

PCP Adoption Referral Form

PCP agency	
Contact	
Adoptive family	
County	
Child or children	
SSW/FSOS	
County	
R&C worker	

<u>Documentation</u>	<u>Requested</u>	<u>Received</u>	<u>Notes or follow up</u>
Original home study and approval letter			
Current re-evaluation and approval letter			
Current medical – FP			
Current medical – birth/adoptive children			
157 checks (over age 12)			
Child/youth level			
Current per diem			
Letter from therapist (diagnosis and adoption readiness)			
Sibling separation memo			