#   Health, Social, Educational, and Genetic History

**CPS Placement, FAD, and ICPC**

**Purpose:** The Texas Family Code requires DFPS to complete a health, social, educational, and genetic history (HSEGH) report before placing a child for adoption with anyone other than the child’s step-parent, grandparent, aunt, or uncle by birth, marriage, or prior adoption. Use this form to provide potential adoptive parents with information about the child’s history and needs

**Directions:** The caseworker or contractor completes all sections. After completing the form and obtaining all signatures, the caseworker maintains the following formats of this form in the case record:

* Signed and dated report (usually a scanned PDF).
* Microsoft Word file so the report can be copied and pasted from the document into IMPACT.
* File the hard copy with original signature in the original case record.

Refer to the separate instructions document (Form K-908-2649i) for more information.

| SECTION 1: CHILD'S DEMOGRAPHICS AND GENERAL INFORMATION   |
| --- |
| Name:      | Date of birth:      | Citizenship status:      | Sex:      |
| Ethnicity:     Hispanic    Other | Race:      White   Black   Unable to Determine |    Asian   American Indian or Alaskan Native   Native Hawaiian or Pacific Islander |
| Describe the child’s physical characteristics, including current weight, height, and observable characteristics such as right- or left-handedness, attached or unattached ear lobes, freckles, dimples, and hair pattern:      |
| Describe the child’s personality characteristics, likes and dislikes, interests, and hobbies:      |
| Describe the child’s routines and daily schedules:      |
| Describe the child’s current and background religions:      |

| SECTION 2: CHILD’S HEALTH HISTORY   |
| --- |
| Place of birth:      | Weight at birth:      |
| Time of birth:      | Length at birth:      |
| Prenatal history, including any information as to whether the child’s birth mother consumed drugs or alcohol during pregnancy:      |
| Birth history:      |
| Neonatal history, including any diagnoses at birth or the results of a toxicology screen:      |
| Genetic conditions and health history, including whether the child has been diagnosed with fetal alcohol spectrum disorder:      |
| Feeding difficulty:      |
| Special needs:      |
| Developmental milestones:      |
| Intellectual development:      |
| Sexual development:      |
| Child characteristics currently identified in IMPACT:       |
| Health status at the time of placement:      |
| Current medications:      |
| Medication history:      |
| Allergies:      |
| Record of current immunizations:      Yes    No |
| List the immunizations indicated on the record and the dates the child received them:      |
| Date of most recent exam:      | Name of current doctor:      |
| Describe current problems noted by the doctor and available results of examination:      |
| Date of most recent dental exam:      | Name of current dentist:      |
| Describe current problems noted by the dentist and available results of examination:      |
| Dental history:      |
| Current mental health status and available results of examination:      |
| Psychological history and available results of examination:      |
| Psychiatric history and available results of examination:      |

| SECTION 3: CHILD’S SOCIAL HISTORY   |
| --- |
| How does the child relate to the biological family, including siblings, birth parents, and members of extended family?      |
| How does the child relate to the foster family, caretakers, and other people who have had physical possession of or legal access to the child?      |
| How does the child relate to significant others such as teachers, friends, and advocates?      |
| How did the child handle separation from and loss of the biological family and other significant people?      |
| Chronological history of previous placements, dates, and reasons for changes in placements:      |
| The child's reaction to and understanding of the placement changes:      |
| History of significant behavioral challenges, including any historical behaviors that would be helpful to know for anyone who would be providing care to the child:      |
| Effective behavioral interventions that have created positive outcomes for the child in the past, such as quiet rooms, fidget toys, positive reinforcement, rewards for positive behaviors, weighted blankets when dysregulated, and so on:      |
| **HISTORY OF PHYSICAL, SEXUAL, OR EMOTIONAL ABUSE OR NEGLECT**  |
| Date   | Allegation   | Disposition   |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| Describe the circumstances of the child’s removal:      |
| If parental rights are not yet terminated, what is the current legal status?      |
| Date that parental rights were terminated:      |
| Describe the enrollment and performance of the child in educational institutions, including ways the child succeeds and struggles in school and anything else a caregiver needs to know about how the child does in a school setting:       |
| Results of education testing and standardized testing:       |
| Special education needs:       |

