

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



November 1, 1999

ALL-COUNTY LETTER NO. 99-94

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED AD 42R AND AD 42 AAP/AAC FORMS

This letter is to inform county adoption programs that the following two Adoption Program forms have been REVISED:

- Agency Adoption Program – Individual Case Report (AD 42R). Revision date 8/99.
- Relinquishment/Independent Adoption Program – Individual Case Report (AD 42 AAP/AAC). Revision date 7/99.

Copies of the revised reports are enclosed. On both forms, changes were made to include a new submittal address and four digit year fields. On the AD 42R a five digit dollar amount field for Item 31a was included and the FCIS Case Number was eliminated. The warehouse has copies of the new forms. You may call them at (916) 371-1974, 8:00 AM to 5:00 PM, Monday through Friday (excluding holidays), to place orders for the new blank forms. There is no charge for the forms.

Beginning **December 1, 1999**, reports submitted on the old forms (i.e., those with revision date prior to those noted above) will not be accepted.

If you have any questions, you may call Harrison R. Kim, in the Data Operations Branch, at (916) 322-9809.

Sincerely,

Original Document Signed by
Jack Harrison for Werner Schink on 10/29/99
WERNER SCHINK
Acting Deputy Director
Program Planning and Performance Division

Enclosures

c: CWDA

RELINQUISHMENT/INDEPENDENT ADOPTION PROGRAM INDIVIDUAL CASE REPORT—AAP/AAC

SEND ONE COPY TO:

California Department of Social Services
Data Operations Branch
Reports Unit, M.S. 19-81
P.O. Box 944243
Sacramento, California 94244-2430
FAX (916) 322-9254

(ADOPTION ASSISTANCE PROGRAM/AID FOR THE ADOPTION OF CHILDREN)

The appropriate entry for a [] is a cross [X]
For a [] is a number [0|3|3]
Round all dollar amounts — no spaces are allowed for cents.

INSTRUCTIONS: Complete and submit this form when an Adoption Assistance Agreement, AD4320 is signed; or anytime when an AAP/AAC payment is started, restored, changed, recertified, terminated, or a termination date is changed; and, when a deferred agreement is completed.

ADOPTIVE FAMILY'S LAST NAME: IS THIS AN: AGENCY CODE: PLACEMENT DATE: MONTH DAY YEAR
ADOPTED CHILD'S FULL NAME: ADOPTED CHILD'S BIRTHDATE: MONTH DAY YEAR
STATE ADOPTION CASE NO: Alpha Numeric
IS MORE THAN 1 CHILD RECEIVING AAP/AAC WITH THIS SAME CASE NUMBER? YES [] 1 NO [] 2

1. PROGRAM (ENTER CODE) [] []

CODE DESCRIPTION

- 01 AAP FED - Child meets federal Title IV-E AFDC eligibility linkage requirements.
02 AAP NON-FED - Child does not meet Federal Title IV-E AFDC eligibility linkage requirements.
03 AAC - Child was placed for adoption prior to October 1, 1982.

2. CASE ACTION (ENTER CODE) [] []

CODE DESCRIPTION

- 01 Deferred agreement completed (complete items 3 and 7 only)
02 Payment started (complete ALL items)
03 Payment restored (complete items 4 through 9)
04 Payment recertified (complete items 4, 6 through 9)
05 Payment changed (Complete items 4, 6 through 9 only)
06 Family income is now sufficient.
07 Specialized care is no longer needed.
08 Child reached 18th or 21st birthday.
09 Child died.
10 Other (Specify) [] []

CDSS

3. THE CHILD IS "SPECIAL NEEDS" DUE TO:

(Check all that apply)

- a. Age (3 years and older) [] 1
b. Membership in a sibling group [] 2
c. Ethnicity, race, color or language [] 3
d. Physical, mental or emotional handicaps [] 4
e. Adverse parental background [] 5

4. THE AAP/AAC BENEFIT IS NEEDED TO PROVIDE:

(Check all that apply)

- a. The child's basic care (Family income does not allow the adoption of a new family member without subsidy) [] 6
b. Medi-Cal coverage [] 7
c. Special Circumstances Needs: [] 8
(The additional care and services provided to a foster child by a specialized foster care increment and/or group home rates.)
d. Residential care outside of the adoptive family's home [] 9

5. PAYMENT: MONTH DAY YEAR
A. Initially started [] [] [] [] [] []
B. Restored [] [] [] [] [] []
6. ANTICIPATED FINAL TERMINATION PAYMENT [] [] [] [] [] []
7. CASE ACTION [] [] [] [] [] []
8. CURRENT MONTHLY PAYMENT AMOUNT [] [] [] [] [] []
9. AFDC-FC RATE IF CHILD WERE IN FOSTER CARE [] [] [] [] [] []
10. IS PAYMENT BASED ON A DEFERRED AGREEMENT? YES [] 1 NO [] 2

COMPLETED BY: (PLEASE PRINT) AGENCY: PHONE: DATE:

**RELINQUISHMENT/INDEPENDENT ADOPTION PROGRAM
INDIVIDUAL CASE REPORT – AAP/AAC (FORM AD42 AAP/AAC)
(Adoption Assistance Program/Aid For The Adoption of Children)**

CONTENT AND PURPOSE:

The purpose of this form is to collect current information on adopting parents who receive or who will receive Adoption Assistance payments, the size and nature of the caseload and to provide a basis for caseload and cost projections for the program.

