

INFORMATION SHARING ACKNOWLEDGEMENT

We, the \_\_\_\_\_, do hereby certify that we have provided written documentation
Department of Social Services
that includes the following information regarding the adoption of \_\_\_\_\_
Name of Child

Check all applicable blocks

- checkbox All available non-identifying background information (DSS-5102).
checkbox All available health related information (DSS-5103) about child and his/her biological family, including present state of physical and mental health, health and genetic histories and any history of emotional, physical, sexual or substance abuse.
checkbox All available school, mental health, placements, current behavior and other information that impact his/her future and that of the family.
checkbox Adoption Assistance Program eligibility. (DSS-5012)
checkbox Other (specify) \_\_\_\_\_
checkbox If information is not available, explain \_\_\_\_\_

Signature of Social Worker Print Name Date
Signature of County Department of Social Services Director or Designee Print Name Date



I/We \_\_\_\_\_, to the best of our knowledge have been provided currently available
Name (s) of Adoptive Parent(s)
information as certified above to make the decision to adopt \_\_\_\_\_
Name of Child

We also understand that there may be behavioral, mental health, or medical issues that may arise that are unknown at this time.

Signature of Adoptive Father Print Name Date
Signature of Adoptive Mother Print Name Date