| SECTION 4: INFORMATION ABOUT THE CHILD’S FAMILY AND GENETIC HISTORY   |
| --- |
| See the separate instructional sheet for important information about filling out this section. |

| **BIOLOGICAL MOTHER**  |
| --- |
| Name:       |
| Sex:       | Nationality:       |
| Date of birth: (MM/YY)       | Place of birth:       |
| Citizenship status:       | Religion:       |
| Education level:       | Occupation and last employer:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Health status at the time of the child’s birth:      |
| Prenatal history, including information about prenatal care during pregnancy with the child:      |
| History of drug or alcohol use during pregnancy with child:      |
| Relationship history with child:       |
| Eye color:       | Height:       |
| Hair color:       | Weight:       |
| Observable characteristics, such as right- or left-handedness, attached or unattached ear lobes, freckles, dimples, and hair pattern:       |
| Ethnicity and description of ethnic background:      |
| Religious background:       |
| Personality description, special interests, and talents:       |
| Additional work, professional achievement, or educational information:      |
| Military service:       |
| Prior marriages and divorces:       |
| Lifestyle and socio-economic status:       |
| Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance:       |
| Current health status:       |
| Medical history:       |
| Genetic history, disorders, or diseases:       |
| Developmental history:       |
| Dates, results, and summary of any psychiatric and psychological evaluations:       |
| Dates, results, and summary of any social evaluations:       |
| Intellectual development:       |
| History of childhood or other traumatic experiences, including exposure to abuse or neglect:       |
| History of addiction or substance abuse, including any results of professional assessments:       |
| DPS Criminal History, but only if a court has authorized the release.      |

| **BIOLOGICAL FATHER**  |
| --- |
| Name:       |
| Sex:       | Nationality:       |
| Date of birth: (MM/YY)       | Place of birth:       |
| Citizenship status:       | Religion:       |
| Education level:       | Occupation and last employer:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Relationship history with child:       |
| Eye color:       | Height:       |
| Hair color:       | Weight:       |
| Observable characteristics, such as right- or left-handedness, attached or unattached ear lobes, freckles, dimples, and hair pattern:       |
| Additional information that could be helpful to the child in the future, if any:      |
| Ethnicity and description of ethnic background:      |
| Religious background:       |
| Personality description, special interests, and talents:       |
| Additional work, professional achievement, or educational information:      |
| Military service:       |
| Prior marriages and divorces:       |
| Lifestyle and socio-economic status:       |
| Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance:       |
| Current health status:       |
| Medical history:       |
| Genetic history, disorders, or diseases:       |
| Developmental history:       |
| Dates, results, and summary of any psychiatric and psychological evaluations:       |
| Dates, results, and summary of any social evaluations:       |
| Intellectual development:       |
| History of childhood or other traumatic experiences, including exposure to abuse or neglect:       |
| History of addiction or substance abuse, including any results of professional assessments:       |
| DPS Criminal History, but only if a court has authorized the release.      |

