

NOTICE OF PLACEMENT (To be Sent Within 15 Days of Placement)

California Department of Social Services
744 P Street, M.S. 8-12-31
Sacramento, California 95814

ADA

State Case Number

NAME OF CHILD AS SHOWN ON RELINQUISHMENT/COURT TERMINATION DOCUMENTS/TRIBAL CUSTOMARY ADOPTION ORDER _____ born on _____ was _____ DATE

placed for adoption in the home of _____ (_____)
FULL NAME OF APPLICANT BIRTHDATE

and _____ (_____)
FULL NAME OF APPLICANT BIRTHDATE

at _____ on _____
STREET CITY COUNTY STATE DATE

Had child been listed in California’s statewide photo-listing services (California’s Waiting Children or California Kids Connection Website)?

No Yes

Will child receive AAP?

No Yes Deferred AAP Benefit Amount \$ _____

Child’s Linkage:

- Age _____ years old at placement
- Medical or emotional disability _____
SPECIFY
- Adverse parental background _____
SPECIFY
- Ethnic/Minority background _____
SPECIFY
- Sibling Group member

Is the child placed with his or her siblings? Yes No

Does the child have Indian Heritage?

No Yes If Yes, was the child subject to the provisions of the ICWA?
 No Yes

Placement with

Family Tribe Other Indian Family Non-Indian family

Was placement preference followed?

Yes No If No, was court order issued? _____

Was this a cooperative placement?

No Yes

NAME OF CHILD’S AGENCY	BY (SIGNATURE)	DATE
NAME OF FAMILY’S AGENCY	BY (SIGNATURE)	DATE