

**INSTRUCTIONS FOR COMPLETING THE FORM DSS-1808
REPORT ON PROPOSED ADOPTION**

PURPOSE OF THE FORM:

The Report on Proposed Adoption (DSS-1808) form must be completed by a licensed adoption agency for each child for whom adoption proceedings have been initiated. The clerk of court in the county in which the adoption is filed will order the report via the Order for Report on Proposed Adoption (DSS-1807) and the Report must be completed within 60 days of receipt of the Order unless an extension is approved by the clerk of court.

The Report on Proposed Adoption (DSS-1808) is an extremely important data entry form that is keyed into the Adoption Information Management System (AIMS) to provide data to meet federal reporting requirements. It is therefore vital that:

1. All entries be clear, complete, and legible.
2. All items on the form are completed unless not applicable (in which case the field should be marked "N/A" to assure that the field was not overlooked).
3. All information (i.e. spelling of the names, dates of birth, etc.) is accurate and consistent with all other legal documents filed with the adoption.
4. All information is typed. The form is available in interactive PDF format at the NC Division of Social Services website. The interactive PDF format is able to be saved for ongoing work.

GENERAL INSTRUCTIONS:

Most of the information requested is self-descriptive. When codes are required, a list is provided beside the box where the code is to be entered. White out should **never** be used on forms or legal documents. Errors should be struck through once and the corrections initialed by the persons signing the form.

INSTRUCTIONS FOR SPECIFIC ENTRY FIELDS:

Page One:

1. Enter the name of the county in which the adoption proceeding is being filed
2. Enter the special proceeding number assigned by the clerk of court.
3. Enter the FULL legal name of the petitioners as listed on the Petition for Adoption. The legal name is the name as listed on the petitioner's birth certificate.
4. Enter the FULL name by which the adoptee is to be known if the adoption is granted and as entered on the Petition for Adoption.
5. Enter the name of the County Clerk of Court's office where the adoption proceeding has been filed.
6. Enter the name, title, and address of the Director of the agency making the report.

I. HISTORY OF THE CHILD

A. Placement Data for Child

1. Enter the code which identifies the person or agency placing the child with the petitioners for the purpose of adoption. This will be the individual or agency that had custody or responsibility for the child at the time of the initiation of the adoption proceedings and who has the legal authority to consent to the adoption.

<u>Code</u>	<u>Value</u>
a	Public Agency – A unit of State or Local Government
b	Private Agency – A for-profit or non-profit agency or institution licensed by the state to provide adoption services
c	Tribal Agency – A unit within one of the federally-recognized Indian tribes or Indian Tribal organizations
d	Independent Person
e	Birth Parent
f	Other Relative
g	District Court – Court previously gave guardianship of the child to the petitioners

2. Specify the type of adoption as follows:

<u>Code</u>	<u>Value</u>
a	Agency (Non-Related) – the child is in agency custody and is being placed with petitioners who have no legal relationship to the child
b	Agency (Related) – the child is in agency custody and is being placed with petitioners who are legally related to the child either by blood or marriage
c	Independent/Non-Related – the child is being placed with petitioners by an unrelated parent or guardian
d	Foreign – the child has been adopted internationally and the adoptive parents have filed to re-adopt the child in North Carolina
e	Relative – the child is being placed by the parent or guardian with a grandparent, sibling, first cousin, aunt, uncle, great-aunt, or great-uncle of the minor child
f	Stepparent – the child is being adopted by the spouse of one of his/her biological parents

“Child previously in agency custody and eligible for Adoption Assistance” means that the child was once in the custody of an agency and would have been eligible for adoption assistance had the child been considered for eligibility at that time. If the court granted custody or guardianship of the child to a caretaker and that child is now being adopted, the child may still be eligible for adoption assistance. Social workers should advise the prospective adoptive parents of these benefits and determine eligibility of the child for adoption assistance via the DSS-5012 Adoption Assistance Eligibility Checklist.