| **STEP-PARENT**  |
| --- |
| Name:       |
| Sex:       | Nationality:       |
| Date of birth: (MM/YY)       | Place of birth:       |
| Citizenship status:       | Religion:       |
| Education level:       | Occupation and last employer:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Relationship history with child:       |
| Eye color:       | Height:       |
| Hair color:       | Weight:       |
| Observable characteristics, such as right- or left-handedness, attached or unattached ear lobes, freckles, dimples, and hair pattern:       |
| Additional information that could be helpful to the child in the future, if any:      |
| Ethnicity and description of ethnic background:      |
| Religious background:       |
| Personality description, special interests, and talents:       |
| Additional work, professional achievement, or educational information:      |
| Military service:       |
| Prior marriages and divorces:       |
| Lifestyle and socio-economic status:       |
| Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance:       |
| Current health status:       |
| Medical history:       |
| Genetic history, disorders, or diseases:       |
| Developmental history:       |
| Dates, results, and summary of any psychiatric and psychological evaluations:       |
| Dates, results, and summary of any social evaluations:       |
| Intellectual development:       |
| History of childhood or other traumatic experiences, including exposure to abuse or neglect:       |
| History of addiction or substance abuse, including any results of professional assessments:       |
| DPS Criminal History, but only if a court has authorized the release:      |

| **SIBLING 1**  |
| --- |
| See the separate instructional sheet for important information about filling out this section. |
| Name:       | Relationship to child, including whether this is a is full, half, step, or adopted sibling:       |
| Sex:       | Nationality:       |
| Date of birth: (MM/YY)       | Place of birth:       |
| Citizenship status:       | Religion:       |
| Education level:       | Occupation and last employer:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Relationship history with child:       |
| Eye color:       | Height:       |
| Hair color:       | Weight:       |
| Observable characteristics, such as right- or left-handedness, attached or unattached ear lobes, freckles, dimples, and hair pattern:       |
| Additional information that could be helpful to the child in the future, if any:      |
| Ethnicity and description of ethnic background:      |
| Religious background:       |
| Personality description, special interests, and talents:       |
| Additional work, professional achievement, or educational information:      |
| Military service:       |
| Prior marriages and divorces:       |
| Lifestyle and socio-economic status:       |
| Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance:       |
| Current health status:       |
| Medical history:       |
| Genetic history, disorders, or diseases:       |
| Developmental history:       |
| Dates, results, and summary of any psychiatric and psychological evaluations:       |
| Dates, results, and summary of any social evaluations:       |
| Intellectual development:       |
| History of childhood or other traumatic experiences, including exposure to abuse or neglect:       |
| History of removal from the biological family:      |
| A misdemeanor or felony classified as an offense against the person or family:      |
| DPS Criminal History, but only if a court has authorized the release:      |

| **SIBLING 2** |
| --- |
| See the separate instructional sheet for important information about filling out this section. |
| Name:       | Relationship to child, including whether this is a is full, half, step, or adopted sibling:       |
| Sex:       | Nationality:       |
| Date of birth: (MM/YY)       | Place of birth:       |
| Citizenship status:       | Religion:       |
| Education level:       | Occupation and last employer:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Relationship history with child:       |
| Eye color:       | Height:       |
| Hair color:       | Weight:       |
| Observable characteristics, such as right- or left-handedness, attached or unattached ear lobes, freckles, dimples, and hair pattern:       |
| Additional information that could be helpful to the child in the future, if any:      |
| Ethnicity and description of ethnic background:      |
| Religious background:       |
| Personality description, special interests, and talents:       |
| Additional work, professional achievement, or educational information:      |
| Military service:       |
| Prior marriages and divorces:       |
| Lifestyle and socio-economic status:       |
| Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance:       |
| Current health status:       |
| Medical history:       |
| Genetic history, disorders, or diseases:       |
| Developmental history:       |
| Dates, results, and summary of any psychiatric and psychological evaluations:       |
| Dates, results, and summary of any social evaluations:       |
| Intellectual development:       |
| History of childhood or other traumatic experiences, including exposure to abuse or neglect:       |
| History of removal from the biological family:      |
| DPS Criminal History, but only if a court has authorized the release:      |

