

NEW YORK STATE

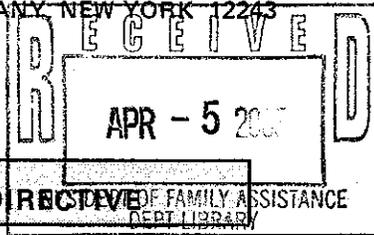
DEPARTMENT OF SOCIAL SERVICES

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243

CESAR A. PERALES
Commissioner



[An Administrative Directive is a written communication to local Social Services Districts providing directions to be followed in the administration of public assistance and care programs.]



ADMINISTRATIVE DIRECTIVE OF FAMILY ASSISTANCE
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TRANSMITTAL NO.: 86 ADM-25
[Services]

TO: Commissioners of Social Service
Directors of Voluntary Child Caring Agencies

SUBJECT: Adoptive Parent Registry

DATE: August 4, 1986

SUGGESTED DISTRIBUTION: Child Welfare Executives and Supervisory Staff
Child Caring Institutions
Child Placement Agencies
Staff Development Coordinators

CONTACT PERSON: Any questions concerning this release should be directed to James Keeler, State Adoption Service, Division of Services, 1-800-342-3715, extension 3-1591.

I. PURPOSE

The purpose of this directive is to advise local social services districts, voluntary child caring agencies and adoption support groups of the enactment and implementation of Subdivision 2-a of Section 372-b of the Social Services Law which establishes an Adoptive Parent Registry for persons who have applied for the adoption of a hard-to-place or handicapped child.

II. BACKGROUND

Social Services Law 372-c established a Statewide Adoption service to "serve all authorized agencies in the state as a means of recruiting adoptive families for children who have been legally freed for adoption but have remained in foster care for a period of three months or more". The statute also provides for the photo-listing of such children to give them exposure among persons interested in adopting.

DIV. FAMILY & CHILDREN SERVS.
BUREAU OF PROM. ASSISTANCE
11-C
(3 COPIES) A03

FILING REFERENCE

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Social Services Law and Other Legal References	Bulletin/Chapter Reference	Miscellaneous Reference
		Part 421.12, 15 Part 424 Part 430.12	SSL 372-b(2-a) SSL 372-c		

In the period since photo-listing of children was initiated by the Department in 1976, over three thousand of these children have been placed for adoption. The photos and accompanying summaries on children are prepared and mailed out every two weeks to agencies, adoption support groups, libraries and other organizations throughout New York State and across the country. Prospective adoptive parents have the opportunity to review these photo-listings and to subsequently obtain more information on the children in whom they are interested.

The implementation of the Adoptive Parent Registry provides an additional mechanism that can be utilized to bring waiting children and prospective adoptive parents together. The Registry will allow staff of agencies who are seeking homes for children to be pro-active in this process. Staff will be able to describe the child whom they wish to place and obtain a list of registered prospective parents who have indicated a willingness to adopt a child with those characteristics. In this way agencies with waiting children will be able to identify prospective adoptive parents in a minimum amount of time.

III. PROGRAM IMPLICATIONS

The availability of the Adoptive Parent Registry will provide access by agencies with waiting children to a bank of prospective adoptive parents. This means that a worker can obtain a list of prospective adoptive parents from as large an area as the entire State or from as small a grouping as a single agency.

Part 424 of the Department's regulations specifically requires that the Registry be used in cases where a home has not been found for a handicapped or hard-to-place child after the child has been free for three months or more. This regulation also requires agencies with registered families to cooperate with staff of other agencies who are seeking an adoptive home for a child. The regulations stipulate that "the registering agency may only inform the agency with care of the child of the unavailability of an approved home if it has a specific placement planned for that home within a period not to exceed two months from the inquiry date".

IV. REQUIRED ACTION

A. Registration of Prospective Adoptive Parents

All prospective adoptive parents who reside in New York State and express a willingness to adopt a hard-to-place or handicapped child must be listed on the Adoptive Parent Registry. The agency to which the prospective adoptive parents or parent applies is responsible for registering them. The information entered onto the Registry is based upon the information on the Application to Adopt, form DSS-857 (10/85). This form has recently been revised and the newly revised form or an equivalent form approved by the Department must be utilized. The Application to Adopt contains an explanation of the Registry and an explanation of who will be registered. This form is to be completed for all prospective adoptive parents including those who are not to be listed on the Adoptive Parent Registry.

