHHS determines cannot be released based upon

state statute, federal statute, federal rule, or federal regulations.

Signature of Adoptive Parent

Date

Signature of Adoptive Parent

Date

TITLE 25- INDIANS
CHAPTER 21- INDIAN CHILD WELFARE
SUBCHAPTER III- RECORDKEEPING, INFORMATION AVAILABILITY,
AND TIMETABLES

Sec. 1951. Information availability to and disclosure by Secretary

(a) Copy of final decree or order; other information; anonymity affidavit; exemption from Freedom of Information Act

Any State court entering a final decree or order in any Indian child adoptive placement after November 8, 1978, shall provide the Secretary with a copy of such decree or order together with such other information as may be necessary to show -

- (1) the name and tribal affiliation of the child;
- (2) the names and addresses of the biological parents;
- (3) the names and addresses of the adoptive parents; and
- (4) the identity of any agency having files or information relating to such adoptive placement. Where the court records contain an affidavit of the biological parent or parents that their identity remain confidential, the court shall include such affidavit with the other information. The Secretary shall insure that the confidentiality of such information is maintained and such information shall not be subject to the Freedom of Information Act (5 U.S.C. 552), as amended.

(b) Disclosure of information for enrollment of Indian child in tribe or for determination of member rights or benefits; certification of entitlement to enrollment

Upon the request of the adopted Indian child over the age of eighteen, the adoptive or foster parents of an Indian child, or an Indian tribe, the Secretary shall disclose such information as may be necessary for the enrollment of an Indian child in the tribe in which the child may be eligible for enrollment or for determining any rights or benefits associated with that membership. Where the documents relating to such child contain an affidavit from the biological parent or parents requesting anonymity, the Secretary shall certify to the Indian child's tribe, where the information warrants, that the child's parentage and other circumstances of birth entitle the child to enrollment under the criteria established by such tribe.

http://www.tribalresourcecenter.org/legal/fed/indian_child_welfare_act.htm#1951



Division of Children and Family Services

State of Nebraska
Dave Heineman, Governor

Division of Children and Family Services Protection and Safety Procedure Update #5-2014	
Regarding:	Document Imaging for DCFS and Foster Care files
Date Effective:	June 1, 2014
Contact:	Jodi Allen at 402-471-6288 or jodi.allen@nebraska.gov
Issue by:	Thomas D. Pristow, Director, Division of Children and Family Services

Procedure:

Effective June 1, 2014, all documents for the Division of Children and Family Services (DCFS) including Initial Assessment Files, State Ward Files, Non-Court Files, and Foster Family Files are to be imaged through the Add Image Icons in N-FOCUS. Most documents that are imaged into N-FOCUS do not need to be maintained and should be shredded or returned to the sender. The following documents should be maintained in a hard file:

- A certified document containing a raised seal such as a birth certificate or certified court order.
- Signed relinquishment of Parental Rights.
- Original documents necessary for an adoption or evidence in the court room.
- Any document that is not readily and easily readable once imaged.
- Social Security Card.
- Photographs, cards or other keepsakes that may be valuable to the family should be given to the appropriate person when appropriate to do so, or if not appropriate, they should be maintained in the hard file.

Documents received prior to May 1, 2014, may be maintained in the paper file or imaged through the Add Images icons contained in N-FOCUS. However, it is not necessary to convert current or closed case files containing information that was obtained prior to May 1, 2014.

Step-by-step instructions for using document imaging can be found in the CWIS Desk Aide-Document Imaging, located in the DHHS Employee Intranet, under either the Children and Family Services or DCFS Home site.

