ADOPTION CONSENT REQUEST

Family Independence Agency

Child	's Name (Last, First, Middle)	Date of Birth	FIA Ca	se Number	
	st, Amber Marie	08/18/2002		7623A	
Current Placement Date					
07/16/2005 Muskegon Muskegon					
ADO	OPTIVE FAMILY ☐ Foster ☐ Relative ☐ Recruited	Other			
	PEDITED CONSENT REQUEST Date of Placement in the home: ne following must apply: The recommended family is the only family requesting to adopt the child. The child's physical and emotional needs are being satisfactorily met in This is the only child available for adoption OR all available siblings. Criminal record checks and CPS clearances for all adults in the home. Three references recommending the family for adoption of these children Marriage and divorce verifications and medical evaluations of the adoption.	the adopting home. PCW's a MC wards) are current (see policy) have been received.	e being adop	ted together.	
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 document Full legal name(s) of the adoptive parent(s) confirmed by birth, man	CHIGAN CHILDREN'S IN nted AKA. riage or divorce papers.	IN	ACHED OR CLUDED	
2.	The following required documentation is included and is current within 1 a. Child Assessment (and addendum(s) required to update or indicate Placement history, including date of placement with recommer Description of special needs Explanation of the reasons for sibling separation and plans, if a FIA approval	e changes) including: nded family	(2.a)	\boxtimes	
3	 A copy of the Adoptive Family Assessment and addendum(s) with 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 action plans 		ed, including:		
	 Description of the family selection process and preparation of the clamity has been recruited). 	hild (if adopting	(2.c)		
	 A copy of the Adoptive Family Assessment of other families wishin for adoption of this child (if applicable). 	g to be considered	(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 mig. a. A copy of the Order Terminating Parental Rights, Commitment to Fb. The applicable legal documents committing a child to FIA following release (PCA305, 306, 312, 318, 322) c. Combination of a. and b. above. 	FIA (JC63)			
	d. Order committing a child to MCI, following a disrupted adoption.		(4)		
1	cement Agency and Address				
	thany Christian Services, 6995 W. 48th Street, Fre	mont, MI 49412 Date	Telephone N	lumber	
Sign	nature of Worker	Date	231 924		
Sign	natural of Supervisor		Date	/	
F	Tysame Jorda		3/05/	2007	
of ridisa	Family Independence Agency will not discriminate against any individual or group race, sex, age, netional origin, color, height, weight, marital status, political bability. If you need help with reading, writing, hearing, etc., under the America abilities Act, you are invited to make your needs known to an FIA office in your cour	eliefs or 19	339. equired. doption delay.	eq, and P.A. 280 of	
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ADOPTION CONSENT REQUEST

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Child's Name (Last, First, Middle)	Date of Birth	FIA Case Number			
Keast, Alyssa Ann Current Placement Date Current Placement County	01/22/200 Adoptive Placement Cour				
07/16/2005 Muskegon	Muskegon	ity			
ADOPTIVE FAMILY Soster Relative Recruit	ted Other				
EXPEDITED CONSENT REQUEST Date of Placement in the hon All the following must apply: The recommended family is the only family requesting to adopt the		ng 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 <u>OR</u> all available siblings (i.e. PCW's or MCI wards) are being adopted together. Criminal record checks and CPS clearances for all adults in the home are current (see policy).					
The recommended family is the only family requesting to adopt the The child's physical and emotional needs are being satisfactorily model. This is the only child available for adoption OR all available siblings Criminal record checks and CPS clearances for all adults in the horeoften Three references recommending the family for adoption of these of Marriage and divorce verifications and medical evaluations of the adoption of the second control of the second	hildren have been received.	CASG-FBCDFQ.			
Consent to Adoption (PCA309) is attached which includes: County where petition will be filed	MAR 6 20	07 TACHED OR INCLUDED			
Child's name as it appears on the birth certificate and any doc Full legal name(s) of the adoptive parent(s) confirmed by birth	umented AKA. , markageski vi kottle panyis.	INSTITUTE 🖂			
The following required documentation is included and is current with a. Child Assessment (and addendum(s) required to update or including date of placement with reconduction of special needs.	dicate changes) including:				
Explanation of the reasons for sibling separation and plan FIA approval		(2.a) 🔀			
 A copy of the Adoptive Family Assessment and addendum(s) Social history of both parents (including LTP, if applicable References for this adoption Current Criminal/CPS Clearances (see policy) 		ed, including.			
Verification of marital status					
Medical information for each adoptive parent. Summary of any licensing complaints and CPS investigat action plans	ions and corrective	(2.b)			
 Description of the family selection process and preparation of family has been recruited). 	the child (if adopting	(2.c)			
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c. Combination of a. and b. above.d. Order committing a child to MCI, following a disrupted adoptio	n.	(4)			
Placement Agency and Address					
Bethany Christian Services, 6995 W. 48th Street,	Fremont, MI 49412				
Signature of Worker	Telephone Number				
Signature of Supervisor	231 924 3390 Date .				
Signature forda		3/05/2007			
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 1939.					

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.

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