DUE DATE AND SUBMITTAL INSTRUCTIONS:

Complete and submit one copy of the form: 1) at the time an Adoption Assistance Agreement (Form AD 4320) is signed; 2) in the case of deferred payments, when the payment is initially started; 3) when an AAP/AAC payment is started, restored, changed, recertified or terminated; and 4) when the termination date is changed.

Copies are to be submitted to Statistical Services on a flow basis, but no later than the twentieth calendar day of the month following the month the action occurred.

Send the completed form AD 42 AAP/AAC to:

California Department of Social Services
Data Operations Branch
Report Unit, M.S. 19-81
P.O. Box 944243
Sacramento, CA 94244-2430

GENERAL INFORMATION:

New adoptive placements will only be AAP. The AAC cases which were deferred prior to October 1, 1982 may have payment started, restored, changed or recertified actions.

CASE IDENTIFICATION SECTION:

Enter the identifying case information called for at the top of the form: Adoptive Family's last name, Child's adopted full name, Adopted child's birthdate, Agency code (the child's agency), Placement date (date child was placed for adoption) check the appropriate box that will identify whether it is an independent or agency adoption and insert the State adoption case number, (the number assigned by SDSS at the time an initial relinquishment document or adoption petition is received by the State).

CASE ACTION SECTION:

1. Program:
Enter the code to indicate whether the case is federal, nonfederal or AAC.

If a deferred agreement enter code of program that child would be eligible for if payment started.
2. Case Action:
Enter the code to indicate the reason for the appropriate case action. Case actions are defined below. If more than one category applies, please use your best judgment and enter one (1) code.

(01) Deferred agreement completed = A child's special needs do not require benefits to begin currently but which could require benefits in the future.

(02) Payment started = The initial opening of an AAP/AAC case (i.e., original benefits started.)

(03) Payment restored = Benefits are restored after a prior discontinuation.

(04) Payment recertified = A recertification is required two (2) years from the opening date benefits begin or two years from the effective date of the last change in payment.

(05) Payment changed = An adjustment in the payment amount due to substantial changes in the family's financial circumstances or the child's needs, prior to the scheduled recertification period.
3. The Child is "Special Needs" Due To:
Identify all reasons which apply to the case with an "x".
4. The AAP/AAC Benefit is Needed to Provide:
Identify all reasons which apply to the case with an "x".
5. Payments:
A. Date Payment Started:
Enter Month, Day and Year.
B. Date Payment Restored:
Enter Month, Day and Year.
6. Anticipated Termination Date of Final Payment:
Enter Month, Day and Year.

Make the best estimate that you can. If payment is expected to continue until the child reaches majority, give the date of the 18th birthday (or 21st birthday if mentally or physically handicapped). Do not give the date that the case will be reviewed for continuation of AAP unless that is the best estimate for final termination.
7. Case Action:
Enter Month, Day and Year of this action. (i.e., if the amount of an AAP grant is changed; indicate the date the change of action is effective).
8. Current Monthly Payment Amount:
Enter the current month payment amount. Round to nearest whole dollar if payment includes cents.
9. AFDC-FC Rate if Child Were In Foster Care:
Identify the monthly AFDC-FC Rate the child would receive if the child had not been adopted.
10. Is payment based on a deferred agreement?
Please check appropriate box.

Agency Adoption Program - Individual Case Report

INSTRUCTIONS: Complete at the time the adoption is finalized (granted by the court) or the child is removed from an adoptive placement. Submit within ten days after finalization or removal if the child is immediately replaced with at least one of the parents from whom he or she was removed.

Return One Copy of form To: DEPARTMENT OF SOCIAL SERVICES DATA OPERATIONS BRANCH, M.S. 19-81 P.O. BOX 944243 SACRAMENTO, CA 94244-2430 FAX: (916) 322-9254

The appropriate entry for a [] is a cross [X] For [0][3][3] is a number [0][3][3] Round all dollar amounts — no spaces are allowed for cents

A. CHILD'S NAME B. ADOPTIVE PARENT'S NAME C. AGENCY NAME AND LOCATION AGENCY CODE D. STATE ADOPTION CASE NUMBER Alpha Numeric ADA E. TYPE OF REPORT: 1 Completed adoption 2 Removal

B If YES, was the adoption finalized? (If more than one previous placement, did any placement result in a finalized adoption?) YES [] 1 NO [] 2

