OVERVIEW

The purpose of the Adoptive Family Assessment is to gain insight into prospective adoptive families, in addition to providing families and Michigan's adoption professionals' guidance in matching families and children. Thorough assessments of adoptive families allows families and children to be better supported before, during and after the adoption process.

MDHHS-5643, Adoptive Family Assessments

The MDHHS-5643, Adoptive Family Assessment, must be used to assess and provide a recommendation of all adoptive parents regardless of foster home licensure status or history. The evaluation provides documentation of the assessment by the adoption caseworker of the applicant's ability to parent and provide a stable adoptive home for one or more children. This assessment does not provide an adoption recommendation for a specific child or children.

Note: A completed CWL 3130 with the preliminary approval for adoption will continue to be accepted for one year from the effective date of this policy.

DHS-612, Child Specific Adoption Family Assessment

The <u>DHS-612</u>, <u>Child Specific Adoption Family Assessment</u>, must be completed for any approved adoptive parents when the family has signed a <u>DHS-4809</u>, <u>Intent to Adopt</u>. This evaluation provides a more in-depth assessment into a prospective adoptive family's ability to provide permanence and meet the needs of a specific child(ren).

Married Individuals Adopting Without Their Spouse

If the applicant is married and planning on adopting without their spouse, the caseworker must consult the Michigan Children's Institute (MCI) office prior to approval. The caseworker must document the reason the individual is requesting to adopt without

their spouse in the narrative of the family assessment and assess whether it is in the child's best interest. Caseworkers must not recommend approval for a married individual to adopt without their spouse when the spouse will be involved in the care of the child, especially if the spouse resides in the adoptive home or it has been determined the spouse could **not** be approved for adoption (MCL 710.24).

Note: The court where the adoption petition is filed has final approval.

Access to Adoption Services

State law prohibits refusal to provide adoption services to prospective adoptive parents based solely on race, religious affiliation, disability, age, or income level (MCL 722.957). This law applies to all applications for Michigan Department of Health and Human Services (MDHHS) adoptions.

Note: As related to religious affiliation, does not apply to a private child placing agency operated, supervised, or controlled by a religious institution or organization that limits services or gives preference to an applicant of the same religion.

Assessment Time Frames

When a prospective adoptive family has been identified for a specific child, the MDHHS-5643, Adoption Family Assessment, must begin within seven calendar days of the acceptance date of the referral to adoption or identification of the prospective adoptive family, whichever is later. The MDHHS-5643, Adoption Family Assessment, and DHS-612, Child Specific Adoption Family Assessment, must be completed within 120 calendar days from the date of case assignment to an adoption caseworker for a family that did not have a previously approved MDHHS-5643, Adoption Family Assessment, must be completed within 60 calendar days from the date of assignment of the case to an adoption caseworker for a family who has a previously approved MDHHS-5643, Adoption Family Assessment.

Applicants with a significant relationship to a child who are interested in adopting the child from foster care must be assessed within 90 calendar days to ensure the adoption process is not

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delayed. The <u>DHS-1926</u>, <u>Preliminary Adoptive Family Assessment</u>, may be used to determine whether a full adoptive family assessment should be completed; see <u>ADM 0500</u>, <u>Preliminary Adoptive Family Assessment</u>.

Case Contacts

Adoption caseworkers must have contact with applicants at least monthly throughout the adoption assessment process in order to apprise them of progress towards completion.

The family assessment must include dates and places of contacts and persons interviewed or observed.

All social work contacts with the family must be recorded in the electronic case management record.

Distribution

An agency must provide the applicants with a signed and dated copy of the assessments, including the MDHHS-5643, Adoption Family Assessment, and the DHS-612, Child Specific Adoption Family Assessment, when completed.

The prospective adoptive parent(s) must sign the assessment or an acknowledgment form to document the receipt and review of the assessment.

ADOPTIVE FAMILY ASSESSMENT ADDENDUM

The MDHHS 5643-A, Adoptive Family Assessment Addendum, must be used to update information for a previously approved adoptive family when:

- A change in circumstances, such as changes in household composition or health concerns, requires an update to the original assessment.
- One calendar year has elapsed since the approval of the most recent MDHHS-5643, Adoption Family Assessment, and the family has not been matched with a child.

Note: This should be completed on paper form and not in the electronic case management record.

