

Adoption Assistance Forms Checklist / Routing Instructions

Use of form: To record forms completed and submitted for the adoption assistance of the child identified and to provide routing instructions for the forms. Only the documents listed should be submitted to the Department of Children and Families (DCF) Authorizing Authority at the time adoption assistance is requested with a copy of this completed checklist.

Birth Name – Child (Last, First, MI)	Adopted Name – Child (Last, First, MI)	Birthdate – Child (mm/dd/yyyy)	Guardianship Agency <input type="checkbox"/> DCF <input type="checkbox"/> Private agency
Name – Adoption Worker	Name – Adoption Agency	Phone No. – Adoption Worker	

Appropriate DCF Authorizing Authority Adoption Assistance Forms are Being Submitted to – Check One

- | | | |
|--|--|--|
| <input type="checkbox"/> BMCW Program Evaluation Manager | <input type="checkbox"/> ERO Adoption Supervisor | <input type="checkbox"/> WRO Adoption Supervisor |
| <input type="checkbox"/> Central Office Adoption Manager | <input type="checkbox"/> SRO Adoption Supervisor | |

The adoption worker will:

- Complete and forward the required documents to appropriate DCF Authorizing Authority. **Date sent:** _____
 - Provide an authorized copy of the DCF-F-CFS0072 and DCF-F-CFS0074-E and the yellow copy of the insurance form (HCF-10115) to the adoptive family immediately upon receipt from the DCF Authorizing Authority OR provide a copy of the denied application (DCF-F-CFS0072) to the adoptive family immediately upon receipt from the DCF Authorizing Authority as the DCF-F-CFS0072 contains appeal language.
 - In the event where the guardianship agency is not DCF, submit a copy of the signed Record / Report of Adoption and a copy of the foster home license in effect at the time of adoption to the Regional Office. **Date sent:** _____
- Note:** Agencies not having eWiSACWIS access need to complete and attach case entry forms (DCF-F-CFS2319-E and DCF-F-CFS2320-E), attach the TPR Order and provide a copy of the Adoption Order to the appropriate regional office upon receipt.

The DCF authorizing authority will:

- Forward the appropriate documents (see list below) to the Adoption Assistance Program Accountant in the Department of Children and Families, Division of Safety and Permanence, Bureau of Permanence and Out-of-Home Care, 212 E. Washington Ave., Suite 101, Madison, WI 53708 no later than 10 days after an In-Home Service Placement has been approved in eWiSACWIS. **“At Risk” / \$0 (Check if applicable) Date sent:** _____
- Return a set of the approved adoption assistance forms (DCF-F-CFS0072, DCF-F-CFS0074-E and DCF-F-CFS0075-E) to the adoption social worker OR the denied adoption assistance packet (in entirety) to the adoption worker.
Date sent: _____

REQUIRED FORMS

- **Send only those forms indicated – additional forms will be returned**
- **Do not staple forms – a binder clip should be used**

Check if attached forms relate to redetermination of rate prior to adoption finalization.

Initial Request	Subsequent Request	Document / Form Title / Number
<input type="checkbox"/>	<input type="checkbox"/>	Adoption Assistance Application and Decision (DCF-F-CFS0072) – must contain original signatures
<input type="checkbox"/>	<input type="checkbox"/>	Adoption Assistance Agreement (DCF-F-CFS0074-E) – must contain original signatures
<input type="checkbox"/>	<input type="checkbox"/>	Adoption Assistance Child, Family and Payment Summary Information (DCF-F-CFS0075-E) – must contain original signatures
<input type="checkbox"/>	<input type="checkbox"/>	CANS Results 5–17, DCF-F-2611-E or CANS Results 0–5, DCF-F-2612-E. Include exceptional rate justification and approval (if applicable). Original signatures needed.
<input type="checkbox"/>	<input type="checkbox"/>	Adoption Assistance High School Information form (DCF-F-CFS0984-E). Required if the child will be 18 years of age 60 days from time of submission of documents.
<input type="checkbox"/>		Health Insurance Information form (F-10115)

I hereby certify that ALL required forms indicated above are attached.

SIGNATURE – Adoption Agency Supervisor

Date Signed

SIGNATURE – DCF Authorizing Authority

Date Signed