C. Number of previous adoptive placements..... [][]

10. Indicate which of the following conditions the child has: (Check all that apply)

- Mental retardation..... [] 01
Visual or hearing impairment..... [] 02
Physical disability [] 03
Emotional disturbance [] 04
Medical condition [] 05
Behavioral problems [] 06
Developmental delay [] 07
Language developmental delay..... [] 08
Attention deficit disorder (ADD/ADHD)..... [] 09
Adverse parental background.....
Mentally ill birth parent..... [] 10
Drug exposed during pregnancy [] 11
Other adverse parental background [] 12
No problems identified [] 99

11. Is child receiving special education services? (Enter code)..... []

Code Selection: 1 - Yes 2 - No 3 - N/A - Child not enrolled in school

12. A. Was the child subject to the Indian Child Welfare Act?..... YES [] 1 NO [] 2

B. If YES, name of tribe..... [][]

13. Was the child a dependent of the court when referred to the adoption program?..... YES [] 1 NO [] 2

PART I. GENERAL CASE INFORMATION

1. Date child last resided with one or both birth parents. NEVER 1 [] MONTH DAY YEAR

2. First date child began living with this family..... MONTH DAY YEAR

3. Date child legally free for adoption MONTH DAY YEAR

4. Date adoptive placement agreement signed MONTH DAY YEAR

5. Complete EITHER A. or B.

A. Date adoption finalized..... MONTH DAY YEAR

B. Date of removal..... MONTH DAY YEAR

6. A. Was this a cooperative placement?..... YES [] 1 NO [] 2

B. If "YES", and the family's agency is in California, write in name of the family's agency and it's code number; OR if the agency is outside of California, write in the name of the state.

NAME OF CALIFORNIA AGENCY OR NAME OF OTHER STATE The out-of-state agency is a: [] Public agency [] Private agency

PART II. DATA ON CHILD

7. Sex M [] 1 F [] 2

8. Birthdate..... MONTH DAY YEAR

9. A. Was this child previously placed for adoption with another family? (Adoptive placement agreement was signed.) YES [] 1 NO [] 2

Do not include placements where the child is now being adopted by at least one of the parents with whom he or she was placed previously.

(CONTINUED NEXT COLUMN)

PART III. DATA ON BIRTH PARENTS

14. Birthdates of birth parents: Mother MONTH DAY YEAR

Father MONTH DAY YEAR

15. Was the birth mother married at the time of the child's birth? YES [] 1 NO [] 2 Unk [] 3

16. Did either of the birth parents:

A. Participate in selecting the adoptive home? YES [] 1 NO [] 2

B. Meet the adoptive parent(s) face to face? YES [] 1 NO [] 2

(CONTINUED NEXT COLUMN)

17. Action(s) to free child for adoption. (Indicate type of action and effective date for each applicable person by entering code and date below.)

Action Codes

Table with 2 columns: Court Actions, Voluntary Actions. Includes codes 02-10 and 01-11 with descriptions like 'Family Code 7820 et seq.', 'Standard Relinquishment signed', etc.

Effective Dates:

Relinquishments, waivers and denials: Date the form is filled with the Calif. Dept. of Social Services.

Court actions: Date the court order is filled by the court clerk.

Table with 3 columns: Death, Date of death, Action Code, Effective Date. Includes rows for Mother, Presumed/legal father #1, #2, and Alleged natural father #1, #2.

PART III. DATA ON BIRTH AND ADOPTING PARENT(S)

18. Race: (for each parent, enter code for race. For mixed parentage, enter code for the primary group.) Birth Parents Adopting Parents

Code Selection:

- 01 White 07 Chinese 13 Hawaiian
03 Black 08 Cambodian 14 Guamanian
04 Other Asian/ Pacific Islander 09 Japanese 15 Laotian
05 Filipino 10 Korean 16 Vietnamese
06 Alaskan Native/ American Indian 11 Samoan 17 Unknown
12 Asian/Indian

A. Is this person of Hispanic origin? Birth Parents Adopting Parents Mother Father Mother Father

19. For each parent, enter code of highest grade completed.....

Code Selection:

- 1 8th grade and under 4 Some college/trade school 7 Unknown
2 Some high school 5 Four-year college graduate
3 High school graduate 6 Post graduate degree

(CONTINUED OTHER SIDE)

PART V. DATA ON ADOPTING PARENT(S)

20. Date application received MONTH DAY YEAR MONTH DAY YEAR

21. Date approved for placement MONTH DAY YEAR

22. Is the adopting parent a single parent? (Enter code.)
Code Selection:
 1 No 2 Yes, mother sole adopting parent 3 Yes, father sole adopting parent

23. Is either adopting parent related to child by blood, marriage or through previous adoption? (Enter code.) MOTHER FATHER
Code Selection:
 01 No If YES, enter code:
 02 Grandparent 06 Sibling
 03 Aunt/uncle 07 Other (specify) _____
 04 Cousin 08 Birth Parent CDSS