3. Fill in the name, address, and relationship of the agency, parent, or guardian identified in number one (1) above who is giving consent for the adoption. *NOTE: If this is an Independent adoption where the parents' rights were terminated previously, the worker should enter the date of the Termination of Parental Rights and the court where it was ordered in this space.*
4. Enter the code which identifies the location of the individual or agency identified in number one (1) above. If the location is not in North Carolina, write in the name of the state (if within the United States) or name of the country (if outside of the United States).

<u>Code</u>	<u>Value</u>
a	Child was born in North Carolina
b	Child was born in a state other than North Carolina
c	Child was born outside the United States

5. Enter the date that the child was placed in the home of the petitioners **for the purpose of adoption**. That date of the placement should be:
 - a The date of the marriage or later in stepparent adoption.
 - b The date the agency approved adoptive placement for a foster child residing with foster parents who are petitioning to adopt the child. This date should be after all legal clearances have been obtained and an approved preplacement assessment has been completed.
 - c The date the parent who is the primary caregiver signs a consent to adoption which transfers legal and physical custody to the petitioners in an independent or relative adoption.
 - d If there is no placement date, please put N/A in this space.
6. Enter the appropriate code to identify whether the child had an adoptive placement prior to the current placement.

<u>Code</u>	<u>Value</u>
a	Yes
b	No

6(a). If the answer to 6 is yes (a), note whether the placement disrupted (ended before final decree), dissolved (ended after final decree), or both

7. Enter the appropriate code to determine if the child had been in substitute care* prior to this adoptive placement, and whether there were any brothers/sisters or half-brothers/half-sisters in substitute care at the same time, but not necessarily in the same home or facility. **Substitute care is defined as any placement arrangement other than the care of the biological parents whether formal or informal.*

Code Value

a Yes

b No

8. Enter the appropriate code which identifies the child was placed in this adoptive placement with his/her own siblings.

Code Value

a Yes

b No, or not applicable

c With some, but not all

B. Personal History

1. Original Name of Child

Enter the child's name **exactly** as it appears on the certified birth certificate. If a child was previously adopted, the birth certificate would have been amended; therefore, the worker should be entering information from the amended birth certificate as if that was the child's original birth family information. Enter the SIS ID# of the child if the child had been receiving services from the agency prior to the adoptive placement.

2. Adopted Name of Child

This should be **exactly consistent** with both the name entered on the Report to Vital Records (DSS-1815 or DSS-5170) and the Petition for Adoption of a Minor Child (DSS-1800) or the Petition for Adoption of a Minor Child – Stepparent (DSS-5162) as the name of the child after adoption.

3. Date of Birth

Enter the date of birth on the child's certified original birth certificate or amended birth certificate (if the child was previously adopted).

4. Verified By

The worker must request a certified copy of the child's birth certificate and record the certificate number in this field to show proof of the verification.

5. Place of Birth

The worker must record the city or town and state abbreviation where the child was born. If the child was born in North Carolina, the proper county code should be entered. If the child was born outside the United States, please enter the name of the country.

6. Race

The worker should check all boxes that apply. If the child was abandoned and a parent is no longer available to provide this information, the worker should check “abandoned.” Answer yes or no to the question asking if the individual is of Hispanic origin. Hispanic origin is considered an ethnicity rather than race. All individuals should have at least one race code checked.

Ethnicity: check one box only

7. Sex

The worker should choose a. for male or b. for female.

C. Court Action

The worker completing the DSS-1808 Report on Proposed Adoption should enter the Name and Address of any Court that has issued a Termination of Parental Rights Order, and Order of the Clerk of Superior Court allowing the adoption to proceed without the parents’ consent, and Adjudication of Mental Incompetency, and/or any other applicable court orders and the dates of those orders. Certified copies of these actions should be attached.

D. Special Needs Status

Question 1 should be answered for all children. Questions 2 and 3 should be answered for all children for whom question 1 was “yes.” It is crucial that the worker complete all fields accurately and not leave any information blank.

