# HUMAN SERVICE ZONE REFERRAL FOR ADULTS ADOPTING SPECIAL KIDS PROGRAM (AASK)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN FAMILY SERVICES-ADOPTIONS
SFN 922 (1-2025)

Clear Fields

At a Child and Family Team meeting that occurred within the last seven days, the goal of adoption was added for the below-mentioned child, and AASK adoption services are requested.

*** In compliance with the Federal Privacy Act of 1974, disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.**

## A. YOUTH'S INFORMATION

| First Name | Middle Name | Last Name | Social Security Number* | Date of Birth |
|---|---|---|---|---|
| | | | | |

| Gender ☐ Male ☐ Female ☐ Other (specify): | ND Medicaid Number |
|---|---|
| | |

| Place of Birth | Race | Hispanic ☐ Yes ☐ No ☐ Unknown |
|---|---|---|
| | | |

| Next Child and Family Team Meeting Date and Time |
|---|
| |

| Current Caregiver's Name(s) | Caregiver's City and State |
|---|---|
| | |

**Complete this section if Indian Child Welfare Act (ICWA) applies**

| Tribal Affiliation | Enrollment Number |
|---|---|
| | |

| If Not Enrolled, Describe Enrollment Status |
|---|
| |

## B. YOUTH'S SIBLING INFORMATION Include any child born to either birthparent *(use additional sheets if needed)*

**Sibling 1**

| Name (First, Middle, Last) | Gender | Date of Birth/Age | Relation ☐ Full ☐ Maternal ☐ Paternal |
|---|---|---|---|
| | | | |

| City/State | Legal Status (Ex: adopted, guardianship, etc.) | Name of Person Living With and Relationship |
|---|---|---|
| | | |

| Describe Level of Contact Between the Siblings |
|---|
| |

**Sibling 2**

| Name (First, Middle, Last) | Gender | Date of Birth/Age | Relation ☐ Full ☐ Maternal ☐ Paternal |
|---|---|---|---|
| | | | |

| City/State | Legal Status (Ex: adopted, guardianship, etc.) | Name of Person Living With and Relationship |
|---|---|---|
| | | |

| Describe Level of Contact Between the Siblings |
|---|
| |

**Sibling 3**

| Name (First, Middle, Last) | Gender | Date of Birth/Age | Relation ☐ Full ☐ Maternal ☐ Paternal |
|---|---|---|---|
| | | | |

| City/State | Legal Status (Ex: adopted, guardianship, etc.) | Name of Person Living With and Relationship |
|---|---|---|
| | | |

| Describe Level of Contact Between the Siblings |
|---|
| |

**Sibling 4**

| Name (First, Middle, Last) | Gender | Date of Birth/Age | Relation ☐ Full ☐ Maternal ☐ Paternal |
|---|---|---|---|
| | | | |

| City/State | Legal Status (Ex: adopted, guardianship, etc.) | Name of Person Living With and Relationship |
|---|---|---|
| | | |

| Describe Level of Contact Between the Siblings |
|---|
| |

## C. BIRTH PARENT INFORMATION

**Birth Mother Information**

* In compliance with the Federal Privacy Act of 1974, disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.

Do not leave boxes blank. Please include "unknown", if applicable.

| | | | |
|---|---|---|---|
| Name (First, Middle, Last) | | Social Security Number* | Hispanic ☐ Yes ☐ No ☐ Unknown |
| Native American Name, if applicable | | Place of Birth | Date of Birth |
| Religion | Race | Tribal Affiliation | Enrollment Number |
| Last Known Address/Location | | | |
| Marital Status at time Youth was Born | Current Marital Status | Last Grade/Education Completed | |
| Past and Present Employment Information | | | |
| Physical Description (Ex: height, weight, hair color, eye color, tattoos, etc.) | | | |
| Describe Their Personality, Strengths, etc. | | | |
| Culture/Traditions Important to the Family | | | |
| Birth Mother's Alcohol/Drug Usage History and Medical History (Ex: Diseases, Diagnosis, Surgeries, Medical History, and Mental Health History) | | | |
| Birth Mother's Extended Family's Drug/Alcohol Usage History and Medical History (Ex: Diseases, Diagnosis, Surgeries, Medical History, and Mental Health History) | | | |

## Birth Father Information

* In compliance with the Federal Privacy Act of 1974, disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program. Do not leave boxes blank.