24. Marital status of adopting parent(s) at time of finalization or removal. (Enter code.)
Code Selection:
 1 Married 2 Not Married 3 Separated

25. Birthdates of adopting parents: A. Mother MONTH DAY YEAR
 B. Father MONTH DAY YEAR

26. Number of minor children in family of adopting parent(s):
 A. This adoptive child 1
 B. Other children being adopted at this time:
 01 Birth siblings of this child
 Specify state ADA case number(s) and name(s): _____
 02 Non siblings of this child
 Specify state ADA case number(s) and name(s): _____

C. Previously adopted children (except stepparent)
 D. Birth children of either parent
 E. Foster children
 F. Wards (guardianship cases)
 G. Other children
 H. Total minor children in family

27. A. Number of known siblings the child has other than those shown in Item 26.B(01)
 B. Number of these siblings living with the adoptive family

(CONTINUED NEXT COLUMN)

C. Of those siblings shown in 27.B., enter number who are:
 Previously adopted Guardianship FC: Long-term
 FC: Adoption expected Plan uncertain FC: Reunification expected

28. Number of adults living in adoptive home at time of finalization or removal:
 A. Adoptive parent(s)
 B. Adult children of either adoptive parent (18 years and over)
 C. Mother and/or father of either adoptive parent
 D. Other relatives
 E. Unrelated adults
 F. Wife or husband (if spousal waiver)
 G. Total adults living in adoptive home

29. Employment status of adoptive parent(s) prior to adoptive placement of this child. (Enter code.) MOTHER FATHER
Code Selection
 01 Employed full time 02 Employed part-time (less than 25 hours/week)
 03 Not employed

30. Annual gross income: (monthly amount x 12 months = annual) Whole Dollars
 A. Adopting parents' earned and unearned income (AAP 1, Item 2a)
 B. This child's unearned income (AAP 1, Item 2b plus child's SSP)
 C. Other minor children's unearned (AAP 1, Item 2c plus other children's AAP not included in AAP 1, Item 2c)
 D. Total family income

31. A. Adoption agency services fee paid by adopting family for this child Whole Dollars
 B. Fee is: (Enter code.)
Code Selection
 01 Full amount 02 Reduced 03 Waived 04 Unknown (out of state only)

PART VI. ADOPTION ASSISTANCE

32. Adoption Assistance Program (AAP) Status
 A. Did the adoptive parents sign an Adoption Assistance Agreement (AD 4320) YES 1 NO 2
 B. Enter code for only one of the following items:
 01 The AAP agreement is a deferred payment agreement. (Section II of the AD 4320 was completed.) The child is receiving neither an AAP cash payment nor AAP linked Medi-Cal at this time.

(CONTINUED NEXT COLUMN)

02 The child is not receiving a cash payment but is receiving AAP linked Medi-Cal.
 03 The child is receiving a cash payment. The monthly amount of the AAP grant is

C. The primary basis for the child's AAP eligibility is that adoptive placement without financial assistance was unlikely due to:
 Enter Code
Code Selection 1 Race, ethnicity, color, or language
 2 Age of 3 years or older
 3 Membership in a sibling group that should remain intact
 4 Mental, physical, emotional or medical disability
 (If Code 4 is selected, be sure Item 10 has been completed)
 5 Adverse parental background

D. Check only one of the following.
 1 The child is eligible for federal AAP (aid code 03) 1
 2 The child is eligible for non-federal AAP (aid code 04) 2

PART VII. DATA ON REMOVAL FROM THIS ADOPTIVE PLACEMENT

Complete this section only if AD 42R is submitted due to a removal from adoptive placement.

33. Enter code to indicate the primary reason for removal
Death **Initiated by agency due to:**
 01 Death of child 03 Abuse or neglect of child
 02 Death of adoptive parent(s) 04 Inability to meet child's need:

Initiated by adoptive parent(s) due to: **Other**
 05 Child's behavior or care needs 06 Factors not directly related to child (e.g., dissolution of marriage, financial problems) (Specify) _____ CDSS

34. The immediate plan at the time of removal was for the child to be placed
 Enter Code
Code Selection 5 In another adoptive home
 1 In a nonrelative foster home 6 With birth parent(s)
 2 In a relative foster home 7 In the same home, but in foster care status
 3 With a foster family agency 8 In the same home, but in guardianship status
 4 In a group home 9 Unknown

35. Check any of the following services which were provided during the adoptive placement (e.g., between the time of the placement for adoption and the removal).
 1 Individual or family counseling 1
 2 Out of home placement including psychiatric hospitalization 2
 3 Other (specify) 3
 4 Unknown 4 CDSS

COMPLETED BY: (Please Print)

PERSON IN CHILD'S AGENCY		PERSON IN FAMILY'S AGENCY	
NAME OF CHILD'S AGENCY		NAME OF FAMILY'S AGENCY	
DATE	PHONE NUMBER	DATE	PHONE NUMBER
	()		()

INSTRUCTIONS FOR COMPLETING THE AGENCY ADOPTION PROGRAM INDIVIDUAL CASE REPORT FORM AD 42R (REVISED 8/99)

CONTENT AND PURPOSE

A Form AD 42R shall be completed for each California child at the time the adoption is finalized (granted by the court) or the child is removed from an adoptive placement prior to finalization of the adoption. The form is used to collect characteristics of children placed by adoption agencies who are adopted or removed from adoptive placements, their birth parents, and their adoptive parents.