E. Adoption Subsidy/Financial Support

Information for any child being adopted with an adoption assistance agreement in place, is required to be entered whether that child is receiving assistance from North Carolina or from out-of-state. The information regarding the funding source is crucial and must be accurate. For a child receiving adoption assistance due to current or previous DSS agency custody, the funding source will be either a or b. Children who were placed by a private agency will be eligible for either a or c.

If a child is receiving SSI or Social Security payments based on the child’s developmental needs, number 3 should be marked a. YES.

If the child is/will be receiving Medicaid as a result of eligibility for adoption assistance, number 4 should be marked a. YES. A child eligible for Title IV-E adoption assistance (AA) is always eligible for Title XIX Medicaid coverage.

II. HISTORY OF BIRTH PARENTS (OR LAST ADOPTIVE PARENTS)

A. Birth Parent #1 (Biological or previous adoptive Father if applicable)

NOTE: If the child’s birth parents or previous adoptive parents are male and female, please always list the father as birth parent 1 and the mother as birth parent 2. If they are a same-sex couple, it is not relevant who is birth parent 1 and who is birth parent 2.

1. Name of Birth Parent 1 (biological or previous adoptive Father if applicable)

Enter the full legal name of the birth parent 1 (biological or previous adoptive Father if applicable) as entered on the certified birth certificate. If the child was previously adopted, the birth certificate should have been amended. Therefore, the worker should be entering information from the amended birth certificate as if that was the child's original birth family information.

2. Address

Enter the birth parent 1's full address. If the whereabouts are unknown, the worker should write WHEREABOUTS UNKNOWN.

3. Date of Birth

Enter the date of birth of birth parent 1. If the information is unknown, the worker should write UNKNOWN.

4. Place of Birth

Enter the place of birth of birth parent 1. If the information is unknown, the worker should write UNKNOWN.

5. Race

The worker should check all boxes that apply.

Answer yes or no to the question asking if the individual is of Hispanic origin. Hispanic origin is considered ethnicity rather than race. All individuals should have at least one race code.

Ethnicity: check one box only.

6. Nationality

Enter the name of the nation to which the parent belongs by origin, birth, or naturalization.

7. Sex

Enter a for male and b for female.

8. Education

Enter the highest grade completed.

If the parent graduated from high school, you would enter 12. If this was accomplished through a GED program, mark the box a. YES. If they graduated from a two-year college – 14. If a four-year undergraduate degree – 16, etc.

Mark the appropriate space to indicate college or vocational/technical school.

9. Occupation

Enter the appropriate occupation code a – l as noted in the box.

10. Marital Status

If birth parent 1 was married to the birth mother at any time, it is crucial for the worker completing the DSS-1808 Report on Proposed Adoption to determine the date of marriage and/or divorce to rule out the possibility of a legal father. The legal father is the man who is/was married to the mother and the child was born during the marriage or within 280 days after they divorced or after they separated pursuant to a written separation agreement or court order.

11. Marriages of Birth Parent 1

Enter the parent's current and previous spouse information in the appropriate boxes. It is crucial that all information be verified by obtaining copies of marriage licenses, divorce decrees, and other court documents.

12. Confirmation of whether birth parent 1 and 2 have at any time been married to each other. Answer yes or no.

13. Date and Verification of Death of Birth Parent 1; and

14. Cause of Death

The worker must obtain a certified copy of the death certificate to verify the date and cause of death of birth parent 1 and attach it to the DSS-1808 Report on Proposed Adoption.

