

### NOTICE OF PLACEMENT (To be Sent Within 15 Days of Placement)

California Department of Social Services  
744 P Street, M.S. 8-12-31  
Sacramento, California 95814

ADA

State Case Number

NAME OF CHILD AS SHOWN ON RELINQUISHMENT/COURT TERMINATION DOCUMENTS/TRIBAL CUSTOMARY ADOPTION ORDER \_\_\_\_\_ born on \_\_\_\_\_ was \_\_\_\_\_ DATE

placed for adoption in the home of \_\_\_\_\_ ( \_\_\_\_\_ BIRTHDATE )  
FULL NAME OF APPLICANT

and \_\_\_\_\_ ( \_\_\_\_\_ BIRTHDATE )  
FULL NAME OF APPLICANT

at \_\_\_\_\_ on \_\_\_\_\_  
STREET CITY COUNTY STATE DATE

Had child been listed in California’s statewide photo-listing services (California’s Waiting Children or California Kids Connection Website)?

No  Yes

Will child receive AAP?

No  Yes  Deferred AAP Benefit Amount \$ \_\_\_\_\_

Child’s Linkage:

- Age \_\_\_\_\_ years old at placement
- Medical or emotional disability \_\_\_\_\_  
SPECIFY
- Adverse parental background \_\_\_\_\_  
SPECIFY
- Ethnic/Minority background \_\_\_\_\_  
SPECIFY
- Sibling Group member

Is the child placed with his or her siblings?  Yes  No

Does the child have Indian Heritage?

No  Yes

If Yes, was the child subject to the provisions of the ICWA?

No  Yes

Placement with

Family  Tribe  Other Indian Family  Non-Indian family

Was placement preference followed?

Yes  No

If No, was court order issued? \_\_\_\_\_

Was this a cooperative placement?

No  Yes

NAME OF CHILD’S AGENCY	BY (SIGNATURE)	DATE
NAME OF FAMILY’S AGENCY	BY (SIGNATURE)	DATE