

## Checklist for Child's Referral

Prospective Parent(s) Name(s):

Date of Child's medical/social information:

Date Child's referral was provided to PAP:

**Records Provided:**

The agency has used reasonable efforts, or has required its foreign supervised provider or agent in the child's country of origin to use reasonable efforts, to obtain medical information, in particular that referenced in Hague Standard §96.49 and listed below. Information that has been obtained and provided to prospective parent(s) is checked "Yes." The information not obtained and not made available is checked "No," and for each checked "No" an explanation is provided on separately attached pages of efforts made to obtain the information and why it was not obtainable.

No	Information Component	Yes	No*
(d)(1)	The date that the Convention country or other child welfare authority assumed custody of the child and the child's condition at that time		
(d)(2)	History of any significant illnesses, hospitalizations, and changes in the child's condition since the Convention country or other child welfare authority assumed custody of the child		
(d)(3)	Growth data and developmental status at the time of the child's referral for adoption		
(d)(4)	Information on the known health risks in the specific region or country where the child resides		
(f)(1)	Information about the child's history and cultural, racial, religious, ethnic, and linguistic background		
(f)(2)	Information about all of the child's past and current placements prior to adoption, including information on who assumed custody and provided care for the child		

<u>No.</u>	<u>Translation of records:</u>	Yes	No*
(b)	The agency has provided prospective parent(s) a correct and complete English-language translation of records provided, and if they are a summary of other medical records, of the original records if available		
(c)	The agency has provided the prospective parent(s) with an opportunity to arrange another translation of the records, and if needed, into another language other than English		
<u>No.</u>	<u>Physician Details</u>	Yes	No*
(e)(1)	Name and credentials of physician who performed the examination or the person who observed the child		

(e)(2)	Date of the examination or observation		
(e)(3)	Any references, descriptions, or observations made by any individual other than the physician or observer who made the examination or observation, and that individual's training and whether made on objective data or subjective perceptions		
(e)(4)	A review of hospitalizations, significant illnesses, and other significant medical events, and the reasons for them		
(e)(5)	Information about the full range of any tests performed on the child, including tests addressing known risk factors in the child's country of origin; and		
(e)(6)	Current health information		

<b>No.</b>	<b>Other:</b>	<b>Yes</b>	<b>No*</b>
(h)	The agency is prepared to provide contact information (where available) for the physician or other observer examining the child to any physician engaged by the potential parent(s) upon request.		
(i)	The agency has ensured that videotapes and photographs of the child are identified by the date on which made		
(j)	Neither the agency nor its agents have withheld from or misrepresented to the prospective parent(s) any medical, social, or other pertinent information concerning the child, to the best of the agency's knowledge.		

Date PAP communicated with medical specialist: \_\_\_\_\_

Questions from parents or specialist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Responses were provided to PAP: \_\_\_\_\_

Extenuating circumstances that require a decision in less than 2 weeks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Acceptance: \_\_\_\_\_

Date of Decline: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date updated information was received prior to travel: \_\_\_\_\_

- Attached:
1. Requests and Responses with foreign providers
  2. If a decision was not made in 2 weeks, any notification given to PAP that decision needs made in 2 days
  3. If no decision is made, any notification give to PAP that the referral is withdrawn