Information about the completion and processing of the form can be found in Appendix II of this Directive. If the prospective adoptive parents qualify to adopt a hard-to-place or handicapped child and they have not applied to adopt a foster child already in their home, their registration must be entered onto the Adoptive Parent

Registry at the time that they complete the Application to Adopt. Agencies should not delay entering registrations because State Central Registry screening is not completed or the home study is not finished. Data entry of this information is the responsibility of any agency with direct access to data entry on the Child Care Review System system. Instructions for entry of this data can be found in Appendix IV of this Directive. If the agency has no capacity for data entry a copy of the Application to Adopt form DSS-857 or its equivalent should be sent to:

Bureau of Services Information Systems
New York State Department of Social Services
40 North Pearl Street, 11-B
Albany, New York 12243

When prospective adoptive parents indicate a willingness to adopt a hard-to-place or handicapped child, the agency representative who helps them complete the Application to Adopt must inform them that their names will be placed on the Registry. The agency representative should explain that registration is required by Section 372-b (2-a) of the Social Services Law and that the information will be available to adoption staff throughout the state who are searching for adoptive parents for handicapped or hard-to-place children. They should also be told that if another agency makes an inquiry about their availability as adoptive parents the initial contact will be between staff of the two agencies.

In those cases where a prospective adoptive parent is listed on the Registry and an inquiry on the parent is made by another agency, the registering agency should, with the prospective adoptive parent's knowledge and cooperation, share a copy of the adoptive home study and allow the inquiring agency to have access to the adoptive parent, unless there has been a child already placed in the home or there is a placement planned within the next two months.

In determining who should be entered onto the Registry the agency representative must be aware that a willingness to adopt a child or children with any of the following characteristics will qualify a prospective adoptive parent for registration:

- 1) any sibling group of 2 or more.
- 2) any handicapped child with a mild, moderate or severe problem in any area.
- 3) a child 8 years or older who is from a minority ethnic group.
- 4) a child 10 years or older.

It is not necessary to register foster parents who wish to only adopt a foster child already in their home even if the child meets the qualifications as listed above.

Those prospective adoptive parents who have submitted applications prior to the implementation of the Registry should be listed if they request it and they seek to adopt children with the characteristics listed above. Agencies are encouraged to contact prospective adoptive parents who might be interested in being on the Registry in order to offer them the opportunity to fill out the new Application to Adopt and to be subsequently registered. When these parents attend agency orientation meetings or when the required annual contact is made, the Registry should be explained to them and they should be given the Application to Adopt so that they can be entered on the Registry if they seek to adopt children with the characteristics listed above.

B. Updating and Deleting Registrations

From time to time it will be necessary to update information on file regarding prospective adoptive parents. Section 424.3 of the Department's regulations requires that at least once every year, the registering agency shall initiate contact with an approved applicant to ensure that the information contained in the Registry is accurate and that the applicant is still interested in adopting a hard-to-place or handicapped child. Instructions for updating information in the Registry are found in Appendix IV (page 22) of this Directive.

Information regarding a prospective adoptive parent who is registered on the Adoptive Parent Registry must be updated in the following instances:

- 1) When the homestudy is approved or when the status of the homestudy changes.
- 2) When the prospective adoptive parent indicates that he would like to change the "acceptable child characteristics" entered. (The new description must meet the criteria for a hard-to-place or handicapped child(ren).)

There are also other circumstances, such as a change of address, that will require changes. Explanations regarding data entry of these changes may be found in Appendix IV of this Directive.

Information regarding prospective adoptive parents who are registered on the Adoptive Parent Registry must be deleted in the following instances:

- 1) When a child is placed for adoption with the adoptive parents.
- 2) When prospective adoptive parents indicate that they are no longer interested in adopting a hard-to-place or handicapped child.
- 3) When prospective adoptive parents move without leaving a forwarding address and cannot be contacted by the agency.
- 4) When prospective adoptive parents receive a homestudy disapproval by the agency.