15. Date of Birth Parent 1's Legal Clearance

The worker must enter the date of birth parent's legal clearance by a court-ordered Termination of Parental Rights, or Voluntary Consent to Relinquishment, or Death, or Date of Judicial Termination that a man is not the father, or the Date that a Clerk of Superior Court entered an Order that the parent's consent to the adoption was not needed. *Note: The TPR date is the date that the Order was filed stamped in the clerk's office, NOT the date it was heard in court or signed by the Judge.*

16. Date of Preplacement Assessment Provided to Birth Father or Parent 1

If a child is placed directly with adoptive parents by a birth parent who has signed the Consent to Adoption by Parent, Guardian, or Guardian ad Litem of the Mother/Father (DSS-1802) before completion of the adoptive family's Pre-placement Assessment, they must be provided with a copy of the Pre-placement Assessment when completed. The delivery of the Pre-placement Assessment is documented on the Certificate of Delivery of Preplacement Assessment (DSS-5219). The birth parent then has a five day revocation period from the date they receive the Pre-Placement Assessment, which is the date entered in this field.

B. Legal Father

1. Name of Legal Father

Enter the full legal name of the child's legal father. The legal father is the man who is/was married to the mother and the child was born during the marriage or within 280 days after they divorced or after they are separated pursuant to a written separation agreement or court order.

2. Date of Clearance of the Legal Father

The worker must enter the date the legal father's legal clearance by a court-ordered Termination of Parental Rights, or Voluntary Consent for Relinquishment, or Death, or Date of Judicial Termination that he is not the father, or Date that a Clerk of Superior Court entered an Order that his consent to the adoption was not needed.

C. Birth Parent 2 (Biological Mother or previous adoptive Mother if applicable)

NOTE: If the child's birth parents or previous adoptive parents are male and female, please always list the father as birth parent 1 and the mother as birth parent 2. If they are a same-sex couple, it is not relevant who is birth parent 1 and who is birth parent 2.

1. Name of Birth Parent 2 (biological Mother or previous adoptive Mother if applicable)

Enter the full legal name of birth parent 2 as entered on the certified birth certificate. If the child was previously adopted, the birth certificate should have been amended. Therefore, the worker should be entering information from the amended birth certificate as if that was the child's original birth family.

2. Address

Enter birth parent 2's full address. If the whereabouts are unknown, the worker should write WHEREABOUTS UNKNOWN.

3. Date of Birth

Enter the date of birth for birth parent 2. If the information is unknown, the worker should write UNKNOWN.

4. Place of Birth

Enter the place of birth of birth parent 2. If the information is unknown, the worker should write UNKNOWN.

5. Race

The worker should check all boxes that apply.

Answer yes or no to the question asking if the individual is of Hispanic origin. Hispanic origin is considered ethnicity rather than race. All individuals should have at least one race code checked.

Ethnicity: check one box only

6. Nationality

Enter the name of the nation to which the parent belongs by origin, birth, or naturalization.

7. Sex

Enter a for male and b for female.

8. Education

Enter the highest grade completed. If the birth parent graduated from high school, you would enter 12. If this was accomplished through a GED program, mark the box a. YES. If they graduated from a two-year college – 14. If a four-year undergraduate degree – 16, etc. Mark the appropriate space to indicate college or vocational/technical school.

9. Occupation

Enter the appropriate occupation code a – l as noted in the box.

10. Marital Status

Enter the appropriate status code a – g as noted in the box.

11. Marriages of Birth Parent 2

Enter the parent's current and previous spouse information in the appropriate boxes. It is crucial that all information be verified by obtaining copies of marriage licenses, divorce decrees, and other court documents.

12. Date of Verification of Death of Birth Parent 2; and

13. Cause of Death

The worker must obtain a certified copy of the death certificate to verify the date and cause of death of birth parent 2 and attach it to the DSS-1808 Report on Proposed Adoption.