SUBMITTAL INSTRUCTIONS AND DUE DATE

All public and private adoption agencies licensed to accept relinquishments of children and place them for adoption shall complete and submit Form AD 42R, Agency Adoption Program, Individual Case Report. **Please provide a copy of these instructions to every staff person who completes the form.**

Individual case reports should be submitted within ten days after the date the adoption was completed or the child was removed from the adoptive placement. Sent the completed original Form AD 42R copy to:

California Department of Social Services
Data Operations Branch
Reports Unit, MS. 19-81
P.O. Box 944243
Sacramento, California 94244-2430
FAX (916) 322-9254

RETAIN A COPY OF THE AD 42R FOR YOUR RECORDS.

GENERAL INFORMATION

An AD 42R must be submitted for each child whose adoption is finalized (granted by the court) or who is removed from an adoptive placement prior to finalization of the adoption. If more than one child is adopted by the same adoptive parent(s), prepare a separate AD 42R for each child. If the child has been previously placed in an adoptive home, and the adoption was finalized, report on the AD 42R for subsequent placements; the characteristics of the previous adoptive parents, rather than the birth parents for all items except Items 18 and 19 (race and Hispanic origin) which must refer to the birth parents. If the previous adoptive placement was not finalized, report the characteristics of the birth parents.

INSTRUCTIONS FOR COMPLETING FORM

The agency having responsibility for the child will complete those sections of the form describing the child, the birth parents and agency action, and enter the name of the person completing the report, agency, date and

phone number in the space provided. This agency will then send the form to the agency having responsibility for the adopting parent(s). The family's agency will complete the sections of the form describing the adopting parent(s), and enter the name of the person completing the report, the name of the adopting parent(s)' agency, the date, and phone number. The form must be returned to the child's agency which will submit the completed form to CDSS. It is important that the AD 42R Form, as well as the other necessary adoption casework forms, be completed and sent to CDSS promptly.

CASE IDENTIFICATION SECTION

- Item A** **Child's Name.** Enter the name of the child as shown on the relinquishment or AD 551A, "Notice of Action in Lieu of Relinquishment."
- Item B** **Adoptive Parent's Name.** Enter the names of the adoptive parents.
- Item C** **Agency Name and Location.** Enter the full name and numeric code designation of the agency.
- Item D** **State Case Number.** Enter the complete state number with prefix, (e.g., ALA 20150). This number is assigned at the time that the relinquishments, or notices of action in lieu of, are filed with the CDSS and is shown on Form AD 4333, Acknowledgment and Confirmation of Receipt of Relinquishment Documents, which is sent by CDSS to the agency.
- Item E** **Type of Report.** Enter an "X" in the appropriate box.

PART I. - GENERAL CASE INFORMATION (For Items 1-5 if day is unknown, leave day blank)

- Item 1** **Date child last resided with one or both birth parent(s).** Enter the month, day and year the child last resided with one or both birth parent(s) on a regular basis. If child was separated from the birth parent(s) at birth, "X" never.
- Item 2** **First date child began living with this family.** Enter the month, day and year child began living with this family. This includes placement prior to adoptive placement, (i.e., foster care or informal care by relatives or others). If placement was interrupted and the interruption was shorter than the placement prior to the interruption, then use the first date the child began living with the family. Otherwise, use the date the child was next placed in the home.

- Item 3** **Date child legally free for adoption.** Enter the month, day and year. Enter the most recent of the following dates: (a) For relinquishment - date shown on Form AD 4223, Acknowledgment and Confirmation of Receipt of Relinquishment documents, (b) For court terminations - the date of the court action unless an appeal occurred in which case the date the appeal was resolved should be entered. This date should be the same as the most recent date shown in Item 17.
- Item 4** **Date adoptive placement agreement signed.** Enter the date that the legally free child or, in vary limited circumstances, the partially free child was formally placed for adoption with the adopting parent(s).
- Item 5** **Complete Either "A" or "B".** If Item F (in the Case Identification Section) indicates this is a completed adoption, complete 5A. Enter the date of the court order granting the adoption. If Item F indicates this is a removal, complete 5B. Enter the date the child was formally removed from the home.
- Item 6A** **Was this a cooperative placement?** A cooperative placement is one where the adoptive parent's agency is not the same agency as the child's agency. Enter an "X" in the appropriate box. If the child's agency is not located in California, the adoption is not counted as a California adoption and the Form **AD 42R should not be completed.**
- Item 6B** **If "Yes",** and the family's agency is in California, write in the name of the family's agency and its code number; OR if the agency is outside of California, write in the name of the state.

