**Public Adoption Portfolio Acknowledgement**

**Use of Form:** Use of this form is voluntary, but by signing the form, the adoptive parent(s) acknowledge they have received and reviewed all the information that has been checked in the accompanying portfolio. A signed copy of this form must be placed in the child’s adoptive case file, and a copy must be provided to the adoptive parent(s). Personal information you provide may be used for secondary purposes [Privacy law, s. 15.04(1)(m), Wisconsin Statutes.]

**Instructions:** The public adoption professional will identify what items were shared with the adoptive parent(s) by checking the box. If any additional materials were shared, they can be added in the additional documents/reports row. Once the form has been completed, the adoptive parent(s) should sign the form and return to the public adoption professional. It will then be uploaded into eWiSACWIS.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Child & Parent Information** | | | | | | | | | | | | |
| Child Full Name | | | | | Child Date of Birth (mm/dd/yyyy) | | | | | | | |
| Adoptive Parent 1 Full Name | | | | | Adoptive Parent 2 Full Name | | | | | | | |
| **Section 2: Education Information** | | | | | | | | | | | | |
| **I. School Information** | | | | | | | | | | | | |
|  | Not Applicable | | | | | | | | | | | |
|  | School Reports (e.g., Report Cards) | | | | | | | | | | | |
|  | Additional Documents/Reports: | | | | | | | | | | | |
| **II. Special Education Information** | | | | | | | | | | | | |
|  | Not Applicable | | | | | | | | | | | |
|  | Current Individualized Education Plan (IEP)  Date of Last IEP Meeting: | | | | |  | | Behavior Intervention Plan (BIP)  Date of Last BIP Meeting: | | | | |
|  | Evaluation Reports  Name of Reports: | | | | | | | | | | | |
|  | Additional Documents/Reports: | | | | | | | | | | | |
| **Section 3: Health Information** | | | | | | | | | | | | |
| **III. Medical Information** | | | | | | | | | | | | |
|  | Not Applicable | | | | | | | | | | | |
|  | Birth Records | | | | |  | | Medical Records | | | | |
|  | Additional Documents/Reports: | | | | | | | | | | | |
| **IV. Mental Health Information** | | | | | | | | | | | | |
|  | Not Applicable | | | | | | | | | | | |
|  | Treatment Plans | | | | | | | | | | | |
|  | Psychological Records/Evaluations  Name of Evaluations: | | | | |  | | Psychiatric Records/Evaluations  Name of Evaluations: | | | | |
|  | Additional Documents/Reports: | | | | | | | | | | | |
| **Section 4: Birth Family History** | | | | | | | | | | | | |
|  | Medical/Genetic Form | | | | |  | | Pregnancy/Delivery Form | | | | |
|  | Social History | | | | | | | | | | | |
|  | Additional Documents/Reports: | | | | | | | | | | | |
| **Section 5: Legal Documents** | | | | | | | | | | | | |
|  | Adoptive Family Placement Agreement (if applicable) | | | | | | | | | | | |
|  | Additional Documents/Reports: | | | | | | | | | | | |
| **Section 6: Adoption Assistance Information** | | | | | | | | | | | | |
|  | **Publication Name** | | | | | | | | | **Publication Number** | | |
|  | Not Applicable | | | | | | | | |  | | |
|  | Adoption Assistance: General Information | | | | | | | | | [DCF-P-PFS0105](https://dcf.wisconsin.gov/files/publications/pdf/0105.pdf) | | |
|  | Adoption Assistance Changes in Adoptive Family Circumstances | | | | | | | | | [DCF-P-PFS4113](https://dcf.wisconsin.gov/files/publications/pdf/4113.pdf) | | |
|  | Adoption Assistance Contact Information Card | | | | | | | | | [DCF-P-PFS4064](https://dcf.wisconsin.gov/files/publications/pdf/4064.pdf) | | |
|  | Adoption of Children with an Adoption Assistance Agreement One Time Expense Reimbursement | | | | | | | | | [DCF-F-CFS0459](https://dcf.wisconsin.gov/files/forms/doc/0459.docx) | | |
|  | Reimbursable Expenses when Adopting Children with Special Care Needs | | | | | | | | | [DCF-P-PFS0747](https://dcf.wisconsin.gov/files/publications/pdf/0747.pdf) | | |
|  | Additional Documents: | | | | | | | | | | | |
| **Section 7: Medical Assistance Information** | | | | | | | | | | | | |
|  | **Publication Name** | | | | | | | | | **Publication Number** | | |
|  | Not Applicable | | | | | | | | | | | |
|  | Adoption and Medical Assistance: Frequently Asked Questions (FAQ)  *Only provided when a child has an adoption assistance agreement either at-risk ($0) or with a subsidy.* | | | | | | | | | [DCF-P-5595](https://dcf.wisconsin.gov/files/publications/pdf/5595.pdf) | | |
|  | Additional Documents: | | | | | | | | | | | |
| **Section 8: Resources** | | | | | | | | | | | | |
|  | **Publication Name** | | | | | | | | **Publication Number or Website** | | | |
|  | Wisconsin Family Connections Center One Page Info Sheet | | | | | | | | [WIFamilyConnectionsCenter.org](https://wifamilyconnectionscenter.org/) | | | |
|  | Adoption Search Program Information Sheet | | | | | | | | [DCF-P-PFS0005A](https://dcf.wisconsin.gov/files/publications/pdf/0005a.pdf) | | | |
|  | Additional Documents: | | | | | | | | | | | |
| **Section 9: Acknowledgement** | | | | | | | | | | | | |
| By signing below, I acknowledge that I have reviewed and received all of the items checked on this form for the child identified. | | | | | | | | | | | | |
|  | |  |  |  | | |  | | | |  |  |
| Adoptive Parent 1 Signature | |  | Date Signed |  | | | Adoptive Parent 2 Signature | | | |  | Date Signed |