Public Agency Adoption Checklist – Outgoing
From Florida to another state (REG 1)

☐ Community Based Care ICPC Transmittal form (1 copy)
☐ 100A – 1 copy (1 typed set for each child)
  Section I
  ☐ Completed showing DCF or Contract Agency is responsible for planning for child and is financially responsible for child
  Section II
  ☐ Type of care (adoption) – Subsidy/IV-E-assistance or non IV-E
  ☐ Finalizing in sending state (Florida)
Legal Status (most states will not complete AHS unless TPR has occurred)
  ☐ All parents rights terminated ... OR ... written info that the receiving state has been contacted and will complete the AHS without TPR. Include a copy of the signed TPR petition.
  Section III (Services Requested)
  ☐ One item checked in each of the three columns (type of care & initial report should be the same)
  ☐ Name and address of supervising agency, if known
  ☐ 100A should request monthly supervision

☐ 100B – 1 copy (1 typed set for each child)
  Section I
  ☐ Complete demographics for child
  Section II
  ☐ Fill out the initial placement information ONLY
  Section IV
  ☐ Signature/date of person/agency supplying information ONLY

☐ Cover Letter (1 copy)
  ☐ Identifies the resource and relationship to child (must provide SS number & date of birth)
  ☐ Reflects what is needed from other state and gives any special requirements
  ☐ Requests monthly supervision (also on the 100A)
  ☐ Description of any special medical, behavioral or psychological needs of the child, as well as child’s service needs, e.g. day care.
  ☐ Gives lead community based agency and contract provider contact name/address/phone number
  ☐ If a Contract Agency, must have at beginning of letter “This request for child welfare services is being made pursuant to our contract with the Florida Department of Children and Families.”

Packet Requirements (1 copy)
  ☐ TPR Order signed by Judge on all parents (see Legal Status above)
  ☐ Social Summary on child (PDS, JRSSR or CBHA must be signed/dated within 6 months)
  ☐ Current court order (dated within 6 months) shows adoption as goal and signed by the judge
    (NOTE: If the review is signed by a General Magistrate, it MUST have a Judge’s signature affixed to the order.)
  ☐ Order of Compliance (must be dated within 12 months)
  ☐ Financial/medical plan form (Form 791)
  ☐ Proof of IV-E Eligibility (attach copy of the signed CF-ES 2629, Notice of Case Action form)
    (If Title IV-E documentation is unavailable, it must be addressed in cover letter)
  ☐ Case plan (must be signed/dated)
  ☐ Birth certificate
  ☐ Copy of most recent home study of placement resource and any updates available
  ☐ Copy of progress reports on the family unit for the last 6 months (or all progress reports if the child has not yet been in their care for 6 months)

Additional Information that will be required before placement can be made (1 copy):
  ☐ All medical records including birth records
  ☐ Social security card
  ☐ School reports
  ☐ Psychological evaluation on child
  ☐ Florida Adoptive Home App (current form 5071 available in DCF Forms)