CFS CASE FILES (including court and non-court cases)

All documents contained in a DCFS case file that are not created through N-focus shall be imaged within document imaging into N-focus. Documents to be imaged and the specific areas in which to scan them are as follows:

CATEGORIES and DOCUMENTS TO BE IMAGED:		
Casework:	Legal-P&S:	Evaluations and Provider Reports:
<ul style="list-style-type: none"> • Ansell Casey Skills Assessment 	<ul style="list-style-type: none"> • Affidavits 	<ul style="list-style-type: none"> • Agency Supported Foster Care Referrals
<ul style="list-style-type: none"> • Child and Adolescent Needs and Strengths (CANS) 	<ul style="list-style-type: none"> • Court Appointed Special Advocate (CASA) Reports 	<ul style="list-style-type: none"> • Agency Supported Foster Care Reports
<ul style="list-style-type: none"> • Genogram/Eco map 	<ul style="list-style-type: none"> • Court Orders to include any correspondence from the Court 	<ul style="list-style-type: none"> • Child Advocacy Center-Forensic interviews
<ul style="list-style-type: none"> • Nebraska Caregiver Responsibilities Tool (signed) 	<ul style="list-style-type: none"> • Delivery Verification Sheet 	<ul style="list-style-type: none"> • Child and Parent Evaluations
<ul style="list-style-type: none"> • Preparation for Adult Living Services (PALS) Documents 	<ul style="list-style-type: none"> • Evidence for Court 	<ul style="list-style-type: none"> • Developmental Disability (DD) Eligibility paperwork
<ul style="list-style-type: none"> • Sign in sheets for team meetings or other meetings 	<ul style="list-style-type: none"> • Guardian Ad Litem Reports 	<ul style="list-style-type: none"> • Early Services Unit Evaluation Report
<ul style="list-style-type: none"> • Signed adoption or guardianship subsidy agreement 	<ul style="list-style-type: none"> • Paternity Acknowledgements/ Legal Findings 	<ul style="list-style-type: none"> • Family Support Reports
<ul style="list-style-type: none"> • Signed Adoptive Placement Agreement 	<ul style="list-style-type: none"> • Probation Reports 	<ul style="list-style-type: none"> • Foster Care Review Office (FCRO) reports
<ul style="list-style-type: none"> • Signed Disclosure of Information 	<ul style="list-style-type: none"> • Relinquishment of Parental Rights 	<ul style="list-style-type: none"> • Individual Program Plan Report (IPP) from Developmental Disabilities (DD)
<ul style="list-style-type: none"> • Signed Releases of Information 	<ul style="list-style-type: none"> • Update Letters to the Court 	<ul style="list-style-type: none"> • Mental Health Reports
<ul style="list-style-type: none"> • Signed Safety Plans 		<ul style="list-style-type: none"> • Progress/Placement Reports from residential facilities
<ul style="list-style-type: none"> • Signed voluntary case agreement 		<ul style="list-style-type: none"> • Provider Service Reports
<ul style="list-style-type: none"> • Team meeting Agendas 		<ul style="list-style-type: none"> • Psychological Evaluations
		<ul style="list-style-type: none"> • Results of substance abuse testing
		<ul style="list-style-type: none"> • Substance Abuse Evaluations
		<ul style="list-style-type: none"> • Therapy Letters
		<ul style="list-style-type: none"> • Visitation Reports

CATEGORIES and DOCUMENTS TO BE IMAGED:		
<u>ID Citizenship and Relationship:</u>	<u>Medical:</u>	<u>Education:</u>
<ul style="list-style-type: none"> • Birth Certificate 	<ul style="list-style-type: none"> • Early and Periodic Screening, Diagnosis and Treatment (EPSDT) reports 	<ul style="list-style-type: none"> • Correspondence to and from educational personnel
<ul style="list-style-type: none"> • Driver's License 	<ul style="list-style-type: none"> • Home health reports 	<ul style="list-style-type: none"> • Early Development Network (EDN) reports
<ul style="list-style-type: none"> • Green Card 	<ul style="list-style-type: none"> • Nurse, physician, hospital documentation 	<ul style="list-style-type: none"> • Individual Education plans
<ul style="list-style-type: none"> • Government issued identification 	<ul style="list-style-type: none"> • Other medical reports to include dental and vision reports 	<ul style="list-style-type: none"> • Report cards/grades
<ul style="list-style-type: none"> • School identification 	<ul style="list-style-type: none"> • Physical exam results/reports 	
<ul style="list-style-type: none"> • Social Security Card 		
<ul style="list-style-type: none"> • United States Citizenship Attestation Form 		

