

**NOTICE OF FORM CHANGE NO. 03-125**

DATE

9/4/2003

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE AD 40.1 (8/03) Adoptions Worksheet

|  |   |   |  |
|--|---|---|--|
| ORDER UNIT<br>MO   | <input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold                  | ESTIMATED PRICE                           | INITIAL SUPPLY SENT<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised   | DATE OF FORM<br>8/03  | REPLACES<br>1/95                          | <input type="checkbox"/> Obsolete  |
| REQUIRED FORM-<br><input type="checkbox"/> No Change Permitted   | REQUIRED FORM-<br><input type="checkbox"/> Substitute Permitted With Prior DSS Approval | <input type="checkbox"/> Recommended Form |  |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:<br><b>Department of Social Services Warehouse</b><br><b>P.O. Box 980788</b><br><b>West Sacramento, CA 95798-0788</b> |   | <input type="checkbox"/> Other:           |  |

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

Use until exhausted  Destroy

USE NEW FORM

When supply available in DSS Warehouse  Use new form effective 8/03

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

FORM IS NOW MASTER ONLY. UNIT OF ISSUE CHANGED TO EACH.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov).

# ADOPTIONS WORKSHEET

|                                      |               |                |                              |   |                                  |
|--------------------------------------|---------------|----------------|------------------------------|---|----------------------------------|
| <b>HOMESTUDY VISITS:</b> First _____ |               | Second _____   |                              | SIGNATURE OF ADOPTIONS SUPERVISOR _____ |                                  |
| DATE/PLACE                           |               | DATE/PLACE     |                              |   |                                  |
| STATE NUMBER                         | ACTION NUMBER |                | CROSS REFERENCE              |   |                                  |
| FILED DATE                           | 45 DUE DATE   | FINAL DUE DATE | EXTENSION DATE               | REOPENED DATE                           | COMPLETION DATE                  |
| ATTORNEY                             |               | ADDRESS        |                              | TELEPHONE                               |                                  |
| ADOPTION SERVICE PROVIDER            |               | ADDRESS        |                              | TELEPHONE                               |                                  |
| NAME OF MINOR BEFORE ADOPTION        |               | DATE OF BIRTH  | NAME OF MINOR AFTER ADOPTION |   |                                  |
| NAME OF PLACING PARENT(S)            |               |                | DATE OF PLACEMENT AGREEMENT  | DATES OF ADVISEMENT SESSIONS            |                                  |
| BIRTH MOTHER                         |               | ADDRESS        |                              | HOME TELEPHONE                          |                                  |
| AKA:                                 |               | ADDRESS CHANGE |                              | WORK TELEPHONE                          |                                  |
| ALLEGED FATHER                       |               | ADDRESS        |                              | HOME AND WORK TELEPHONE                 |                                  |
| ALLEGED FATHER                       |               | ADDRESS        |                              | HOME AND WORK TELEPHONE                 |                                  |
| PRESUMED FATHER(S)                   |               | ADDRESS        |                              | HOME AND WORK TELEPHONE                 |                                  |
| PETITIONER(S)                        |               |                |                              | HOME TELEPHONE                          | FIRST PETITIONER WORK TELEPHONE  |
| ADDRESS                              |               |                |                              |   | SECOND PETITIONER WORK TELEPHONE |

