

Connecticut Department of Children and Families
ADOPTION PLACEMENT - CHILD DISCLOSURE

DCF-2248
1/19 (Rev.)



The information contained in this document shall not include any information that may identify the biological parents or the relatives of the child. Please arrange for a legal consult with your principal or staff attorney if you have any questions concerning the information that you may disclose to prospective adoptive parent.

DCF Office:	Meeting Date:
-------------	---------------

Child's FIRST Name (<i>Use ONLY the child's first name when meeting the pre-adoptive family</i>):	Gender:	Date Of Birth:
---	---------	----------------

Current type of residence:	LINK#
----------------------------	-------

Birth Information: (Any complications, etc.)

Child's Personality: (Give brief description of child's present functioning in his/her environment, child's strengths/weaknesses and behaviors & habits):

List any relevant information regarding the child's cultural, religious, sexual orientation, disability or identity issues:

Medical Information:

Education: (All regular education information should be given OR special education status and why. Include special considerations/programs/needs/testing result.)

Siblings: (Relationships/contact now & for future, visitation, etc. Provide the information in general terms. For example, the child has a sister who resides with the mother. The child enjoys visiting with his sister on a weekly basis):

Extended family/special people in child's life (other than biological parents): identify relatives in general terms. For example, state that there is a grandfather or aunt that the child has a special relationship with. Do not include information that could identify the relative of the child):

Placement History: (do not provide any identifying addresses of the parents or relatives):

CHILD'S TRAUMA / CHILD PROTECTIVE SERVICE HISTORY

Reason child came into DCF care:

Early parenting notes:

LEGAL

Current Legal Status:

Legal Risk discussion, if applicable. (Possible referral to child attorney, may be given):

Open Adoption, if applicable. (Give parameters of any agreement, legal or otherwise, or expectations of, give CAFAF information):

Standing Court Orders, if applicable:

Citizenship and/or Immigration issues pending, if applicable:

Current visitation and transportation arrangements:

SUBSIDY

Medical and why:

Financial / What are the certified special needs criteria:

Other services currently identified (What will be provided and by whom):

PERTINENT GENETIC PARENT INFORMATION

This section shall not include any information that would identify the biological parents. The histories should address the issues without providing identifying information. Discussion of extended family members should be in general terms. (For example, the child has two siblings, one brother and one sister residing with the maternal grandmother).

Discussion of the DCF-337 and DCF-338 (these forms should be completed ahead of the meeting and brought to the meeting. Medical, psychiatric, substance use diagnosis and history):

Family History:

Education History:

Extended family information, if known:

RESOURCE CHECKLIST

Please list resources that are available in the community to help new adoptive parents:

List what trainings might be helpful/available to adoptive parents:

MEETING PARTICIPANTS AND SIGNATURES

Social Worker LAST Name:	Social Worker FIRST Name:	SW Signature	Date
Social Work Supervisor LAST Name:	Social Work Supervisor FIRST Name:	SWS Signature	Date
Pre-Adoptive Parent #1 LAST Name:	Pre-Adoptive Parent #1 FIRST Name:	Pre-Adoptive Parent #1 Signature:	Date
Pre-Adoptive Parent #2 LAST Name:	Pre-Adoptive Parent #2 FIRST Name:	Pre-Adoptive Parent #2 Signature:	Date:
FASU or Private Agency SW LAST Name:	FASU or Private Agency SW FIRST Name:	FASU or Private Agency SW Signature:	Date:
Foster Parent #1 LAST Name:	Foster Parent #1 FIRST Name:	Foster Parent #1 Signature:	Date:
Foster Parent #2 LAST Name:	Foster Parent #2 FIRST Name:	Foster Parent #2 Signature:	Date:
Other LAST Name (if needed):	Other FIRST Name (if needed):	Signature:	Date:
Other LAST Name (if needed):	Other FIRST Name (if needed):	Signature:	Date:
Other LAST Name (if needed):	Other FIRST Name (if needed):	Signature:	Date: