

Iowa Department of Health and Human Services Adoption Transfer Checklist/Discussion Guide

Child(ren)'s Names: FACS		FACS ID:		MCO:		GAL/CASA Contact Info:		
Parent I:		Par	ent 2:			Other Parent Fig	gures/Guardians:	
Name:		Nai	Name:					
SWCM:		SW	SWCM Supervisor:			Date of Transfer Staffing:		
Laura Leise								
Assigned Adoption SWCM:		Add	Adoption Supervisor:			Court County:		
Initial TPR Petition Staffing Date:			Packet Due Date to Supervi Day 20 from TPR Order:		or by			
			Chi	Idren's Names				
Child's Name	nild's Name Placement Type			cement Name	Plac	ement Address	Phone/Email	
			<u>Legal</u>	Information				
Petition Filed Date:				Date of TPR I	Date of TPR Hearing:			
Date TPR Order Filed for Parent1:			Is there an ap	Is there an appeal?				
Date TPR Order Filed for Parent2:				Date of appea	Date of appeal Parent1:			
Date TPR Order Filed Unknown Parent:				Date of appea	Date of appeal Parent2:			
Date of Next Hearing:				45-day Repor	45-day Report Due:			
_								
Certified Birth Certificate		Y						
Status:								
Death Certificate Status:	_Y _	N 🗌 N/A	:					
TPR petition identifies all	Parents (Bio	ological, Puta	tive, Lega	al) for each child?		☐ Y ☐ N:		

Social Security Number in FACS Y N
ICAR Referral Completed Y N
All relative notices, responses, SWCM contacts, ruled in/out documented on Notice page in JARVIS Y N
Immigration Status for each child:
Does the child have Native heritage?
When was the Native Heritage Question asked?
Additional Staffing Notes: (Include information on each child and their special needs, background of the family and case history, barriers to licensure of the placement, tasks needing to be completed, etc.)
Case Planning:
Is a final visit planned? \[\text{Y} \] N Status:
Foster Child Behavioral Assessment, 470-4401 in file Y N
Justification for Foster Care Level of each child:
New Case Plan created for each child in JARVIS and Case Permanency Plan reflects new permanency goal of ADOPTION. NOTE: When creating adoptive case plan, do not enter a date in the box for date of initial case plan as this will trigger a new INAL.
Current Providers listed in Child Placement Plan with contact information
TOP (Wellness Check) Entries completed
Protective Child Care Active?
Is child IV-E eligible? (Check JARVIS IV-E)
Is child eligible for SSI / SSDI?
Who is Payee?
Amount per month?
All volumes of service case files are transferred:
Is there a need for FCS services to remain open?
Is JARVIS Narrative Complete?
470-5721 (11/22)

Date of last visit:
Schedule and complete warm handoff visit Date:
Warm Handoff Note Complete
Handoff Waived: Y N
Placement, Concurrent Planning, and Continuity of Relationships
Is placement licensed?
If no, referred to licensing agency?
Status:
Is current placement interested in adopting?
Are siblings placed together?
Identify any other siblings/half-siblings of this child and/or important relationships (FACS path PCRL)
Describe the intentions for interaction between the child, siblings, extended family Post-TPR
Is the current placement / interested adoptive home willing to consider options for continued interaction Post-TPR? \square Y \square N
Is contact information for placement current in JARVIS/FACS? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
Is Relative Placement Receiving CCA SNAP FIP KCP Kinship Navigation
Are there other families interested in adopting? \square Y \square N
Approved: Y N
Multi-Family Selection Staffing Needed:
What is the concurrent plan for placement of the child if the interested adoptive family cannot provide long-term care?
Is ICPC applicable?
Additional Staffing Notes: (Update since TPR occurred)
File/Case Transfer Guide After TPR
Petition for Termination of Parental Rights in File Y N
Special Instructions in TPR Order:
Best Interest Language for siblings contained in TPR Order Y N
Plan if no Best Interest Language is present in the TPR Order:

Date of next Foster Care Review Board (FCRB) meeting:
Expectations of FCRB:
 □ TPR Order emailed to adoption supervisor and child added to Guardianship List (per service area protocol) □ Copy of all Court Orders including appeal notice by parents □ IV-E current in JARVIS (FCTL, Change Forms, REVL 506) □ Brief memo and TPR order sent to the local CSRU office https://secureapp.dhs.state.ia.us/customerweb/offices
JARVIS Electronic Filing Guide for Ongoing Child Welfare Cases (Date first).pdf
Social History – 470-3615 (must be typed)
Child Study – 470-3698 (Complete within 20 days of TPR Order Filing; Includes diagnosis/special needs with documentatio from provider.
Send completed Child Study to Adoption SWCM in Word format via email
Photo of child
Current Immunization Record
Medical Record from Primary Care Physician(s) and any Specialists
Medical Record from Hospital(s), including birth records
☐ Dental Record
☐ Vision Record
Psychological Reports (children and parents) if applicable
Psychiatric Reports (children and parents) if applicable
School Records: Transcripts Behavioral Referrals IEP Reports/504 Plan
Who is Surrogate Parent for IEP planning?
Foster Family Placement Contract, Form 470-0716
Tangible Goods Form for Child Care, Form 470-3056
Child Care Expense Statement Forms for all Child Care Payments, Form 470-5612
Clothing Allowance Receipts
Has a Life Book been started?
If yes, where is it?
Who is responsible for it?
FACS ENTRIES Complete for each child
☐ RELL screen
End date the relationship of birth parents with date TPR was ordered Change parents to caretaker N, guardian N, custodian N, FCS ind N, and household ind N. Parent Visit Flag needs to be Y. End date the FCS relationship if FCS remains open.

Use the FACS ID of 9999999 for unknown ICAR father and 9999998 for unknown ICAR mother. DO NOT delete biological parent relationships or change the relationship type.

In case of Deceased Parent, the date of death needs to be entered on that parent's PERD screen and their relationship should

be end-dated on RELL. FCTL screen In Disposition field, enter 113 (TPR). In Legal Status field, continue with 103 (CINA) and hit "enter". FACS will automatically update this field to 105 for you. NOTE: If system does not allow change to 105, then birth parents are not on RELL screen. CLTD screen Enter birth parents' marital status at the time of child's birth Enter number of siblings including the client CLTD-F6 SPND Complete Special Needs screen Mark Age if age 5 or over Membership in Sibling Group if 3 or more siblings CLTD-F7 PRAH. F10 allows you to type information. Enter date of Request for Termination of Parental Rights if applicable Enter date the TPR petition was filed. Enter date of appeal, if applicable Enter dates hearing began (from FCTL), ended and order filed. Enter Y for HHS Guardianship. Enter Y or N for Relative Placement. Enter Y or N for Foster Family Placement. Was it a new placement - leave N. Enter date child study began and ended. REVL screen Enter a new "foster care review by court" (code 506) using the date of the TPR hearing. Enter the Permanency Goal of 104 - Adoption. Ensure prior REVL entries are complete (AFCARS). ☐ Enter the following after the TPR order is received and HHS is NOT the Guardian: Go to RELL screen. Add Guardian's name, relationship and FACS ID. NOTE: If this person does not have a FACS ID you will need to obtain one. Go to RELD screen. Enter YES for caretaker, guardian, custodian for this person. At RELD also end date the relationship of birth parents with date TPR was ordered and change them to non-custodians, noncaretaker, non-family member. Go to FCTL screen. Enter person granted Guardianship/custody.