

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**INFORMATION ON FOSTER PLACEMENTS
OF CHILDREN ADOPTED FROM OTHER COUNTRIES**

Local districts must collect and maintain information for each child and report it to OCFS annually on this form. The first report must be submitted on July 1, 2005, and include information on placements made since May 31, 2004. Subsequent reports will be for the same time periods.

First report covers: May 31, 2004 – June 30, 2005 Subsequent reports: _____ - _____

No foster care placements were made of children adopted from other countries.

1. Name of local social service district handling the foster care placement: _____

Contact person(s):

Street Address:

City:	State:	Zip:
-------	--------	------

Phone:	E-mail:
--------	---------

2. Child's name: _____	Date of Birth
------------------------	---------------

3. Date of child's foster care placement: _____

4. What country did the child immigrate from just prior to arrival: _____

5. What state did the child immigrate to: _____

6. Name of agency that arranged the adoption: _____

Contact person(s):

Street Address:

City:	State:	Zip:
-------	--------	------

Phone:	E-mail:
--------	---------

7. Date of child's placement for adoption: _____

8. Reasons for disruption or dissolution: _____

9. Resolution of disruption or dissolution (including information on replacement): _____

10. Current plans for the child: _____

Date:	Signature: X
-------	-----------------

FORMS MUST BE SUBMITTED BY JULY 1ST OF EACH YEAR.

Submit forms to: Office of Children and Family Services
Deputy Director for Development and Prevention Services
52 Washington Street
Rensselaer, New York 12144-2796