

# PCP Adoption Referral Form

<b>PCP agency</b>	
<b>Contact</b>	
<b>Adoptive family</b>	
<b>County</b>	
<b>Child or children</b>	
<b>SSW/FSOS</b>	
<b>County</b>	
<b>R&amp;C worker</b>	

<u>Documentation</u>	<u>Requested</u>	<u>Received</u>	<u>Notes or follow up</u>
Original home study and approval letter			
Current re-evaluation and approval letter			
Current medical – FP			
Current medical – birth/adoptive children			
Background checks			
Child/youth level			
Current per diem			
Letter from therapist-if applicable-(diagnosis and adoption readiness)			
Sibling separation memo			