| **MATERNAL GRANDMOTHER**  |
| --- |
| Name:       | Relationship to child:       |
| Sex:       | Nationality:       |
| Date of birth: (MM/YY)       | Place of birth:       |
| Citizenship status:       | Religion:       |
| Education level:       | Occupation and last employer:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Relationship history with child:       |
| Eye color:       | Height:       |
| Hair color:       | Weight:       |
| Observable characteristics, such as right- or left-handedness, attached or unattached ear lobes, freckles, dimples, and hair pattern:       |
| Additional information that could be helpful to the child in the future, if any:      |
| Ethnicity and description of ethnic background:      |
| Religious background:       |
| Personality description, special interests, and talents:       |
| Additional work, professional achievement, or educational information:      |
| Military service:       |
| Prior marriages and divorces:       |
| Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance:       |
| Current health status:       |
| Medical history:       |
| Genetic history, disorders, or diseases:       |
| Developmental history:       |
| Dates, results, and summary of any psychiatric and Psychological Evaluations:       |
| Dates, results, and summary of any social evaluations:       |
| Intellectual development:       |
| History of childhood or other traumatic experiences, including exposure to abuse or neglect:       |
| DPS Criminal History, but only if a court has authorized the release:      |

| **MATERNAL GRANDFATHER**  |
| --- |
| Name:       | Relationship to child:       |
| Sex:       | Nationality:       |
| Date of birth: (MM/YY)       | Place of birth:       |
| Citizenship status:       | Religion:       |
| Education level:       | Occupation and last employer:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Relationship history with child:       |
| Eye color:       | Height:       |
| Hair color:       | Weight:       |
| Observable characteristics, such as right- or left-handedness, attached or unattached ear lobes, freckles, dimples, and hair pattern:       |
| Additional information that could be helpful to the child in the future, if any:      |
| Ethnicity and description of ethnic background:      |
| Religious background:       |
| Personality description, special interests, and talents:       |
| Additional work, professional achievement, or educational information:      |
| Military service:       |
| Prior marriages and divorces:       |
| Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance:       |
| Current health status:       |
| Medical history:       |
| Genetic history, disorders, or diseases:       |
| Developmental history:       |
| Dates, results, and summary of any psychiatric and psychological evaluations:       |
| Dates, results, and summary of any social evaluations:       |
| Intellectual development:       |
| History of childhood or other traumatic experiences, including exposure to abuse or neglect:       |
| ADPS Criminal History, but only if a court has authorized the release:      |
| Other criminal history:      |

| **PATERNAL GRANDMOTHER**  |
| --- |
| Name:       | Relationship to child:       |
| Sex:       | Nationality:       |
| Date of birth: (MM/YY)       | Place of birth:       |
| Citizenship status:       | Religion:       |
| Education level:       | Occupation and last employer:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Relationship history with child:       |
| Eye color:       | Height:       |
| Hair color:       | Weight:       |
| Observable characteristics, such as right- or left-handedness, attached or unattached ear lobes, freckles, dimples, and hair pattern:       |
| Additional information that could be helpful to the child in the future, if any:      |
| Ethnicity and description of ethnic background:      |
| Religious background:       |
| Personality description, special interests, and talents:       |
| Additional work, professional achievement, or educational information:      |
| Military service:       |
| Prior marriages and divorces:       |
| Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance:       |
| Current health status:       |
| Medical history:       |
| Genetic history, disorders, or diseases:       |
| Developmental history:       |
| Dates, results, and summary of any psychiatric and psychological evaluations:       |
| Dates, results, and summary of any social evaluations:       |
| Intellectual development:       |
| History of childhood or other traumatic experiences, including exposure to abuse or neglect:       |
| DPS Criminal History, but only if a court has authorized the release:      |

