

# ADOPTION CONSENT REQUEST

Family Independence Agency

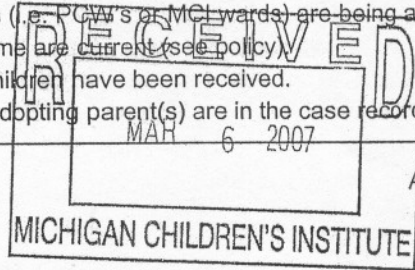
Child's Name (Last, First, Middle) <b>Keast, Amber Marie</b>		Date of Birth <b>08/18/2002</b>	FIA Case Number <b>X1437623A</b>
Current Placement Date <b>07/16/2005</b>	Current Placement County <b>Muskegon</b>	Adoptive Placement County <b>Muskegon</b>	

ADOPTIVE FAMILY     Foster     Relative     Recruited     Other \_\_\_\_\_

**EXPEDITED CONSENT REQUEST** Date of Placement in the home: 07/16/2005

All the following must apply:

- The recommended family is the only family requesting to adopt the child. There are no competing families for adoption.
- The child's physical and emotional needs are being satisfactorily met in the adopting home.
- This is the only child available for adoption OR all available siblings (i.e. PCAW's or MCI wards) are being adopted together.
- Criminal record checks and CPS clearances for all adults in the home are current (see policy).
- Three references recommending the family for adoption of these children have been received.
- Marriage and divorce verifications and medical evaluations of the adopting parent(s) are in the case record.



ATTACHED OR INCLUDED

1. Consent to Adoption (PCA309) is attached which includes:
  - County where petition will be filed
  - Child's name as it appears on the birth certificate and any documented AKA.
  - Full legal name(s) of the adoptive parent(s) confirmed by birth, marriage or divorce papers. (1)
  
2. The following required documentation is included and is current within 1 year.
  - a. Child Assessment (and addendum(s) required to update or indicate changes) including:
    - Placement history, including date of placement with recommended family
    - Description of special needs
    - Explanation of the reasons for sibling separation and plans, if any, for contact.
    - FIA approval (2.a)
  - b. A copy of the Adoptive Family Assessment and addendum(s) with supervisory approval noted, including:
    - Social history of both parents (including LTP, if applicable)
    - References for this adoption
    - Current Criminal/CPS Clearances (see policy)
    - Verification of marital status
    - Medical information for each adoptive parent.
    - Summary of any licensing complaints and CPS investigations and corrective action plans (2.b)
  - c. Description of the family selection process and preparation of the child (if adopting family has been recruited). (2.c)
  - d. A copy of the Adoptive Family Assessment of other families wishing to be considered for adoption of this child (if applicable). (2.d)
  
3. Copy of the child's birth certificate or other verification of birth. (3)
  
4. Legal documentation (Copies of at least 1 of the following legal forms must be included)
  - a. A copy of the Order Terminating Parental Rights, Commitment to FIA (JC63)
  - b. The applicable legal documents committing a child to FIA following a voluntary release (PCA305, 306, 312, 318, 322)
  - c. Combination of a. and b. above.
  - d. Order committing a child to MCI, following a disrupted adoption. (4)

Placement Agency and Address <b>Bethany Christian Services, 6995 W. 48<sup>th</sup> Street, Fremont, MI 49412</b>		
Signature of Worker <i>[Signature]</i>	Date	Telephone Number <b>231 924 3390</b>
Signature of Supervisor <i>[Signature]</i>	Date	<b>3/05/2007</b>

The Family Independence Agency will not discriminate against any individual or group because of race, sex, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.	AUTHORITY: MCL 710.21 et. seq. and P.A. 280 of 1939. RESPONSE: Required. PENALTY: Adoption delay.
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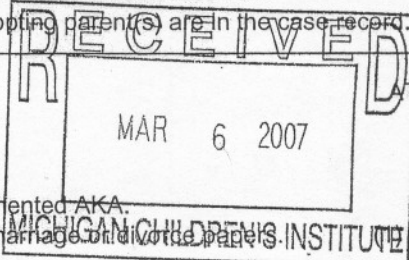
Child's Name (Last, First, Middle) <b>Keast, Alyssa Ann</b>		Date of Birth <b>01/22/2000</b>	FIA Case Number <b>X2325462A</b>
Current Placement Date <b>07/16/2005</b>	Current Placement County <b>Muskegon</b>	Adoptive Placement County <b>Muskegon</b>	

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Placement Agency and Address <b>Bethany Christian Services, 6995 W. 48<sup>th</sup> Street, Fremont, MI 49412</b>		
Signature of Worker <i>Suzanne Adams</i>	Date	Telephone Number <b>231 924 3390</b>
Signature of Supervisor <i>Suzanne Jordan</i>	Date <b>3/05/2007</b>	

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