

Adoption Search, Contact and Reunion Services

Application Form-Committed Youth

Investigation #: _____
(to be completed by DHR)

YOUTH'S INFORMATION:

Name: (*Last, First, Middle*): _____

Date of Inquiry: _____ DOB: _____ Race: _____ Gender: _____

LOCAL DEPARTMENT INFORMATION:

Jurisdiction: _____

Director: _____

Confidential Intermediary: _____

TYPE of ADOPTION:

___ Department of Social Services (LDSS) _____ (specify which one, if known)

The Local Department has determined that reunification with the minor's adoptive parents is not in the minor's best interests, to contact relatives of the minor to develop a placement resource or facilitate a family connection with the relatives. (Family Law -Chapter 86)

Director's Signature

Date