For California agency, use codes in Item C (Agency Name and Location) if known. For agencies in other states, enter the name of the state and indicate whether the agency is a public or private agency.

PART II. - DATA ON CHILD

- Item 7** **Sex.** Enter an "X" in the appropriate box.
- Item 8** **Birthdate.** Enter month, day and year of child's birth.

**INSTRUCTIONS FOR COMPLETING THE
AGENCY ADOPTION PROGRAM INDIVIDUAL CASE REPORT
FORM AD 42R (REVISED 8/99) (Continued)**

Item 9A **Was the child previously placed for adoption with another family?** Enter "X" in the appropriate box. Do not answer "Yes" when an adoptive placement agreement was not signed. Do not answer "Yes" when the previous placement was with at least one of the current adoptive parents. (For example, do not answer "Yes" when the child was first placed with two parents who divorced prior to completion of the adoption and the child was removed from the adoptive placement with the two parents and replaced for adoption with one of them).

Item 9B **Was the adoption finalized?** Enter an "X" in the appropriate box. Answer "Yes" if any previous adoptive placement resulted in a finalized adoption.

Item 9C **Number of previous adoptive placements.** Enter the number of previous formal adoptive placements. Do not count placements where at least one adoptive parent is the same as the parent in the former placement as separate placements.

Item 10 **Indicate which of the following conditions the child has: (Check all that apply.)**

Enter an "X" in the appropriate boxes. If the child has none of the indicated conditions, enter an "X" in the last ("No problems identified") box.

"Mental retardation" means significantly subaverage general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affects a child's/youth's socialization and learning diagnosed by a qualified professional.

"Visual or hearing impairment" means having a visual impairment that may significantly affect educational performance or development; or a hearing impairment, whether permanent or fluctuating, that adversely affects educational performance as diagnosed by a qualified professional.

"Physical disability" means a physical condition that adversely affects the child's day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities as diagnosed by a qualified professional.

"Emotional disturbance" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal

problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. This condition must be clinically diagnosed based on the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (i.e., DSM IV).

"Medical condition" means any physiological condition not described in the above four conditions such as dependency on life support devices (e.g., respirators, dialysis machines) or conditions such as cancer, diabetes, heart disease and genetic disorders.

"Behavioral problems" means behaviors that are abusive, aggressive or disruptive in ways detrimental to life, comfort and/or property of the child and/or others.

"Developmental delay" means that the child, while not developmentally disabled, is functioning below age level in a way that requires special education or other special treatment.

"Language developmental delay" means that the child's development appears normal except for delayed speech development.

"Attention deficit disorder (ADD/ADHD)" means that the child has been diagnosed as having attention-deficit disorder or attention deficit/hyperactivity disorder by a qualified professional.

"Adverse parental background - mentally ill birth parent" means that at least one of the child's birth parents had a mental illness such as bipolar disorder or schizophrenia that may be hereditary.

"Adverse parental background - drug exposed during pregnancy" means that the birth mother admitted to using drugs during pregnancy or tested positive for drugs during pregnancy or at the time of delivery or that the child tested positive for drugs at the time of birth. "Drugs" means controlled substances specified in Schedules I to V inclusive of Division 10 (commencing with Section 11000) of the Health and Safety Code.

"Adverse parental background - Other adverse parental background" means parental conditions or actions other than parental mental illness or prenatal drug exposure which are likely to lead to the development of health conditions in the child. Abuse and neglect of the child are included in this category.

"No problems identified" means that the child has none of the problems listed above.

Item 11 **Is the child receiving special education services?** Enter an "X" in the appropriate box. "Special education services" means public or private school services provided pursuant to an Individualized Education Plan (IEP).

Item 12A **Was the child subject to the Indian Child Welfare Act?** Enter an "X" in the appropriate box.

Item 12B **If "Yes", name of tribe.** Enter the name of the tribe which found the child to be subject to the Indian Child Welfare Act.

Item 13 **Was the child a dependent of the court when referred to the adoption program?** Enter an "X" in the appropriate box.

PART III. - DATA ON BIRTH PARENTS

ITEM 14 **Birthdates of birth parents.** If dates are unknown, write in "unknown" next to the appropriate parent. If approximate but not exact birthdate or age is known, write "estimate" next to information shown.

Item 15 **Was the birth mother married at the time of the child's birth?** Enter an "X" in the appropriate box. Answer "Yes" if the mother was married to any man at the time of the child's birth. The husband need not be the father of the child nor need he have any relationship, other than that of legal marriage, with the mother.

Item 16A **Did either of the birth parent(s) meet the adoptive parent(s) participate in selecting the adoptive home?** This applies only to relinquishments or when specified in will of deceased parents. Enter an "X" in the appropriate box.