| | | | |
|---|---|---|---|
| Name (First, Middle, Last) | | Social Security Number* | Hispanic ☐ Yes ☐ No ☐ Unknown |
| Native American Name, if applicable | | Place of Birth | Date of Birth |
| Religion | Race | Tribal Affiliation | Enrollment Number |
| Last Known Address/Location | | | |
| Marital Status at time Youth was Born | Current Marital Status | Last Grade/Education Completed | |
| Past and Present Employment Information | | | |
| Physical Description (Ex: height, weight, hair color, eye color, tattoos, etc.) | | | |
| Describe Their Personality, Strengths, etc. | | | |
| Culture/Traditions Important to the Family | | | |
| Birth Father's Alcohol/Drug Usage History and Medical History (Ex: Diseases, Diagnosis, Surgeries, Medical History, and Mental Health History) | | | |
| Birth Father's Extended Family's Alcohol/Drug Usage History and Medical History (Ex: Diseases, Diagnosis, Surgeries, Medical History, and Mental Health History) | | | |

## D. ACKNOWLEDGEMENTS

**Catholic Charities North Dakota Acknowledgement of Privacy Notice**

By signing this document, the custodial agency acknowledge that Catholic Charities North Dakota (CCND) has provided a copy of the agency's HIPAA Notice of Privacy Practices, which explains how the youth's health information will be handled in various situations, and that CCND has allowed the custodial agency the opportunity to discuss any concerns or questions about the privacy of the client's health information. Please contact your CCND worker with any questions or concerns related to the privacy of the client's health information. A copy of the HIPAA Notice of Privacy Practices can be located at www.catholiccharitiesnd.org.

**AASK Program Release**

The custodial agency understands the AASK adoption process is through CCND, a private licensed child-placing agency under contract with the North Dakota Department of Health and Human Services. The custodial agency is aware that the CCND AASK Program contracts AASK Adoption Services with All About U Adoptions, a licensed child placing agency in North Dakota. The custodial agency understands that any and all information received regarding the above-mentioned child may be shared with applicable agencies including, CCND, All About U Adoptions, North Dakota Human Service Zones, North Dakota Tribes, and the North Dakota Department of Health and Human Services for the purposes of the adoption assessment, placement, and planning, as well as for any future follow-up. The custodial agency authorized CCND/AASK to release any and all information regarding the referred child to the other agencies in the AASK partnership.

**Catholic Charities North Dakota Acknowledgement of Client Rights and Responsibilities**

By signing this form, the custodial agency acknowledges that CCND has provided a copy of the agency's Client Rights and Responsibilities document, which outlines the rights and responsibilities as a client receiving services through CCND. The Client Rights and Responsibilities document also outlines the procedures for filing a formal complaint to initiate the grievance process with the agency. Should there be a concern regarding the services provided by CCND, first discuss the issue with the assigned worker and/or the worker's supervisor. If this does not resolve the concern, please follow the procedure as outlined in the Client Rights and Responsibilities document to file a formal complaint. A copy of the Client Rights and Responsibilities can be located at www.catholiccharitiesnd.org.

As a representative of the custodial agency, my signature below indicates that I have read and acknowledged the CCND Acknowledgement of Privacy Practice Notice, AASK program release, and CCND Acknowledgement of Client Rights and Responsibilities document which also includes the formal grievance process for Catholic Charities North Dakota.

## E. SUPPLEMENTAL INFORMATION REQUIRED

The following documentation must be available in the child's adoption file on Sharepoint

- ☐ All Previous and Future PCPA
- ☐ SFN 927 Caregiver Summary
- ☐ Court Documentation
  - ☐ Shelter Care/Initial Removal Order/Affidavit for Removal
  - ☐ Affidavit for Termination of Parental Rights/Suspension of Parental Rights
  - ☐ Termination of Parental Rights Order/Suspension of Parental Rights
  - ☐ All Other Court Documentation
- ☐ Relative Search Documentation
- ☐ Copy of Placement History in FRAME
- ☐ Lifebook and/or Photos of the Youth
- ☐ Any Medical Records/Historical Records
- ☐ Birth Certificate (certified needed if outgoing ICPC)
- ☐ Verification of Tribal Enrollment and Order of Preference Letter *(if applicable)*

Submit the following within 7 days of a custodial team meeting and a permanency plan is established

- ☐ SFN 793 Adoption Assistance Documentation of Need
- ☐ SFN 306 Custodial Team Meeting Documentation
- ☐ SFN 854 Title IV-E Adoption Subsidy Certification
- ☐ SFN 869 Title IV-E Initial Eligibility (Only for outgoing ICPC cases)

## F. CUSTODIAL AGENCY INFORMATION

| Case Manager's Name (Print) | Custodial Agency |
|---|---|
| Case Manager's Signature | Date |

Send the completed AASK referral to the AASK Specialist in your region or to: aaskreferrals@catholiccharitiesnd.org