



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Adoptive Placement Recommendation – Supplemental Worksheet

Child's Child Welfare (CW) worker completes this form when ten or more resource family assessments are being considered and submits to Children and Family Services Division (CFSD).

KK number	County of jurisdiction	Metro county breakout
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Child	Date of birth	Age	Race	Hispanic	Gender	Tribe
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

Number of families considered.

Statewide staffing:

Adoption party:

Internet:

Photograph exhibit:

Waiting Child broadcast:

Screening characteristics/demographics.

- Urban location necessary
- Rural location necessary
- Either location acceptable
- Single parent Two parents Stay-at-home parent
- Older child in home
- Younger child in home
- Younger or older child is acceptable
- No other child in home

- Child has allergies:
Pets: Acceptable (inside) Acceptable (outside) Not acceptable
Smoking: Acceptable, per OAC 340:75-7-12 Not acceptable

Child has religious or faith related preference:

Child has other preference regarding type of family desired:

Resource family assessments screened by:

Name, title	Date
Name, title	Date
Name, title	Date

Resource family assessments read and considered by:

Name, title	Date
Name, title	Date
Name, title	Date
Name, title	Date
Name, title	Date
Name, title	Date

- Routing: Original - child's CW case record
Copy - CFSD, with attached Forms:
- 04AF003E (DCFS-69-A), Resource Family Assessment;
 - 04AN020E (DCFS-2), Adoptive Placement Criteria Staffing; and
 - 04AN022E (DCFS-29), Child Profile for Adoption.