C. Searching for Prospective Adoptive Parents

Any agency with responsibility for the care of a hard-to-place or handicapped child who has been free for adoption for three months or more and for whom a home has not been found, must use the Allocation Search/Inquiry Procedure in an attempt to find an appropriate adoptive parent(s). Such a search must also be conducted every three months thereafter until such time as the child is placed in an adoptive home. This requirement need not be followed if the agency is in the process of following up on inquiries it has already received. The search must also be documented in the Uniform Case Record of the child by attaching a copy of the printout obtained when the search was conducted. The Allocation Search/Inquiry Procedure is described in Appendix VII of this Directive. Agencies without direct access may make arrangements to conduct searches at a local social services district or another voluntary agency with terminal access to the CCRS system. Registering agencies are not to be charged fees for such a service. Such agencies also have the option to complete the Prospective Adoptive Parent Registry Mail Search Request, form DSS-3699 and mail it to:

State Adoption Service
New York State Department of Social Services
40 North Pearl Street
Albany, New York 12243

Agencies are encouraged to utilize the Allocation Search/Inquiry Procedure whenever they are seeking an adoptive home for a child. It is also possible to obtain a list of prospective adoptive parents who are willing to accept a child not yet legally free for adoption. Such a child is described as legally "at risk" because the child is not currently legally free and there is a possibility that the child may not be freed for adoption even though it is the plan of the agency. (A more complete explanation of this concept and guidelines for "at risk" placements may be found in the Department's Informational letter, 85 INF-5.)

Agencies are strongly encouraged to initially consider any prospective adoptive parents who have been studied by their own staff. In addition, if the child is residing in a foster home, the agency should ensure that the foster parents have been informed of the legal status of the child so that they may request that they be considered as potential adoptive parents of the child. As a result of the enactment of Chapter 141 of the Laws of 1985, agencies must now give an adoption preference and first consideration to any foster parent who has cared for a child for twelve months or more if the child is free for adoption.

The Allocation Search/Inquiry Procedure may be utilized to search for prospective adoptive parents enrolled on the following levels:

- 1) by a specific agency
- 2) within a county
- 3) within a region of the state
- 4) statewide

Up to four agencies, counties or regions can be selected at one time. When an allocation search is made, the person making the inquiry must indicate the level at which the search is to be made. In addition, he should indicate the characteristics of the child so that they can be matched with the preferences indicated by prospective adoptive parents. These characteristics include the sex, age, race, religion and handicaps of the child (and their degree of seriousness) as well as the number of siblings to be placed with the child if he or she is part of a sibling group. In addition, the person making the inquiry is also able to specify that he is seeking parents who will accept a child at risk (if the child is not yet legally free) or he may specify the homestudy status of the prospective adoptive parents he will consider. (In the latter case he can request a list which includes only persons with approved studies or he may request one which includes those whose studies are still in process.)

The person conducting the search will consequently have a variety of options that can be followed. The inquirer can obtain a longer list by broadening the search to a number of nearby regions or by searching statewide. A longer list can also be obtained by not specifying a characteristic in one or more of the fields.

When the Allocation Search/Inquiry Procedure is conducted at a terminal located in an agency, the size of the "on line" list of prospective adoptive parents will be limited to

24 responses. In those cases where there are more than 24 prospective adoptive parents, a printout will be available through the mail from the New York State Adoption Service. More complete information on this process is found in Appendix VI of this Directive. Lists of prospective adoptive parents will not appear in a priority order. It will be up to the worker who examines the list to choose the more appropriate candidates based upon the acceptable child characteristics which they provided as well as the characteristics of the family members themselves.

The list of prospective adoptive parents which an agency obtains will include the last name of the family, but no other identifying information about each family will be listed. The list will identify an agency worker for each family and the worker must be contacted initially in order to gain direct access to the prospective adoptive parents. When families have been recruited and studied by a voluntary agency, it will probably be necessary for the placing agency to purchase services from the voluntary agency. Agencies are strongly encouraged to purchase services when an appropriate adoptive family has not otherwise been identified. Such payments are also 75% state reimbursable, after any applicable Federal reimbursement.