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The addendum must be approved by the adoption supervisor prior to making an adoptive placement. Prospective adoptive parents must be given a copy of their adoptive family assessment addendum and sign an acknowledgement that they received a copy.

ADDITIONAL DOCUMENTS

Personal and Professional References

The applicants must provide a minimum of three references from persons not related to the applicant(s). The DHS-608, Personal Reference Letter, must be used to document personal references provided by the applicant(s).

The <u>DHS-610</u>, <u>Professional Reference</u>, must be used when assessments require additional evaluation and documentation under circumstances. See item in policy, *Circumstances requiring additional evaluation and documentation*. A professional reference is an individual who can attest to the parenting, attachment, and advocacy of the applicant(s). Examples would be teachers, therapists, coaches, and doctors.

Note: Current or former foster care caseworkers are not acceptable professional references.

The <u>DHS-611</u>, <u>Adult Child Reference</u>, must be used to gather information from any adult child(ren) no longer residing in the home. If an adult child refuses or is not able to provide the information on the form, the efforts to contact the adult child and obtain the information must be documented in the case record.

Reference forms must be mailed directly from the adoption caseworker to the identified reference and returned directly to the adoption caseworker.

Caseworkers must obtain updated references for each subsequent application and adoption.

Verbal References

If a reference is the only delay in processing an assessment, the adoption caseworker may obtain references verbally. The verbal reference must include responses to questions found on the appropriate MDHHS reference form and documented on the

appropriate MDHHS reference form. The caseworker's attempts to obtain written references, the date of the verbal contact, the method the reference was obtained, such as phone interview or video conference, and the caseworker's signature must be documented on the appropriate form.

Clearances

See <u>ADM 0520</u>, <u>Background Checks</u>, <u>Clearances</u>, <u>Criminal History Checks</u>, and <u>Fingerprinting</u>.

Health and Medical Status

The <u>DHS-3190</u>, <u>Medical Statement for Foster Home Licensing/Adoption</u>, must be used for the medical statement requirement. The adoption caseworker must request a physical or psychological examination (at the applicant's expense) if there are concerns about the physical or mental health of any household member. The second page of the <u>DHS-3190</u>, <u>Medical Statement for Foster Home/ Licensing/Adoption</u> must be used for documentation of the physical or psychological examination report. All medical statements and reports must be current and dated within one year of the supervisor's approval date of the assessment.

Note: Local courts may have individual requirements for physical examinations for prospective adoptive families. Caseworkers should clarify these requirements with the court prior to filing the PCA 301, Petition for Adoption.

Alternate Care Providers

The MDHHS-5527, Statement for Alternate Care Provider, must be used to document the alternate care providers as identified by the prospective adoptive parents. Additionally, the caseworker must conduct an ICHAT, Central Registry clearance, and Sex Offender Registry check on the identified alternate care providers. The results of the background checks must be kept in the adoption case file.

CIRCUMSTANCES REQUIRING ADDITIONAL EVALUATION AND DOCUMENTATION

The MDHHS 5643, Adoption Family Assessment, or <u>DHS-612</u>, <u>Child Specific Adoption Family Assessment</u>, must have additional evaluation and documentation requirements under the following circumstances.

- Number and age of children in the home.
- Health and age concerns for perspective adoptive parents.
- MDHHS central registry.

Note: Expedited consents from the MCI office or designee will not be approved in any cases requiring additional documentation; see ADM 0850, Expedited Consent.

Number and Age of Children in the Home

A more extensive assessment of the family's ability to meet the needs of the children must be completed when any of the following apply:

- The total number of children who will be placed in the home will result in more than four adopted children in the home.
- Placement of a child will result in more than three children under the age of three in the home.
- Placement of a child will result in a total of six or more children in the home.

This assessment is to determine if the family has a thorough understanding of and capacity to meet the children's individual needs. The following must be included:

 An assessment of the family's demonstrated ability to advocate for and participate in identified services for their children based on references from professionals and service providers. These references must have worked directly with the family to meet the needs of the children already placed in the home, such as teachers, therapists, day care and assisted care providers, medical professionals, etc. These additional references must have direct experience working with the family and provide information about the family's ability to meet the physical and emotional needs of additional adoptees.

Absent written references from professionals or service providers, the caseworker must document verbal references with professionals or service providers in the record.

The <u>DHS-610</u>, <u>Professional Reference</u>, must be used for the above references.

Note: Current or former foster care caseworkers are not acceptable professional references for this purpose.

