

## **Adoptive Placement Report (178)** *Autofill Entry Job Aid*

- 1) **Agency Case Number**: Case/Workgroup Setup screen, County workgroup #.
- 2) **Worker Number**: Assigned in SSIS Security Administration.
- 3) **MAXIS PMI/MMIS MA#**: Cleared Client to SWNDX.
- 4) **Child's Current Legal Name**: Client/Collateral Entry.
- 5) **Child's Former Names**: Client/Collateral Entry.
- 6) **DHS Case Number**: DHS Assigned, County handwritten entry.
- 7) **DHS Census Number**: DHS Assigned, County handwritten entry.
- 8) **Date of Birth**: Client/Collateral Entry.
- 9) **Gender**: Client/Collateral Entry.
- 10) **Place of Birth**: General Information for Adoption Reports, pg. 1.
- 11) **Legal Status**: Placement Entry screen, Child in Placement button.
- 12) **Religion**: General Information for Adoption Reports, pg. 1., Child's Religious Affiliation.
- 13) **Race**: Client/Collateral Entry, Race/Tribe button. *ICWA*: Placement Entry screen, Child in Placement button.
- 14) **Hispanic Heritage**: Client/Collateral Entry.
- 15) **Disability**: Client/Collateral Entry, Disability/Diagnosis button; or, Disability node under Client node on treeview.
- 16) **Special Needs**: Placement Entry screen, Child in Placement button.
- 17) **First Adoptive Placement/Petition for This Child?**: General Information for Adoption Reports, pg. 1, Previous Adoptions. Placement Entry screen, Historical button.
- 18) **Previously Adopted?**: General Information for Adoption Reports, pg. 1, Previous Adoptions.
- 19) **Number of Previous Adoptions**: General Information for Adoption Reports, pg. 1, Previous Adoptions.
- 20) **Number of Adoptive Placements**: Placement Entry screen, Placement Setting and End/Change Placement. Placement Entry screen, Historical button.
- 21) **Date of this Adoptive Placement**: Adoptive Placement Information (178) screen.
- 22) **Which Date?**: Adoptive Placement Information (178) screen.
- 23) **Interstate Compact Responsible State**: Placement Entry screen.
- 24) **Adoption Assistance Status**: General Information for Adoption Reports, pg. 2.
- 25) **Contact Agreement**: Adoptive Placement Information (178) screen.

- 26) **Reporting Agency**: General Information for Adoption Reports, pg. 4.
- 27) **Supervising Agency**: General Information for Adoption Reports, pg. 4.
- 28) **If Child Not Placed by an Agency, Check One of the Following**: Adoption Placement Information (178) screen, Reason.
- 29) **Other Involved Agency**: General Information for Adoption Reports, pg. 4., Other Agency.

**Worker Name and Worker Phone**: General Information for Adoption Reports, pg. 4.

**Report Submission Date**: General Information for Adoption Reports, pg. 4.

- 30) **Birth Mother's Current Legal Name**: Client/Collateral Entry.
- 31) **Birth Mother's Former Names**: Client/Collateral Entry.
- 32) **Birth Father's Current Legal Name**: Client/Collateral Entry.
- 33) **Birth Father's Former Names**: Client/Collateral Entry.
- 34) **Mother's Date of Birth**: Client/Collateral Entry.
- 35) **Mother's Date Deceased**: Client/Collateral Entry.
- 36) **Mother's Marital Status**: Client/Collateral Entry.
- 37) **Mother's Marital Status at Time of Child's Birth**: General Information for Adoption Reports, pg. 3.
- 38) **Mother's Hispanic Heritage**: Client/Collateral Entry.
- 39) **Mother's Race**: Client/Collateral Entry, Race/Tribe button.
- 40) **Father's Date of Birth**: Client/Collateral Entry.
- 41) **Father's Date Deceased**: Client/Collateral Entry.
- 42) **Father's Marital Status**: Client/Collateral Entry.
- 43) **Father's Marital Status at Time of Child's Birth**: General Information for Adoption Reports, pg. 3.
- 44) **Father's Hispanic Heritage**: Client/Collateral Entry.
- 45) **Father's Race**: Client/Collateral Entry, Race/Tribe button.

