

APPLICATION FORM FOR MINOR IN OUT-OF-HOME PLACEMENT

Investigation No: _____
(to be completed by DHS/SSA)

The Local Department of Social Services (DSS) has determined that reunification with the minor's adoptive parents is not in the minor's best interests. In accordance with Family Law §§ 5-4B-01 and 5-4B-02, the Local DSS would like to develop a placement resource or facilitate a family connection for a minor in an out-of-home placement with a relative of a birth parents who is at least 21 years old and who is related to the minor by blood or by marriage within five degrees of consanguinity or affinity under the civil law rule.

Director of Local DSS or Designee Requesting Services: _____

Local DSS that currently has custody of Minor: _____

Minor in Out-of-Home Placement:

Current Name: _____ DOB: _____ Gender: _____

Name Prior to Adoption (if known): _____

Local DSS or CPA through which Minor's Adoption Occurred (if known): _____

Signature of Director or Director's Designee

Date