

TFI Family Services, Inc. PROGRAM PROCEDURE	No. Page 1 of 2
Section: International Adoption Subject: Obtaining Medical and Social Information	
Issue Date: 3/10	Revision Date: 10/18
Compliance: Hague 96.49	

Purpose:

To ensure prospective adoptive parent(s) have comprehensive medical and social information to make informed decisions during the intercountry adoption process.

Procedure:

If any child medical or social history information was not provided by public foreign authorities, the agency shall, independently or through foreign entities/providers and to the best of the agency's ability, provide the following detail to the adoptive parent(s):

1. The name and credentials of the physician who performed the examination or the individual who observed the child;
2. The date of the examination or observation; how the report's information was retained and verified; and if anyone directly responsible for the child's care has reviewed the report;
3. If the medical information includes references, descriptions, or observations made by any individual other than the physician who performed the examination or the individual who performed the observation, the identity of that individual, the individual's training, and information on what data and perceptions the individual used to draw his or her conclusions;
4. A review of hospitalizations, significant illnesses, and other significant medical events, and the reasons for them;
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
6. Current health information.

Additional Medical and Social Information:

The agency shall, independently or through foreign entities/providers and to the best of the agency's ability, obtain the following medical and social information about the child:

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;
2. History of any significant illnesses, hospitalizations, special needs, and changes in the child's condition since the Convention country or other child welfare authority assumed custody of the child;
3. Growth data, including prenatal and birth history, and developmental status over time and current developmental data at the time of the child's referral for adoption;
4. Specific information on the known health risks in the specific region or country where the child resides.

5. Information about the child's birth family and prenatal history and cultural, racial, religious, ethnic, and linguistic background;
6. Information about all of the child's past and current placements prior to adoption, including, but not limited to any social work or court reports on the child and any information on who assumed custody and provided care for the child; and
7. Information about any birth siblings whose existence is known to the agency or person, or its supervised provider, including information about such siblings' whereabouts.

The agency shall require foreign supervised providers to use reasonable efforts to obtain this information and to maintain documentation of those efforts. Efforts to obtain information and documentation shall be made at least monthly until information is obtained or throughout the adoption process.

The worker shall continuously attempt to obtain the information until finalization of the adoption. The worker shall document all efforts to obtain the information and any reason given if the information is not available.