| **PATERNAL GRANDFATHER**  |
| --- |
| Name:       | Relationship to child:       |
| Sex:       | Nationality:       |
| Date of birth: (MM/YY)       | Place of birth:       |
| Citizenship status:       | Religion:       |
| Education level:       | Occupation and last employer:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Relationship history with child:       |
| Eye color:       | Height:       |
| Hair color:       | Weight:       |
| Observable characteristics, such as right- or left-handedness, attached or unattached ear lobes, freckles, dimples, and hair pattern:       |
| Additional information that could be helpful to the child in the future, if any:      |
| Ethnicity and description of ethnic background:      |
| Religious background:       |
| Personality description, special interests, and talents:       |
| Additional work, professional achievement, or educational information:      |
| Military service:       |
| Prior marriages and divorces:       |
| Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance:       |
| Current health status:       |
| Medical history:       |
| Genetic history, disorders, or diseases:       |
| Developmental history:       |
| Dates, results, and summary of any psychiatric and psychological evaluations:       |
| Dates, results, and summary of any social evaluations:       |
| Intellectual development:       |
| History of childhood or other traumatic experiences, including exposure to abuse or neglect:       |
| DPS Criminal History, but only if a court has authorized the release:      |

|  |
| --- |
| **OTHER RELATIVE 1**  |
| Name:       | Relationship to child:       |
| Sex:       | Nationality:       |
| Date of birth: (MM/YY)       | Place of birth:       |
| Citizenship status:       | Religion:       |
| Education level:       | Occupation and last employer:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Relationship history with child:       |
| Eye color:       | Height:       |
| Hair color:       | Weight:       |
| Observable characteristics such as right- or left-handedness, attached or unattached ear lobes, freckles, dimples, and hair pattern:       |
| Additional information that could be helpful to the child in the future, if any:      |
| Ethnicity and description of ethnic background:      |
| Religious background:       |
| Personality description, special interests, and talents:       |
| Additional work, professional achievement, or educational information:      |
| Military service:       |
| Prior marriages and divorces:       |
| Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance:       |
| Current health status:       |
| Medical history:       |
| Genetic history, disorders, or diseases:       |
| Developmental history:       |
| Dates, results, and summary of any psychiatric and psychological evaluations:       |
| Dates, results, and summary of any social evaluations:       |
| Intellectual development:       |
| History of childhood or other traumatic experiences, including exposure to abuse or neglect:       |
| DPS Criminal History, but only if a court has authorized the release:      |

| **OTHER RELATIVE 2**  |
| --- |
| Name:       | Relationship to child:       |
| Sex:       | Nationality:       |
| Date of birth: (MM/YY)       | Place of birth:       |
| Citizenship status:       | Religion:       |
| Education level:       | Occupation and last employer:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Relationship history with child:       |
| Eye color:       | Height:       |
| Hair color:       | Weight:       |
| Observable characteristics such as right- or left-handedness, attached or unattached ear lobes, freckles, dimples, and hair pattern:       |
| Additional information that could be helpful to the child in the future, if any:      |
| Ethnicity and description of ethnic background:      |
| Religious background:       |
| Personality description, special interests, and talents:       |
| Additional work, professional achievement, or educational information:      |
| Military service:       |
| Prior marriages and divorces:       |
| Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance:       |
| Current health status:       |
| Medical history:       |
| Genetic history, disorders, or diseases:       |
| Developmental history:       |
| Dates, results, and summary of any psychiatric and psychological evaluations:       |
| Dates, results, and summary of any social evaluations:       |
| Intellectual development:       |
| History of childhood or other traumatic experiences, including exposure to abuse or neglect:       |
| DPS Criminal History, but only if a court has authorized the release:      |

| **OTHER RELATIVE 3**  |
| --- |
| Name:       | Relationship to child:       |
| Sex:       | Nationality:       |
| Date of birth: (MM/YY)       | Place of birth:       |
| Citizenship status:       | Religion:       |
| Education level:       | Occupation and last employer:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Relationship history with child:       |
| Eye color:       | Height:       |
| Hair color:       | Weight:       |
| Observable characteristics such as right- or left-handedness, attached or unattached ear lobes, freckles, dimples, and hair pattern:       |
| Additional information that could be helpful to the child in the future, if any:      |
| Ethnicity and description of ethnic background:      |
| Religious background:       |
| Personality description, special interests, and talents:       |
| Additional work, professional achievement, or educational information:      |
| Military service:       |
| Prior marriages and divorces:       |
| Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance:       |
| Current health status:       |
| Medical history:       |
| Genetic history, disorders, or diseases:       |
| Developmental history:       |
| Dates, results, and summary of any psychiatric and psychological evaluations:       |
| Dates, results, and summary of any social evaluations:       |
| Intellectual development:       |
| History of childhood or other traumatic experiences, including exposure to abuse or neglect:       |
| DPS Criminal History, but only if a court has authorized the release:      |