In dealing with persons listed on the Adoptive Parent Registry, the following steps should normally be followed:

1. Contact the agency which studied the prospective adoptive parents to determine their current availability as adoptive parents for the child for whom placement is sought.
2. With the knowledge and consent of the prospective adoptive parents, obtain a copy of the family's adoption summary or homestudy from the agency which registered the family and provide this agency with a psycho-social history and other pertinent information on the child. This information on the child is to be shared with the family with any identifying information on the biological parents deleted.
3. If the family appears suitable, the agency which registered the family should be told so that their staff may inform the family that the agency wishes to make the adoptive placement of the child with them. If the family remains open to the placement and the agency which registered the family charges a fee for services rendered, this should be agreed upon by the respective agencies.
4. If the family is interested in the child, arrange for a meeting and subsequent visits prior to adoptive placement. In instances where the family is located a long distance from the placing agency, the registering agency normally provides supervisory services during visiting and adoptive placement prior to finalization.
5. In every instance it is urged that there be ongoing communication between the registering and the placing agencies. If, for some reason, the agency which studied the family has limited involvement, they should be informed if the adoptive parents or placing agency decides not to go ahead with the placement.

V. Additional Information

The instructions contained in the appendices of this Administrative Letter should be studied carefully in order to obtain a working knowledge of the Adoptive Parent Registry. While in some instances the Registry must be used to search for adoptive parents, agencies are strongly encouraged to use the Registry in other cases where its use is not mandated.

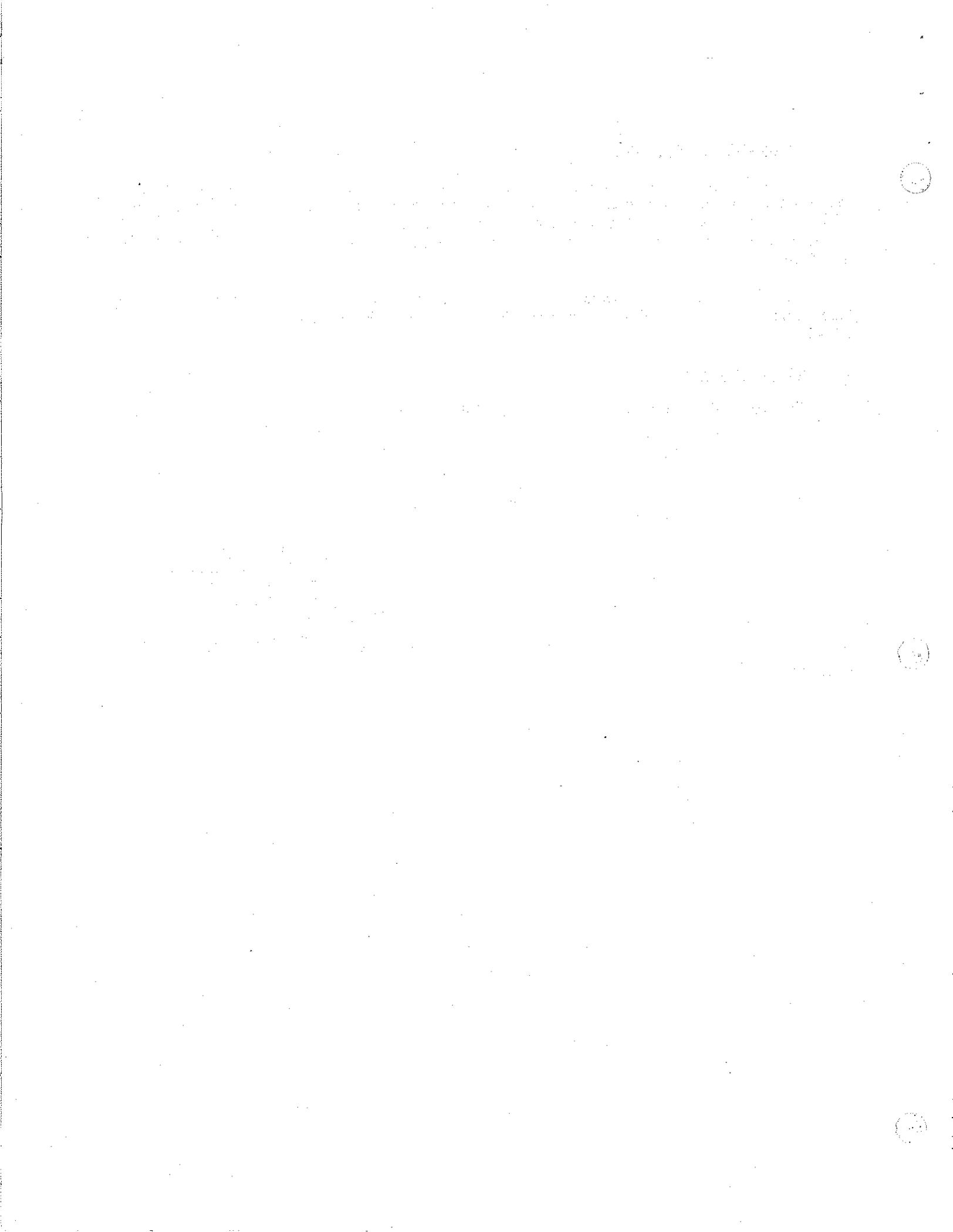
Copies of forms mentioned in this letter may be obtained by contacting the Department's Forms and Publications Section at 40 North Pearl Street, Albany, New York 12243.