| ITEM TO BE CHECKED   | COMPLETED | NEED | SENT | FOLLOW-UP | NOTES |
|--|-----------|------|------|-----------|-------|
| QUESTIONNAIRE (AD 9)   |           |      |      |           |       |
| REFERENCES   |           |      |      |           |       |
| PARENT'S LETTER/AUTH. 4311                                       |           |      |      |           |       |
| MED. CARE AUTHORIZATION TO PETITIONER(S)                         |           |      |      |           |       |
| MINOR'S OBSTETRICAL REPORT                                       |           |      |      |           |       |
| PEDIATRICIAN <span style="float: right;">First<br/>Second</span> |           |      |      |           |       |
| PKU TEST   |           |      |      |           |       |
| PSYCHO. OR PSYCHIA.  |           |      |      |           |       |
| SCHOOL OR WORK   |           |      |      |           |       |
| FIRST PETITIONER MEDICAL REPORT                                  |           |      |      |           |       |
| QUESTIONNAIRE I  |           |      |      |           |       |
| QUESTIONNAIRE II   |           |      |      |           |       |
| EMPLOYMENT   |           |      |      |           |       |
| DOJ CRIMINAL CLEARANCE   |           |      |      |           |       |
| FBI CRIMINAL CLEARANCE   |           |      |      |           |       |
| CHILD ABUSE INDEX  |           |      |      |           |       |
| SECOND PETITIONER MEDICAL REPORT                                 |           |      |      |           |       |
| QUESTIONNAIRE I  |           |      |      |           |       |
| QUESTIONNAIRE II   |           |      |      |           |       |
| EMPLOYMENT   |           |      |      |           |       |
| DOJ CRIMINAL CLEARANCE   |           |      |      |           |       |
| FBI CRIMINAL CLEARANCE   |           |      |      |           |       |
| CHILD ABUSE INDEX  |           |      |      |           |       |
| PLACEMENT AGREEMENT  |           |      |      |           |       |
| WAIVER OF RIGHT TO REVOKE CONSENT                                |           |      |      |           |       |
| REVOCATION OF CONSENT  |           |      |      |           |       |
| BIRTH MOTHER'S CONSENT   |           |      |      |           |       |
| ALLEGED FATHER'S CONSENT(S)                                      |           |      |      |           |       |
| PRESUMED FATHER'S CONSENT(S)                                     |           |      |      |           |       |
| COURT ACTION(S) IN LIEU OF CONSENT(S)                            |           |      |      |           |       |

|   |                                     |                |  |
|---|-------------------------------------|----------------|--|
| AD 855 SIGNED:                              | AD 512 SIGNED:                      | AD 908 SIGNED: | ADOPTION FEE PAID:                     |
| AD 42(1) - INDIVIDUAL RECORD CARD COMPLETED | <input type="checkbox"/> YES (DATE) |                | <input type="checkbox"/> NO            |
| VS 44 - COURT REPORT OR ADOPTION COMPLETED  | <input type="checkbox"/> YES (DATE) |                | <input type="checkbox"/> NOT NECESSARY |
| AD 27 - IRREGULAR PLACEMENT REPORT FILED    | <input type="checkbox"/> YES (DATE) |                | <input type="checkbox"/> NOT NECESSARY |

### VITAL STATISTICS

|  | NEED | REQ. | FOLLOW-UP | VFD. DATE | NOTES |
|--|------|------|-----------|-----------|-------|
| MINOR'S BIRTH CERTIFICATE                |      |      |           |           |       |
| BIRTH PARENTS' MARRIAGE                  |      |      |           |           |       |
| BIRTH PARENTS' MARRIAGE DISSOLUTION      |      |      |           |           |       |
| BIRTH MOTHER'S PREVIOUS MARRIAGE(S)      |      |      |           |           |       |
| PREVIOUS MARRIAGE DISSOLUTIONS           |      |      |           |           |       |
| DEATH OF PREVIOUS SPOUSE(S)              |      |      |           |           |       |
| DEATH OF BIRTH PARENT(S)                 |      |      |           |           |       |
| PETITIONER'S MARRIAGE                    |      |      |           |           |       |
| FIRST PETITIONER'S PREVIOUS MARRIAGE(S)  |      |      |           |           |       |
| PREVIOUS MARRIAGE DISSOLUTIONS           |      |      |           |           |       |
| DEATH OF PREVIOUS SPOUSE(S)              |      |      |           |           |       |
| SECOND PETITIONER'S PREVIOUS MARRIAGE(S) |      |      |           |           |       |
| PREVIOUS MARRIAGE DISSOLUTIONS           |      |      |           |           |       |
| DEATH OF PREVIOUS SPOUSE(S)              |      |      |           |           |       |