Item 16B **Did either of the birth parent(s) meet the adoptive parent(s) face-to-face?** Check appropriate box. If relative placement, "X" Yes unless they never met.

Item 17 **Actions to free child for adoption.** For each identified parent enter the type of action under "action code" and the effective date of the action under "effective date." Relinquishments, waivers and denials are effective on the date the form is filed with the California Department of Social Services. Court actions are effective on the date the court order is filed with the court clerk. When a parent has died, the effective date is the date of death.

**INSTRUCTIONS FOR COMPLETING THE
AGENCY ADOPTION PROGRAM INDIVIDUAL CASE REPORT
FORM AD 42R (REVISED 8/99) (Continued)**

PART IV. - DATA ON BIRTH AND ADOPTING PARENT(S)

Items 18 and 19 will be completed by entering an "X" in the appropriate box in each column. However, for single parent adoptions, draw a vertical line through all the possible responses for the inapplicable parent.

Item 18 Race. Enter an "X" in the appropriate box for each person to show the racial background of each of the birth parents and adopting parent(s). If the parent is of mixed race, indicate the background by checking the primary race. In cases of mixed race where no one race is primary, determine the race using the following order: Alaskan Native/American Indian, black, Filipino, Asian, white, unknown. (For example, if a person is a mixture of American Indian and black, check Alaskan Native/American Indian; if a person is a mixture of black and white, check black; if a person is a mixture of Filipino and Chinese, check Filipino, etc).

"White" means a person whose ancestry is of European, North African, or Middle Eastern origin.

"Black" means a person whose ancestry is any of the racial groups of Africa except North Africa.

"Other Asian/Pacific Islander" means a person whose ancestry is in the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands whose specific place of origin is not listed in items 05 through 16.

"Filipino" means a person whose ancestry is of the Philippine Islands.

"Alaskan Native/American Indian" means a person whose ancestry is of the Americas and who maintains tribal affiliation or is so recognized in the community.

"Chinese" means a person whose ancestry is of China.

"Cambodian" means a person whose ancestry is of Cambodia.

"Japanese" means a person whose ancestry is of Japan.

"Korean" means a person whose ancestry is of Korea.

"Samoan" means a person whose ancestry is of Samoa.

"Asian/Indian" means a person whose ancestry is of the Indian sub-continent.

"Hawaiian" means a person whose ancestry is of the Hawaiian Islands.

"Guamanian" means a person whose ancestry is of Guam.

"Laotian" means a person whose ancestry is of Laos.

"Vietnamese" means a person whose ancestry is of Vietnam.

"Unknown" means that it is not possible to place the person in any of the above categories.

Item 18A Is this person of Hispanic origin? Enter the correct code (1 = Yes, 2 = No) for each person. This item is separate from Item 18 and both items must be completed for each person. For example, a person from Cuba might be black and Hispanic; a person from Mexico, white and Hispanic; a person from Peru, Japanese and Hispanic.

Item 19 Education. Enter an "X" to show the highest year of schooling completed by each birth parent and each adopting parent. Consider completion of work in regular schools only (such as public, private or parochial schools, colleges, universities or professional schools). Post Secondary Training in Trade Schools should be included in Section "D".

PART V. - DATA ON ADOPTING PARENT(S)

Item 20 Date application received. Enter month, day and year that the agency received the signed application from the adopting parent(s).

Item 21 Date approved for placement. Enter month, day and year in which the home was approved for placement of a child. The date must be prior to the date the adoptive placement agreement was signed.

Item 22 Is the adopting parent a single parent? For this item, indicate whether the child is being adopted by a couple, (e.g., both a mother and father, or one parent, either a mother or father, Code B or C). "Single parent" has no reference to the marital status of the adopting parent.

Item 23 Is either adopting parent related to the child by blood, marriage or through previous adoptions? Enter the appropriate code for each adopting parent.

Item 24 Marital status of the adopting parent(s) at time of finalization or removal. Enter the appropriate code.

Item 25 Birthdate(s) of adopting parent(s). If exact birthdate or age is unknown, estimate age and write "estimate" next to the information shown.

Item 26 Number of minor children in family of adopting parent. Enter number of children where appropriate. Do not enter zeros.

Item 26A This adoptive child. (Already filled in with a (1) one.)

Item 26B "Other children being adopted at this time" refers to children in the home (other than the subject of this report) for whom an adoptive placement agreement has been, or soon will be signed.

Item 26C "Previously adopted" means those children for whom an adoption has been finalized (excluding stepparent adoptions).

Item 26D "Natural children" refers to either or both of the prospective adopting parents' biological children and not those being adopted or previously adopted.

Item 26E "Foster children" refers to those children in foster care with none of the above actions pending or in progress.

Item 26F "Wards" refers to children for whom the adopting parents are the legal guardians.

Item 26G "Other children" means the number of other minor children in the family of the adopting parents living in the home. This includes relatives, etc.