CATEGORIES and DOCUMENTS TO BE IMAGED:		
<u>ICWA:</u>	<u>Restricted: (known as the appendix in a paper file)</u>	<u>Correspondence-P&S:</u>
<ul style="list-style-type: none"> • All ICWA documentation to notification 	<ul style="list-style-type: none"> • Background Check Reports 	<ul style="list-style-type: none"> • Emails
	<ul style="list-style-type: none"> • Law Enforcement Reports 	<ul style="list-style-type: none"> • Fax Cover Sheets
	<ul style="list-style-type: none"> • Written documents from County Attorneys and Guardians Ad Litem • Legal consultation with DHHS legal attorneys 	<ul style="list-style-type: none"> • Mail Notices Certified/Registered
		<ul style="list-style-type: none"> • Signed Letters from DHHS

FOSTER CARE FILES

CATEGORIES and DOCUMENTS TO BE IMAGED:		
<u>Foster Care Organization:</u>	<u>Provider Supporting Documentation:</u>	<u>Background Check:</u>
<ul style="list-style-type: none"> • Alternative Compliance for Foster Care Licensure 	<ul style="list-style-type: none"> • Correspondence 	<ul style="list-style-type: none"> • Local Law Enforcement Check Results
<ul style="list-style-type: none"> • Animal Licensing/Vaccinations 	<ul style="list-style-type: none"> • Improvement Plan 	<ul style="list-style-type: none"> • Nebraska Data Exchange Network (NDEN) Background Check Results
<ul style="list-style-type: none"> • Completed Health Information Report 	<ul style="list-style-type: none"> • Monthly Contact 	<ul style="list-style-type: none"> • Pass/Fail Results
<ul style="list-style-type: none"> • Compliance Checklist 	<ul style="list-style-type: none"> • Notice of Non-Support of a Home 	<ul style="list-style-type: none"> • Sex Offender Registry Check Results
<ul style="list-style-type: none"> • Continuing training certificate 	<ul style="list-style-type: none"> • Signed Discipline Policy 	<ul style="list-style-type: none"> • Signed Release to Conduct Background Checks
<ul style="list-style-type: none"> • Floor plan 	<ul style="list-style-type: none"> • Support Plan 	<ul style="list-style-type: none"> • Signed Waiver for National Criminal History Check
<ul style="list-style-type: none"> • Foster Care license suspension and revocation letters and supporting documentation 		
<ul style="list-style-type: none"> • Initial Walk Through Checklist 		
<ul style="list-style-type: none"> • Learning summaries 		
<ul style="list-style-type: none"> • License 		
<ul style="list-style-type: none"> • Organization Loading Referral 		
<ul style="list-style-type: none"> • Pre-service training certificate 		
<ul style="list-style-type: none"> • Revocation hearing orders 		
<ul style="list-style-type: none"> • Sanitary/Fire Inspections 		
<ul style="list-style-type: none"> • Signed Discipline Agreement 		
<ul style="list-style-type: none"> • Signed License Application 		
<ul style="list-style-type: none"> • Signed W-9 		
<ul style="list-style-type: none"> • Training Waiver 		
<ul style="list-style-type: none"> • Well water test results 		

CATEGORIES and DOCUMENTS TO BE IMAGED:		
<u>Home Study:</u>	<u>Financial:</u>	PLEASE NOTE: No national criminal history information conducted by the FBI shall be imaged into N-FOCUS.
• Application for Placement	• Direct Deposit	
• Home Study	• Signed W-9	
• Questionnaire		
• References		
• Self-Study		