| **OTHER RELATIVE 4** |
| --- |
| Name:       | Relationship to child:       |
| Sex:       | Nationality:       |
| Date of birth: (MM/YY)       | Place of birth:       |
| Citizenship status:       | Religion:       |
| Education level:       | Occupation and last employer:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Relationship history with child:       |
| Eye color:       | Height:       |
| Hair color:       | Weight:       |
| Observable characteristics such as right- or left-handedness, attached or unattached ear lobes, freckles, dimples, and hair pattern:       |
| Additional information that could be helpful to the child in the future, if any:      |
| Ethnicity and description of ethnic background:      |
| Religious background:       |
| Personality description, special interests, and talents:       |
| Additional work, professional achievement, or educational information:      |
| Military service:       |
| Prior marriages and divorces:       |
| Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance:       |
| Current health status:       |
| Medical history:       |
| Genetic history, disorders, or diseases:       |
| Developmental history:       |
| Dates, results, and summary of any psychiatric and psychological evaluations:       |
| Dates, results, and summary of any social evaluations:       |
| Intellectual development:       |
| History of childhood or other traumatic experiences, including exposure to abuse or neglect:       |
| DPS Criminal History, but only if a court has authorized the release:      |

| **FICTIVE KIN OR OTHER CAREGIVER 1**  |
| --- |
| See the separate instructional sheet for important information about filling out this section.  |
| Name:       | Relationship to child:       |
| Sex:       | Nationality:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Relationship history with child:       |
| Identify significant life events that occurred during placement or while caring for the child:      |
| General information:      |

| **FICTIVE KIN OR OTHER CAREGIVER 2**   |
| --- |
| Name:       | Relationship to child:       |
| Sex:       | Nationality:       |
| Date of death, if applicable:       | Age and cause of death, if applicable:       |
| Relationship history with child:       |
| Identify significant life events that occurred during placement or while caring for the child:      |
| General information:      |

| **FAILED CONTACT ATTEMPTS**  |
| --- |
| List any and all attempts that were unsuccessful or where a contact refused to provide any information:       |

| SIGNATURES   |
| --- |
| Was the HSEGH contracted?      Yes    No  |
| Signature of HSEGH preparer:**X**       | Date signed:      |
| Printed name:      | Credentials:      |
| Signature of home broker CPMS: **X**       | Date signed:      |
| Printed name:      | Credentials:      |
| Signature of CPS caseworker:**X**       | Date signed:      |
| Printed name:      | Title:      |
| Signature of CPS supervisor: **X**       | Date signed:      |
| Printed name:      | Title:      |

| DOCUMENTING THAT THE PROSPECTIVE ADOPTIVE PARENTS HAVE REVIEWED THE HSEGH REPORT   |
| --- |
| To document that the prospective adoptive parents have reviewed the redacted HSEGH report and discussed its contents with the caseworker, the prospective adoptive parent must do both of the following: * Initial each page of the report.
* Sign and date the last page of a DFPS copy of the report when they receive it.

Both the original HSEGH report and the redacted copy that the prospective adoptive parents signed and initialed must be kept in the child’s case record.   |
| **I have reviewed a copy of the child’s HSEGH report.**  |
| Signature of prospective adoptive parent:**X**       |
| Printed name:      | Date signed:      |
| Signature of prospective adoptive parent:**X**       |
| Printed name:      | Date signed:      |