**DHS Parent 1 No. and DHS Parent 2 No.:** DHS Completes.

- 46) **Adopting Parents' Agency Case Number:** Case/Workgroup Setup screen, County workgroup #.
- 47) **Adopting Parent #1 Current Legal Name:** Client/Collateral Entry. Relationships entered at the Workgroup folder. Adoptive Placement Information (178) select Adopting Parent 1.
- 48) **Adopting Parent #1 Former Names:** Client/Collateral Entry.
- 49) **Adopting Parent #2 Current Legal Name:** Client/Collateral Entry. Relationships entered at the Workgroup folder. Adoptive Placement Information (178) select Adopting Parent 2.
- 50) **Adopting Parent #2 Former Names:** Client/Collateral Entry.
- 51) **Adopting Parent #1 Relationship to Child:** Placement Entry screen, Provider, Parent 1 Relationship.
- 52) **Adopting Parent #1 Religion:** Adoptive Placement Information, Religion.
- 53) **Adopting Parent #1 Hispanic Heritage:** Client/Collateral Entry.
- 54) **Adopting Parent #1 Race:** Client/Collateral Entry, Race/Tribe button.
- 55) **Adopting Parent #2 Relationship to Child:** Placement Entry screen, Provider, Parent 2 Relationship.
- 56) **Adopting Parent #2 Religion:** Adoptive Placement Information, Religion.
- 57) **Adopting Parent #2 Hispanic Heritage:** Client/Collateral Entry.
- 58) **Adopting Parent #1 Race:** Client/Collateral Entry, Race/Tribe button.
- 59) **Marital Status of Adopting Parent #1:** Client/Collateral Entry, Relationships entered at the Workgroup folder.
- 60) **Adopting Parent #1 Date of Birth:** Client/Collateral Entry.
- 61) **Marital Status of Adopting Parent #2:** Client/Collateral Entry, Relationships entered at the Workgroup folder.
- 62) **Adopting Parent #2 Date of Birth:** Client/Collateral Entry.
- 63) **Address:** Client/Collateral Entry.

CHILD DATA

1. AGENCY CASE NUMBER		2. WORKER NUMBER	
3. MAXIS PMI / MMIS MA #			
4. CHILD'S CURRENT LEGAL NAME (Last, First, Middle) Zepp Drewe C			
5. CHILD'S FORMER NAMES (Last, First, Middle) (enter all known, use codes in #31)			
6. DHS CASE NUMBER		7. DHS CENSUS NUMBER	
8. DATE OF BIRTH (mm/dd/yyyy) 06/04/2001		9. GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
10. PLACE OF BIRTH	County Sandusky	City	State Nation
11. LEGAL STATUS (check only one)			
<input checked="" type="checkbox"/> Legal Custody Both Parents		<input type="checkbox"/> Guardianship of DHS by Direct Parental Release	
<input type="checkbox"/> Legal Custody Mother Only		<input type="checkbox"/> Guardianship of Private Agency by Court Order	
<input type="checkbox"/> Legal Custody Father Only		<input type="checkbox"/> Guardianship of Private Agency by Direct Parental Release	
<input type="checkbox"/> Legal Custody Relatives, Temporary		<input type="checkbox"/> Guardianship of Non-Relative Individual by Court Order	
<input type="checkbox"/> Legal Custody Relatives, Permanent		<input type="checkbox"/> Guardianship of Non-Relative Individual by Direct Parental Release	
<input type="checkbox"/> Legal Custody Public Agency, CHIPS		<input type="checkbox"/> Guardianship of Foreign Agency or Individual by Court Order	
<input type="checkbox"/> Legal Custody Private Agency by Court Order		<input type="checkbox"/> Other	
<input type="checkbox"/> Legal Custody Private Agency by Direct Parental Release		<input type="checkbox"/> Unknown	
<input type="checkbox"/> Guardianship of DHS by Court Order			
12. RELIGION (enter all that apply, use codes)			
Denomination:	1 American Indian Spirituality	6 Muslim	
Baptism Date:	2 Buddhist	7 No religious heritage	
Other ceremony:(e.g. American Indian naming ceremony, etc.)	3 Christian	8 Other religious heritage	
Type:	4 Hindu	9 Unknown	
Date:	5 Jewish		
13. RACE (enter all that apply)			
1 Caucasian	3 American Indian/Alaskan Native	5 Pacific Islander	
2 Black or African American	4 Asian	9 Unable to determine	
AMERICAN INDIAN OR ALASKAN NATIVE (specify Tribal Enrollment / Membership)			
Tribe 1: Enrollment (use codes)		Tribal Enrollment / Membership Codes	
Tribe 2: Enrollment (use codes)		1 No legal tribal status	
ICWA? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Indian Child Welfare Act applies)		2 Not eligible for enrollment or membership	
		3 Eligible for enrollment or membership, but not enrolled or a mbr	
		4 Enrolled or tribe member	
		9 Tribal status unknown	
ASIAN OR PACIFIC ISLANDER (specify nationality)			
SOUTHEAST ASIAN		PACIFIC ISLANDER	OTHER ASIAN
<input type="checkbox"/> Cambodian		<input type="checkbox"/> Filipino	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Hmong		<input type="checkbox"/> Guamanian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Laotian		<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Tai Dam		<input type="checkbox"/> Maouri	<input type="checkbox"/> Korean
<input type="checkbox"/> Thai		<input type="checkbox"/> Samoan	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Tahitian	<input type="checkbox"/> Taiwanese
<input type="checkbox"/> All other Southeast Asian		<input type="checkbox"/> All other Pacific Islander or Polynesian	<input type="checkbox"/> All other Asian
14. HISPANIC HERITAGE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			



