

**CMP/CPA Adoption Services Checklist**

*Fees are paid for an array of adoption services to help prepare and support families through the adoption process. It is understood by all agencies working in collaboration with each other and families that these services will continue through the completion of a BIS and finalization.*

**Adoptive Family:**

Name: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Relative Family:  Yes  No

Is the family currently licensed:  Yes  No

Is the homestudy being submitted an Update or Original? \_\_\_\_\_

Date of completed home study/Family portion of BIS packet: \_\_\_\_\_

Does the family have current placement of child (ren):  Yes  No

If no, expected date of placement: \_\_\_\_\_

**Child(ren) family is wanting to adopt (if applicable):**

Name(s): \_\_\_\_\_

DOB(s): \_\_\_\_\_

County of Origin: \_\_\_\_\_

Agency/Case Management Provider: \_\_\_\_\_

Child(ren's) case manager: \_\_\_\_\_

By submitting this checklist, we acknowledge and accept responsibility for the adoptive family's home study and BIS packet items. Furthermore, we affirm that these documents have been completed according to our agency standards, as well as in compliance with KS Statute and DCF policies.

\_\_\_\_\_  
CWCMP Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
CPA Agency Representative

\_\_\_\_\_  
Date