14. Date of Birth Parent 2's Legal Clearance

The worker must enter the date of birth parent 2's clearance by a court-ordered Termination of Parental Rights, or Voluntary Consent or Relinquishment, or Death, or Date of Judicial Termination that a man is not the father, or the Date that a Clerk of Superior Court entered an Order that the parent's consent to the adoption is not needed. *Note: The TPR date is the date that the Order was filed stamped in the clerk's office, NOT the date it was heard in court of signed by the Judge.*

15. Date Preplacement Assessment Provided to Birth Parent 2

If a child is placed directly with adoptive parents by a birth parent who has signed the DSS-1802 Consent to Adoption by Parent, Guardian, or Guardian ad Litem of the Mother/Father before completion of the adoptive family's Pre-Placement Assessment, the must be provided with a copy of the Pre-Placement Assessment when completed. The delivery of the Preplacement Assessment is documented on the DSS-5219 Certificate of Delivery of Preplacement Assessment. The birth parent then has a five day revocation period from the date they receive the Pre-Placement Assessment, which is the date

entered in this field.

III. HISTORY OF ADOPTIVE PARENTS

A. Adoptive Parent 1

Complete only if listed as a petitioner in the adoption proceeding.

1. Name of Adoptive Parent 1

Enter the full legal name of adoptive parent 1 as on the certified birth certificate including the maiden name (if married and applicable). This information will be used to verify the accuracy of the DSS-1815 Report to Vital Records and the Department of Vital Records will not accept the Report without a maiden name if one exists.

2. Date of Birth

Enter the date of birth for adoptive parent 1.

3. Place of Birth

Enter the place of birth for adoptive parent 1.

4. Race

The worker should check all boxes that apply.

Answer yes or no to the question asking if the individual is of Hispanic origin. Hispanic origin is considered ethnicity rather than race. All individuals should have at least one race code checked.

Ethnicity: check one box only

5. Nationality

Enter the name of the nation to which the parent belongs by origin, birth, or naturalization.

6. Sex

Enter a for male and b for female.

7. Education

Enter the highest grade completed. If the adoptive parent graduated from high school, you would enter 12. If this was accomplished through a GED program, mark the box a. YES. If they graduated from a two-year college – 14. If a four-year undergraduate degree – 16, etc. Mark the appropriate space to indicate college or vocational/technical school.

8. Occupation

Enter the appropriate occupation code a – I as noted in the box.

9. Annual Income

Enter adoptive parent 1's annual gross income.

10. Marital Status

Enter the appropriate code a – f as indicated in the box. If adoptive parent 1 is married, their spouse **MUST** enter into the petition unless the clerk approves a waiver of joinder of the spouse (as indicated by the letter f).

11. Marriages of Adoptive Parent 1

Enter the adoptive parent 1's current and previous spouse information in the appropriate boxes. All information should be verified by observing certified copies of marriage licenses, divorce decrees, and other court documents.

12. Relationship to Adoptee

The worker should check all that apply. Only check "Foster Parent" if the individual is a licensed foster parent who has been parenting the adoptee while they are in foster care.

B. Adoptive Parent 2

Complete only if listed as petitioner in the adoption proceeding.

1. Name of Adoptive Parent 2

Enter the full legal name of adoptive parent 2 as on the certified birth certificate including the maiden name (if married and applicable). The information will be used to verify the accuracy of the DSS-1815 Report to Vital Records and the Department of Vital Records will not accept the Report without a maiden name if one exists.

2. Date of Birth

Enter the date of birth for adoptive parent 2.

3. Place of Birth

Enter the place of birth for adoptive parent 2.

4. Race

The worker should check all boxes that apply.

Answer yes or no to the question asking if the individual is of Hispanic origin. Hispanic origin is considered ethnicity rather than race. All individuals should have at least one race code checked.

Ethnicity: check one box only

5. Nationality

Enter the name of the nation to which the parent belongs by origin, birth, or naturalization.

6. Sex

Enter a for male and b for female.

7. Education

Enter the highest grade completed. If adoptive parent 2 graduated from high school, you would enter 12. If this was accomplished through a GED program, mark the box a. YES. If they graduated from a two-year college – 14. If a four-year undergraduate degree – 16, etc. Mark the appropriate space to indicate college or vocational/technical school.

8. Occupation

Enter the appropriate occupation code a – l as noted in the box.

