



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

Child's Name: _____ Date of Birth: _____

This checklist guides Georgia adoption agencies, child placing agencies, and attorneys when submitting a request for a home study/ placement under ICPC Regulation 12. ICPC request must be submitted via E-Mail to ICPC@dhs.ga.gov. Please note that every request is different and Georgia ICPC Unit reserves the right to request additional information and/or documentation as part of our investigation that may not be listed on this Checklist.

Required Documents	Reg. 12	Description
<u>ICPC 100A</u>	<input type="checkbox"/>	Signed by birth mother (unless relinquished rights to an agency or an attorney)
<u>ICPC 100B- placing</u>	<input type="checkbox"/>	Signed by person submitting the packet
Cover Letter - (from sending child placing agent or attorney)	<input type="checkbox"/>	<ul style="list-style-type: none"> •Identify all parties involved in the proposed placement arrangement including the identity and the address of birth parent(s) and /or legal parent(s) and/or legal guardian(s) and the representative (legal or otherwise) of the birth parent(s), the child and the adoptive resource; •Address issues such as how and when the arrangements for the potential placement of the specified child became known to all parties and summarize the intended arrangements for the placement of the designated child with the designated resource; •Identify legal procedures involved in addressing the rights of the birth parent, birth parents, legal parent or legal guardian, or alleged father; •Identify the party with jurisdictional responsibility for the child, which includes authority to return the child to the sending state if the placement disrupts prior to finalization or the finalization is not achieved as prescribed; •Identify the party financially responsible for the child; •Identify the post-placement supervisory agency in the receiving state; •Identify the state where the adoption is finalized and clarify the time frame that "permanency through adoption" can be achieved;

		<p>“permanency through adoption” can be achieved;</p> <ul style="list-style-type: none"> •Verify that all parties have been informed of compliance with the ICPC and the requirements thereto; •The entity or representative of the parent or birth parent or prospective adoptive parents who are assisting or making arrangements for the adoption placement on behalf of the parents or prospective parents or the child-placing agent or agency must attach verification of their current licensure to practice child-placing activities in the sending state
Background forms - (social\medical on both birthparents)	<input type="checkbox"/>	If form is completed by someone else-reporter must be identified and credentials must be attached.
Surrender\Termination\Consent\Relinquishment\Waiver Documents	<input type="checkbox"/>	Signed by appropriate parties
Compliance Certification:	<input type="checkbox"/>	Certification by a licensed attorney or authorized agent of a licensed private adoption agency or licensed independent entity that the surrender/ termination/consent/relinquishment or waiver is in compliance.
Custodial Status of Child	<input type="checkbox"/>	Legal documentation from the courts (Order of Guardianship or Partial Guardianship)
ICPC Compliance Statement	<input type="checkbox"/>	Signed by proposed adoptive parent(s)
ICWA Compliance Statement	<input type="checkbox"/>	Signed by appropriate parties
Documentation of the physical\medical\psychological status of the child (if applicable due to age)	<input type="checkbox"/>	(Infant- need the infant discharge summary) <u>INFANT must be discharged from the hospital.</u>
Certificate of Social or Legal Counseling	<input type="checkbox"/>	Signed by appropriate parties
Affidavit regarding the physical custody	<input type="checkbox"/>	Signed by appropriate parties
Affidavit of fees- (from all parties involved)	<input type="checkbox"/>	Signed by appropriate parties
At Risk Statement- (Medical & Legal)	<input type="checkbox"/>	Signed by proposed adoptive parent(s)
Home Study- must be completed within the last twelve (12) months.	<input type="checkbox"/>	if an older child- HS needs to be child specific. Background checks should be current
Post Placement supervision	<input type="checkbox"/>	Signed by adoption/child placing agency
Other Documentation (if indicated)	<input type="checkbox"/>	