

# Adoptive Home Assessment Results

Adoptive Family Name [redacted]	Provider Number [redacted]
Adoption Worker [redacted]	Date [redacted]

## I. RESULTS OF THE ADOPTIVE HOME ASSESSMENT *(Choose One)*

### Approval

The above Adoptive Applicant has been approved.

**The following responsibilities have been completed:**

- The DCF Foster Home License has been issued.
- The Adoptive Family Support Plan has been implemented.
- If previously licensed as a foster home, the licensing agency has been contacted.
- If previously licensed as a foster home, the prospective adoptive parents have agreed to accept no further foster children without Adoption Program authorization.
- The adoptive applicant has been placed on the list of eligible Adoptive Homes.

### Denial

The above Adoptive Applicant has been denied.

**Reason for Denial of Application**

[redacted]

**The following responsibility has been completed:**

- The adoptive applicant has been provided with a written description of the appeals process.

## II. SIGNATURES

[redacted]  
\_\_\_\_\_  
Name - Worker

\_\_\_\_\_  
SIGNATURE - Worker

[redacted]  
\_\_\_\_\_  
Date Signed

[redacted]  
\_\_\_\_\_  
Name - Supervisor

\_\_\_\_\_  
SIGNATURE - Supervisor

[redacted]  
\_\_\_\_\_  
Date Signed