9. Annual Income

Enter adoptive parent 2's annual gross income.

10. Marital Status

Enter the appropriate code a – f as indicated in the box. If adoptive parent 2 is married, their spouse MUST enter into the petition unless the clerk approves a waiver of joinder of the spouse (as indicated by letter f).

11. Marriages of Adoptive Parent 2

Enter adoptive parent 2's current and previous spouse information in the appropriate boxes. All information should be verified by observing certified copies of marriage licenses, divorce decrees, and other court documents.

12. Relationship to Adoptee

The worker should check all that apply. Only check "Foster Parent" if the individual is a licensed foster parent who has been parenting the adoptee while they are in foster care.

C. Home of Adoptive Parents

1. County of Residence at the Time of Filing of Adoption Petition

Enter the county in which the family resided when the petition for adoption was filed.

2. Enter the current mailing address of the adoptive parents including street and number, post office box number, rural free delivery number, city, state, and zip.

3. Enter the home and work number of the adoptive parents.

D. Fees

The worker should enter the type and amount of all expenses, fees, or other charges incurred, paid, or to be paid in connection with the adoption **that can reasonably be ascertained by the agency**. For example, the worker should list the known county filing fee, his or her understanding of the amount of legal fees, fees for the preplacement assessment or report to the court, etc. These amounts do not have to be verified. The actual amounts will be listed by the petitioners on the DSS-5191 Affidavit Disclosure of Fees and Expenses and the clerk will compare the amounts reported by the agency with the DSS-5191 Affidavit Disclosure of Fees and Expenses.

E. Narrative Report of the Adoption Study

The worker will check the box to either recommend that the decree be entered or not recommend that the decree be entered. The worker must include a narrative report that explains the worker's findings as a result of the adoption study and includes a finding concerning the suitability of the petitioner(s) and the petitioner's home for the adoptee. Judgmental and labeling language should be avoided. It is important to remember that information contained in this narrative will assist the Clerk of Superior Court in determining his/her decision as to whether entry of the decree of adoption is in the child's best interest. It is also important to remember that this is a post-placement report and that stating "see Pre-Placement Assessment" is not an acceptable substitution for the narrative report.

A suggested outline is as follows:

I. Adoptee

- Descriptive information such as grade level, hobbies, health (physical and mental), and developmental information.
- Does the child have an age-appropriate understanding of adoption?
- What is the child's relationship with the birth parent(s)?
- What is the child's relationship with the petitioner(s)?
- What is the child's relationship with any other children in the home?

II. Petitioner(s)

- Does the petitioner have an understanding of the social and legal issues surrounding adoption?
- Describe the petitioner(s) marriage in terms of compatibility, communication skills, etc.
- Discuss reason for termination of any previous marriages, especially if dysfunctional.
- How has the previous marriage impacted the person and the present relationship?
- Discuss disciplinary measures and how parenting is shared, if appropriate.

III. Occupation and Finances

- Discuss length of employment and job satisfaction
- Discuss any concerns with petitioner(s) finances

IV. Home Environment

- Is the home adequate in space to meet the needs of the family? Describe.

V. Criminal Record Check (If Mandated)

VI. References

A simple statement such as “three references were checked: all were positive” is sufficient. No names are to be used, as references are confidential.

VII. Agency’s Recommendation of Placement

The worker who completed the DSS-1808 Report on Proposed Adoption should print their name at the end of the report. The DSS Director, or authorized representative of the licensed adoption agency must sign the last page of the DSS-1808 Report on Proposed Adoption form. The Clerk of Superior Court will enter the filing information and sign the form at the bottom. The agency must submit the report in duplicate to the Clerk of Superior Court.

Upon entry of the Decree of Adoption, the clerk will send one original copy of this form as part of the entire adoption packet to the NC Division of Social Services office in Raleigh within 10 days of entry of the decree. One copy of the signed DSS-1808 Report on Proposed Adoption will be returned to the agency that completed the form.