

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL			
	Chapter:	(11) Adoption	Effective Date:	July 2021
	Policy Title:	Independent Adoption - Family Evaluation for the Purpose of Adoption by a Third Party		
Policy Number:	11.24	Previous Policy #:	N/A	

CODES/REFERENCES

O.C.G.A §19-8-1 Definitions
O.C.G.A §19-8-5 Third Party Adoption by Party Who Is Not Stepparent or Relative of Child
O.C.G.A §19-8-23 Where Records of Adoption Kept; Examination by Parties and Attorneys; Use of Information by Agency and Department

REQUIREMENTS

The Division of Family and Children Services (DFCS) shall complete an independent adoption family evaluation on the prospective adoptive family prior to the placement of a child for the purpose of adoption by a third party when the court selects DFCS as the evaluator.

PROCEDURES

The Social Services Case Manager will complete an independent family evaluation of the prospective adoptive family that includes:

1. At minimum three visits on separate days.
 - a. At least one visit shall be in the home and the prospective adoptive parent(s) and all other family members shall be seen and interviewed.
 - b. Prospective adoptive parent(s) shall be interviewed together as well as separately.
 - c. Dates of these visits and the name of the Social Services Case Manager making the visits shall be documented in the family evaluation.
2. At minimum gather the following information concerning the prospective adoptive family:
 - a. The names, home address, and home phone number of the prospective adoptive family, as well as the work phone number of the prospective adoptive parent(s)
 - b. Motivation to adopt and the family members' attitudes toward childlessness
 - c. Description of each family member, to include:
 - i. Date and place of birth;
 - ii. Physical description;
 - iii. Family background and history;
 - iv. Current relationships with immediate and extended family members;
 - v. Education;
 - vi. Social involvements; and
 - vii. Personal characteristics, such as personality interests and hobbies.
 - d. Copies of birth certificate, naturalization papers, U.S. passport or Permanent Resident Alien Form ("Green Card") for all household members.
 - e. Copy of driver's license and automobile insurance cards for all drivers in the home or state identification.

- f. Recent pictures of all household members.
- g. Evaluation of marriages and family life:
 - i. Date and place of marriage(s), if applicable;
 - ii. Copy of marriage certificate(s), if applicable;
 - iii. History and assessment of marital relationship(s);
 - iv. Family patterns;
 - v. Previous marriages (verification of divorce(s)), if applicable;
 - vi. Copy of divorce decree for any previous marriages, if applicable; and
 - vii. Copy of death certificate(s), if any previous marriage(s) ended due to death.
- NOTE:** If the individual seeking to adopt the child is married, the petition for adoption shall be filed in the name of both spouses. However, when the child is or was the stepchild of the individual seeking to adopt, the petition shall be filed by the stepparent alone.
- h. Evaluation of parenting practices:
 - i. Description of parenting knowledge, attitudes, and skills;
 - ii. Behavior management practices;
 - iii. Child rearing practices; and
 - iv. Experience with children.
- i. Evaluation of physical and mental health needs and/or supports that may be required from external sources
 - i. Summary of health history and condition of each family member;
 - ii. Documentation of a physical examination via the Prospective Foster or Adoptive Parent Medical Evaluation Report form of the prospective adoptive parent applicants completed by a licensed physician, physician's assistant, registered nurse with advanced training working under the direction of a physician, or the public health department, within 12 months prior to the completion of the family evaluation;
 - iii. A statement via the Other Household Member Medical Evaluation Report form from a licensed physician, physician's assistant, or public health department regarding the general health status of other members of the prospective adoptive family, obtained within the 12 months prior to the completion of the family evaluation;
 - iv. Verification of medical/health insurance coverage; and
 - v. An informal assessment of the emotional and mental health of each member of the prospective adoptive family.
- j. Evaluation of the understanding of and adjustment to adoptive parenting
 - i. The understanding of adoption and how adoption will be handled with the child;
 - ii. Attitude toward birth parent(s);
 - iii. Understanding of how adoptive parenting is different from biological parenting;
 - iv. Attitude toward rearing a child biologically not their own;
 - v. Understanding of the possibility of inherited traits and the influence of genetics vs. environment;
 - vi. Expectations of the adopted child, including intellectual and physical achievement;
 - vii. Understanding of loss in adoption;
 - viii. Attitudes of other children residing in the home and extended family members toward adoption; and