BIRTH PARENT INFORMATION					
30. BIRTH MOTHER'S CURRENT LEGAL NAME (Last, First, Middle)					
31. BIRTH MOTHER'S FORMER NAMES (Last, First, Middle) (enter all known, use codes)					
2 Maiden name		5 Alternate spelling of the legal name			
3 Other (non-maiden) previous legal name		8 Other			
4 Nickname		9 Unknown			
32. BIRTH FATHER'S CURRENT LEGAL NAME (Last, First, Middle) (If father's status is alleged, please mark the checkbox.) <input type="checkbox"/>					
33. BIRTH FATHER'S FORMER NAMES (Last, First, Middle) (enter all known, see #31 for codes)					
MOTHER'S:					
34. DATE OF BIRTH (mm/dd/yyyy)	35. DATE DECEASED (if deceased)	36. MARITAL STATUS (at time of placement; if non-agency, at time of petition) (see #59 for codes)	37. MARITAL STATUS AT TIME OF CHILD'S BIRTH (see #59 for codes)	38. HISPANIC HERITAGE <input type="checkbox"/> Y <input type="checkbox"/> N	39. RACE (enter all that apply, see #13 for codes)
FATHER'S:					
40. DATE OF BIRTH (mm/dd/yyyy)	41. DATE DECEASED (if deceased)	42. MARITAL STATUS (see #36 for explanation) (see #59 for codes)	43. MARITAL STATUS AT TIME OF CHILD'S BIRTH (see #59 for codes)	44. HISPANIC HERITAGE <input type="checkbox"/> Y <input type="checkbox"/> N	45. RACE (enter all that apply, see #13 for codes)

**REPORT OF ADOPTIVE PLACEMENT**

(DHS 78)

ADOPTING PARENTS INFORMATION			
DHS Parent 1 No:	DHS Parent 2 No:	(DHS completes)	
<b>46. ADOPTING PARENTS' AGENCY CASE NUMBER</b>			
<b>47. ADOPTING PARENT #1 CURRENT LEGAL NAME (Last, First, Middle)</b>			Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Peach Nora Catherine			
<b>48. ADOPTING PARENT #1 FORMER NAMES (Last, First, Middle) (enter all known, see #31 for codes)</b>			
<b>49. ADOPTING PARENT #2 CURRENT LEGAL NAME (Last, First, Middle)</b>			Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Peach Norm			
<b>50. ADOPTING PARENT #2 FORMER NAMES (Last, First, Middle) (enter all known, see #31 for codes)</b>			
<b>ADOPTING PARENT #1</b>			
<b>51. RELATIONSHIP TO CHILD</b>		<b>52. RELIGION</b>	<b>53. HISPANIC HERITAGE</b>
02 Aunt/Uncle	18 Grandparent	(see #12 for codes)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
04 Birth parent	25 Non-relative		
11 Extended family, included by ethnic tradition or tribal practice	26 Other relative		<b>54. RACE</b>
15 Former foster parent	35 Step parent		(enter all that apply, see #13 for codes)
			1
<b>ADOPTING PARENT #2</b>			
<b>55. RELATIONSHIP TO CHILD</b>		<b>56. RELIGION</b>	<b>57. HISPANIC HERITAGE</b>
(see #51 for codes)		(see #12 for codes)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
			<b>58. RACE</b>
			(enter all that apply, see #13 for codes)
			1
<b>59. MARITAL STATUS OF ADOPTING PARENT #1 4</b>			
1 Single, never married	4 Married, living with spouse	7 Married, involuntarily separated	
2 Divorced	5 Married, separated without legal action	9 Unknown	
3 Widowed	6 Legally separated		
<b>60. ADOPTING PARENT #1 DATE OF BIRTH (mm/dd/yyyy) 02/14/1975</b>			
<b>61. MARITAL STATUS OF ADOPTING PARENT #2 (see #59 for codes) 4</b>			
<b>62. ADOPTING PARENT #2 DATE OF BIRTH (mm/dd/yyyy) 09/09/1974</b>			
<b>63. ADDRESS (No., Street, Apt. # where child will reside) City County State Zip Code Nation</b>			

DHS FINALIZATION INFORMATION	
<b>INFORMATION TO BE COMPLETED BY DHS</b>	
<b>DATE ADOPTION PETITION RECEIVED (mm/dd/yyyy)</b>	<b>RECOMMENDATION FOR ADOPTION (check one)</b>
	<input type="checkbox"/> Approval <span style="margin-left: 150px;"><input type="checkbox"/> Not needed from Commissioner</span>
	<input type="checkbox"/> Denial <span style="margin-left: 150px;"><input type="checkbox"/> Other</span>
	<input type="checkbox"/> Dismissal
<b>DATE CASE CLOSED (mm/dd/yyyy)</b>	If Other, specify:
<b>REASON CLOSED (check one)</b>	
<input type="checkbox"/> Decree granted in Minnesota	<input type="checkbox"/> Placement disrupted
<input type="checkbox"/> Decree granted elsewhere	<input type="checkbox"/> Adoption placement / petition changed to long term foster care
<input type="checkbox"/> Petition denied	<input type="checkbox"/> Administrative closing
<input type="checkbox"/> Petition withdrawn	<input type="checkbox"/> Child died
<input type="checkbox"/> Petition dismissed	<input type="checkbox"/> Other
If Decree granted elsewhere or Other, specify:	