- A review of the level and extent of extraordinary care required by other children and any adults in the household who have continuing care needs, including a review of any determination of care (DOC) rates being paid through adoption assistance.
- Identification and review of the family's current support systems. This should include individuals or organizations that provide support to the family in meeting the ongoing needs of the children on a permanent basis and may include other household members, extended family, neighbors, friends, church, school, community groups, daycare and respite care providers and other sources of support. It must also include a plan for guardianship of the child or children in the event of the parent(s) death or permanent disability preventing continuation of parental responsibility.
- An assessment of the impact of adoption on the family's ability to care for all children based on the children's changing needs.
- An assessment of the training needs of the family, including assessment of prior training history.
- An interview of each child currently living in the home and children no longer in the home, including foster children and any adult children, if available. The assessment of the prospective adoptive family's ability to nurture and safely care for all the children in the home must be clearly documented.

Health or Age Concerns for Prospective Adoptive Parents

If the age or health of a prospective adoptive parent raises concerns about the ability of the parent to provide permanency for a child, the adoption caseworker must determine if the child's best interests will be met through this adoption.

The family's designated alternate care provider should the applicants become unable to provide care for the child, must be documented. Contact must be made with the alternate care provider to evaluate the extent of their relationship with the child and willingness to provide permanent care for the child. The contact must be documented using the MDHHS-5526, Alternate Care Provider Assessment for Prospective Adoptive Parents.

The age or health of the prospective adoptive parent should be given heightened consideration if:

- The prospective adoptive parent is under the age of 21.
- The youngest child to be adopted is less than 10 years of age and there is more than 50 years age difference between the child and the youngest prospective adoptive parent.

MDHHS Central Registry

If any applicant family has a household member who is listed on the Central Registry for child abuse or neglect, the circumstances must be fully documented in the MDHHS-5643, Adoption Family Assessment, or DHS-612, Child Specific Adoption Family Assessment. The reasons for placement consideration must include a full explanation as to reasons the family is being recommended for adoption of a specific child.

MCI SUPERINTENDENT REVIEW FOR INDIVIDUALS ON CENTRAL REGISTRY

> For MCI wards, the consent request to the MCI superintendent must include a copy of the CPS investigation report for the complaint(s) that resulted in the person being placed on Central

Registry and a detailed explanation of the reason(s) for recommending the adoptive placement.

A thorough review by the MCI office of the circumstances surrounding the placement with the individual on Central Registry must be completed. Following this review, a written determination, using the DHS-96, MCI Determination for Individuals Placed on Central Registry Requesting Consent, must be completed by the MCI office and will be sent to the adoption caseworker. If the MCI superintendent consents to adoption, a copy of the written determination of the review must be included in the documentation provided to the court for their review prior to the adoptive placement.

For children who are not yet placed in the prospective adoptive home, the MCI superintendent review and court review of the case must be completed prior to placing the child in the prospective adoptive home.

MCI SUPERINTENDENT CONSULTATION

The MCI superintendent or their designee must be consulted prior to making an adoptive placement recommendation if any of the following situations are present:

- When the current caregiver for the child is requesting consideration for adoption but is not recommended for adoption.
- When an adoptive placement recommendation would result in a child being in an adoptive placement without their siblings.
- When circumstances requiring additional evaluation or documentation is needed to complete the adoptive family assessment.
- When the adoption caseworker has any concerns regarding making an adoptive placement recommendation.

LEGAL AUTHORITY State

Probate Code of 1939, Act 288, MCL 710.24

The court may allow a married individual to adopt an adult without their spouse joining in the petition if all of the interested parties consent or a married individual to adopt without their spouse joining in the petition if the failure of the other spouse to join in the petition or to consent to the adoption is excused by the court for good cause shown or in the best interest of the child.

Foster Care and Adoption Services Act 203, MCL 722.957

An adoption facilitator will not refuse to provide services to a potential adoptive parent based solely on age, race, religious affiliation, disability, or income level. A child placing agency will not make placement decisions based solely on age, race, religious affiliation, disability, or income level.

As related to religious affiliation, does not apply to a private child placing agency operated, supervised, or controlled by a religious institution or organization that limits services or gives preference to an applicant of the same religion.

POLICY CONTACT

Questions about this policy item may be directed to the <u>Child Welfare Policy Mailbox</u> (<u>Child-Welfare-Policy@michigan.gov</u>).