- ix. The support network in place for the prospective adoptive family, including support systems for single parent families, if applicable.
- k. Evaluation of the prospective adoptive parent(s)' finances and occupation:
 - i. Employment history of family members;
 - ii. Combined annual income;
 - iii. Ability to provide financially for the family;
 - iv. Projected financial impact of the proposed child to the home;
 - v. Complete the Financial Statement for Resource Parenting;
 - vi. Documentation from current employer verifying date of employment and present salary;
 - vii. Copy of the most recent tax return (summary); and
 - viii. Verification of lease/rental agreement or mortgage.
- l. A description of the home and community:
 - i. Description of the neighborhood;
 - ii. Physical standards of the home, including space, and water supply and sewage disposal systems which, if other than public systems, have been approved by appropriate authorities;
 - iii. If a home is not on county/city water and/or sewage systems, a statement is required confirming that an approved environmental inspection has been completed within the preceding 12 months;
 - iv. Recent pictures of the home;
 - v. Current vet vaccinations or statement from a veterinarian to verify that any domestic pets owned or residing with the family have been inoculated against rabies as required by law;
 - vi. A statement verifying that all firearms owned and in the home are locked away from children;
 - vii. A statement verifying that if a swimming pool is present at the home, it is fenced with a locked gate to prevent unsupervised access and that it meets all applicable community ordinances;
 - viii. A statement that smoke alarms are present and functioning on each level in the home;
 - ix. Verification that gas heaters are vented to avoid fire and health hazards, with any unvented fuel-fired heaters equipped with oxygen depletion safety shut-off systems; and
 - x. Assessment of community resources, including accessibility of schools, religious institutions, recreation and medical facilities.
- m. All household members 18 years and older must complete drug screen as outlined in policy [19.25 Case Management: Drug Screens](#).
- n. A statement regarding the results of a criminal records check – GCIC (GBI) and NCIC (FBI), as required by law, for each prospective adoptive parent (see policy [19.8 Case Management: Criminal Records Checks](#)) and all adults (18 and over) residing in the home (permanently or temporarily) and all release forms associated with the criminal background checks.
- o. A statement of the results of the caregiver safety screenings, for each prospective adoptive parent and their adult household members (18 years of age and older) (see policies [19.9: Case Management: Safety Screenings](#)) and all release forms associated with the caregiver safety screening check.

- p. Documentation from the local Georgia law enforcement agency of all 911 calls for all addresses where the prospective adoptive family has resided in Georgia for the preceding 5 years.
 - q. A minimum of three character references
 - i. Include both family and non-relative references.
 - ii. At least one reference must be from an extended family member not residing with the prospective adoptive family; and
 - iii. If a prospective adoptive parent(s) has worked with children in the past five years, a reference must be obtained from the former employer(s) for that work experience.
 - r. Description of the child the applicant will consider, including age, sex, ethnicity, and any physical, medical, or emotional parameters.
 - s. Inform prospective adoptive parents of provisions of the adoption reunion registry for adoptions finalized in Georgia (see policy [11.17 Adoption: Adoption Reunion Registry](#)).
 - t. Recommendation regarding approval of the prospective adoptive parent(s), including description of any identified training or resource needs and that the prospective adoptive parents possess the capacity to provide room, board and watchful oversight.
 - u. Date the family evaluation is completed and the name and signature of the person completing the family evaluation.
3. A favorable or unfavorable recommendation regarding placement of the child in the home.
- a. A copy of the family evaluation shall be provided to the court within 60 days of the filing of the adoption petition or there shall be documentation in the record to explain any delay.
 - b. Applicants shall be notified in writing within 10 working days following decision of approval or disapproval of a prospective adoptive family.
 - c. A narrative that clearly indicates the reason(s) a family was not accepted or did not have a child placed shall be included in the record of an unapproved applicant.

PRACTICE GUIDANCE

An independent adoption involves the adoption of a child who is not in state custody or the custody of a licensed adoption agency. This includes adoptions by a non-relative/third party, stepparent, or by a relative. It is required that a family evaluation be completed on the prospective adoptive family by an evaluator prior to placement of a child for the purpose of adoption with a third party, who is neither a stepparent nor a relative, and for such family evaluation to recommend placement. A family evaluation, for purpose of a third party adoption, must assess the petitioner's physical health, emotional maturity, financial circumstances, and family and social background and conform to the rules and regulations established by the DFCS for child-placing agencies for adoption home studies. In cases where DFCS is selected as the evaluator, a fee of \$2,000.00 will be charged to the petitioners.

Adoption Reunion Registry

The Georgia adoption reunion registry provides services to birth parents, adopted persons, adoptive parents and siblings who are attempting to obtain non-identifying or identifying information from the sealed file.

Evaluator

The person or agency that conducts a family evaluation when a child is to be adopted by a (non-relative) third party. An evaluator shall be a licensed child-placing agency, the department, or a licensed professional with at least two years of adoption related professional experience, including a licensed clinical social worker, licensed master social worker, licensed marriage and family therapist, or licensed professional counselor. In instances where none of the foregoing evaluators are available, the court may appoint a guardian ad litem or court appointed special advocate to conduct the family evaluation.

Family Evaluation

A comprehensive evaluation of a family for the purpose of determining the suitability of the family as a prospective foster or adoptive resource.

Independent Adoption

An adoption arranged by a birth parent or other person or entity to take custody of and to place children for adoption.

Private Agency

A licensed or state approved agency whether domestic or international that has been given legal authority to place a child for adoption.

FORMS AND TOOLS

[Financial Statement for Resource Parenting](#)

[Financial Statement for Resource Parenting- Spanish](#)

[Rules and Regulations for Child Placing Agencies, Office of Regulatory Services](#)

[Other Household Member Medical Evaluation Report](#)

[Prospective Foster or Adoptive Parent Medical Evaluation Report](#)