Item 26H "Total minor children in family" means the total number of children listed in Items 26A through G. If there are no other children in the home, the total will be one.

Item 27A Number of known siblings the child has other than those shown in Item 26B (01). Enter the number of brothers and sisters the child has who are not being placed for adoption with this family at this time. Half siblings with whom the child's birth parent has contact (or had contact prior to removal) should be counted as siblings.

Item 27B Number of these siblings living with the adoptive family. Of those siblings shown in item 27A, enter the number who are living with the adoptive family. Only count siblings who are not being placed for adoption with this family at this time.

Item 27C Of those siblings shown in 27B, enter number who are: This item shows the current status of the child's birth siblings living in the adoptive family who are not being placed for adoption at this time.

**INSTRUCTIONS FOR COMPLETING THE
AGENCY ADOPTION PROGRAM INDIVIDUAL CASE REPORT
FORM AD 42R (REVISED 8/99) (Continued)**

- Item 28** **Number of adults living in adoptive home at time of placement.** Enter the number in the appropriate box. Identify those adults who currently plan to live within the adoptive home for longer than three months.
- Item 29** **Employment status of adoptive parent(s) prior to adoptive placement of this child.** Enter an "X" in the appropriate box.
- Item 30** **Annual gross income.** Note: These items ask for annual (i.e., yearly) income data. Multiply monthly income data by 12 to obtain the annual income data.
- Item 30A** Enter the adopting parents earned and unearned annual income. This is the same as the income shown in Item 2a on the Request for Adoption Assistance form (AAP1).
- Item 30B** Enter the child's unearned annual income. This is the same as the child's unearned income shown in Item 2b of the AAP 1 plus the child's Adoption Assistance Program (AAP) benefit.
- Item 30C** Enter the unearned annual income of other children in the family. This is the same as the unearned income of other children shown in Item 2c of the AAP 1 plus any AAP benefits of other children not included in Item 2c.
- Item 30D** Enter the total of the above three items.
- Item 31A** **Adoption agency services fee paid by adopting family for this child.** Enter the sum which the agency and the adopting parent(s) agreed upon as the family's fee for placement services for this child. If the fee was waived write "0". If the agency fee includes more than one child, divide the total amount among all of the children being placed. If the family paid a fee to more than one agency, the total fees paid to all agencies should be entered.
- Item 31B** **Enter the appropriate code.** Agencies who determine fees with sliding scales should use code 01 (full amount); if the fee was the agency's maximum fee and code 02 (reduced) if the fee was less than the maximum fee.

PART IV. - ADOPTION ASSISTANCE

- ITEM 32A** **Did the adoptive parents sign an Adoption Assistance Agreement (AD 4320)?** Enter an "X" in the appropriate box.
- Item 32B** **Enter the appropriate code.** If the child is receiving a cash payment, enter the amount of the payment.

Item 32C **Primary basis of the child's AAP eligibility.** Enter the appropriate code. If more than one factor leads to the child being eligible for AAP, enter the code for the most important factor. If code 4 (mental, physical, emotional or medical disability) is entered, at least one item other than "no problems identified" must be checked in Item 10.

Item 32D **Federal eligibility.** Enter an "X" in the appropriate box. The child's federal eligibility status is indicated by the aid code in the payment case number/medical number. If the third and fourth digits (after the county code) are "03", the child is federally eligible. If the code is "04", the child is not federally eligible. Federal eligibility status is also indicated on the Eligibility Certification - Adoption Assistance Program (AAP 4) form.

Note: Complete Items 33, 34 and 35 only if the adoption was not completed and the child was removed from the adoptive placement. Removals from adoptive placement include cases where the child remains in the home, but not as an adopted child (e.g., long-term foster care, guardianship). Removals do not include cases where the child was replaced with at least one of the parents from whom he or she was removed.

PART VII. - DATA ON REMOVAL

- Item 33** **Enter code to indicate the primary reason for removal.** Enter the appropriate code describing the reason for the child's removal from the adoptive placement. If two or more factors are present, select the most important factor.
- Item 34** **The immediate plan at the time of removal.** Enter the code that describes the agency's current short-term plan for the child. For example, if the plan is to place the child in an already identified adoptive home after a brief foster placement in another adoptive home. However, if the plan is to place the child in a foster placement with the intention of developing an adoptive placement with an as yet unidentified family, the plan is placement in a nonrelative foster home.
- Item 35** **Check any of the following services which were provided during the adoptive placement.** Check the appropriate boxes. Individual and family counseling includes both services provided by agency staff and by others to any family member(s), including the child.

Completed by:

The person completing the form should print his/her name, agency, telephone number and the date completed in the space provided. For cooperative placements, information on the family may be obtained by telephone or by mailing the partially completed form to the family's agency. The person completing the form (or providing the data by telephone) for the family's agency should print his/her name, agency and telephone number, and enter the completion date. If the person completing the form is the same for both, indicate "same" in the appropriate space.