|  |  |  |
| --- | --- | --- |
| Name of Child: | Date of Birth: | Gender:  |
| MiSACWIS Case Number:  | MiSACWIS Person ID: | Child’s Agency Name: |
| Name of Family:  | Family’s Agency Name:  | MiSACWIS Provider ID:  |

This contract outlines the responsibilities between the identified child’s agency and the identified family’s agency in an individual adoption case that involves two different agencies. Both agencies agree to complete the following responsibilities as it relates to process this adoption:

|  |
| --- |
|  Responsibilities PRIOR to Adoptive Placement  |
|  Child’s Agency Tasks and Responsibilities Family’s Agency Tasks and Responsibilities.  |
| Providing MiSACWIS assignment to the family’s agency as secondary adoption staff. |  |
| Providing the necessary documentation on the child(ren) to the family’s agency so they can apply for adoption assistance and complete the medical subsidy application.  | Applying for adoption assistance and medical subsidy, facilitating the adoption assistance negotiation process with the family, and ensuring adoption assistance agreement is finalized prior to adoption finalization (if eligible). |
| Providing the necessary documentation on the child(ren) to the family’s agency so they can request MCI consent and file the Petition for Adoption. | Completing the DHS 612, Adoptive Family Assessment Addendum and requesting MCI consent. |
| Completing all DHS 614, Quarterly Adoption Progress Reports and any DHS 606, Child Adoption Assessment Addendum per policy. |  Preparing and filing the adoption petition packet. |
| Facilitate case review/conferences per policy. | Provide regular updates on the adoption process to the adoption agency and attend case reviews/conferences. |
| Conducting at least quarterly face to face visits with the child(ren) and family.  | Preparing the family for placement and adoption. |
| Attending court hearings and completing and submitting all court reports as required by the court up until PCA 320, Order Placing Child is signed by the court.  |  |
| Sharing information with the family via an Information Sharing Conference and completion of the DHS-4818, Verification of Information Provided to Adoptive Parent(s). | Sharing information with the family via an Information Sharing Conference and completion of the DHS-4818, Verification of Information Provided to Adoptive Parent(s). |
| Preparing the child for placement and adoption. |  |
| Assessing any additional prospective families for adoption, if they arise.  |  |
| Uploading all signed reports to MiSACWIS.  |  |
| Managing all MARE related responsibilities per policy including but not limited to: photolisting, MARE hold, and uploading the OTR order to MARE.  |  |
| Changing placement in MiSACWIS to adoptive placement.  |  |
| Sharing responsibility for scheduling and arranging visits between the child and the family and providing or arranging transportation for the child during visitation. | Sharing responsibility for scheduling and arranging visits between the child and the family and providing or arranging transportation for the child during visitation. |
|  Responsibilities AFTER Adoptive Placement  |
|  Child’s Agency Tasks and Responsibilities Family’s Agency Tasks and Responsibilities.  |
|  | Submitting adoption assistance/medical subsidy case opening paperwork to the Adoption and Guardianship Assistance Office. Upload finalized adoption agreement to subsidy shell.  |
|   | Providing appropriate signed adoption orders to CWFS for entry into MiSACWIS. |
| Ongoing communication with the family’s agency so the child’s agency is aware of progress towards finalization or potential disruptions.  | Completing monthly (or more if required) face to face visits with the child(ren) and adoptive family per policy. |
| Supportive involvement or contact as it pertains to the child’s needs in their transition into the home, which may include visiting the child in person. | Completing quarterly DHS 613, Adoptive Placement Supervisory Reports within MiSACWIS. |
|  | Attending any court hearings and providing a report to the court at least 7 days prior to the scheduled court hearing. Filing and requesting finalization when applicable.  |
| Following adoption finalization split each child’s case according the MiSACWIS job aide. |  |
|  | Providing adoption outcomes to the child’s adoption and foster care agency program manager(s), including date of finalization and any disruptions or dissolutions. |
|  | Following adoption finalization, route the request to close and seal the Permanent Ward (PW) case to the WMPC Care Coordinator who will route the request to Performance Based Funding Specialist (PBFS). \*WMPC Care Coordinator Contact List\*BCS Care Coordinator- Amanda KangasCCWM Care Coordinator- Ellie GalasDABSJ Care Coordinator- Andrea CopelandWLS and Samaritas Care Coordinator- Cathrine Raftery |
|  | Adoption Placement payment can be billed at time of Adoption Placement and/or at Adoption Finalization. Adoption Finalization payment can be billed at time of Finalization only. Billing for Adoption Per-Diem is not permitted. Billing rates, including MARE rates, are based on the current adoption rates determined by MDHHS.Billing documents must be scanned as one document and uploaded in MiSACWIS under the Documentation hyperlink and titled “Adoption Billing Form”. In addition, billing forms must be sent to accounting@wmpc.care. Questions or concerns regarding payment can be emailed to Pamela Martinez at pmartinez@wmpc.care.  |

**Please note any modifications or additions to the roles and responsibilities of each agency in this text box**:

A case conference between the agencies occurred on the following date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to discuss each agency’s case responsibilities. Please refer to ADM 0720 for additional information related to the placement of a child listed on MARE if applicable to this case.

**\*Please note that the WMPC is fiscally responsible for all Kent County children. The family’s agency will receive payment from the WMPC and not from the Michigan Department of Health and Human Services. Please contact Pamela Martinez (****pmartinez@wmpc.care****) for any payment related questions.**

**\*\*In the event of a disruption or dissolution, case responsibility would return to the child’s adoption agency.**

Signature below indicates agreement with the identified responsibilities for each agency for this child’s adoption proceedings:

|  |  |
| --- | --- |
| Child’s Agency Worker: | Date: |
| Child’s Agency Supervisor:  | Date:  |
| Family’s Agency Worker:  | Date:  |
| Family’s Agency Supervisor:  | Date: |