VI. Effective Date

This Administrative Letter is effective July 1, 1986.


Joseph Semidei
Deputy Commissioner
Division of Family and
Children's Services

Attachments



APPENDIX
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APPLICATION TO ADOPT

Part I

REGISTRY NUMBER <small>(For Office Use Only)</small>		NEW YORK STATE			DEPARTMENT OF SOCIAL SERVICES			APPLICATION DATE	
PROSPECTIVE MOTHER'S NAME (Last, First)			DATE OF BIRTH	BIRTH PLACE <small>CITY STATE</small>		ETHNICITY CODE	RELIGION CODE		
PROSPECTIVE FATHER'S NAME (Last, First)			DATE OF BIRTH	BIRTH PLACE <small>CITY STATE</small>		ETHNICITY CODE	RELIGION CODE		
HOME ADDRESS (No., Street, Apt.)			TOWN/CITY	COUNTY	CODE	STATE	ZIP CODE		
HOME TELEPHONE NUMBER		EMPLOYMENT TELEPHONE NO. (Prospective Mother)			EMPLOYMENT TELEPHONE NO (Prospective Father)				
CONTACT PERSON (Last, First)			TELEPHONE NO.		REGISTRY DISTRICT/AGENCY				

CHILD CHARACTERISTICS

NOTE: Select **ALL** acceptable characteristics. You may choose more than one entry in each area.

Sex Male, Female, Either Age: Under 2 2-5 6-7 8-9 10-13 Over 13

Ethnicity: _____ (X = ALL)

ETHNICITY CODE (FOR CHILD AND PARENT)			RELIGION CODE (FOR PARENTS ONLY)	
B Black	H Other Hispanic	A Interracial Black/White	C Catholic	X Other
W White	O Asian	F Interracial Hispanic/White	P Protestant	Z None
P Puerto Rican	I American Indian	G Interracial Hispanic/Black	J Jewish	

If you will consider a child with special needs, select **ALL** appropriate choices in the boxes below:

ACCEPTABLE DISABILITIES	SEVERE	MODERATE	MILD
Physical			
Mental/Retarded			
Emotional/Behavioral			
Learning			

Would You Be Willing To Accept A Legally "At Risk" Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would You Be Interested in Adopting A Sibling Group? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Size Sibling Group? <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 +
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GIVE COMPLETE INSTRUCTIONS FOR REACHING YOUR HOME:

FOR OFFICE USE ONLY

Home Study Status _____

1. In Process
 2. Completed Favorable
 3. Completed Unfavorable
 4. Discontinued

APPLICATION TO ADOPT

PART II

Are you currently a certified or licensed foster parent? _____

With which agency? _____

Is there a foster child freed for adoption now living in your home? Yes No

Do you wish to adopt this child? Yes No

What is the child's name? _____

Date of Birth _____ Date of placement with you _____

	CURRENT MARRIAGE PLACE			PREVIOUS MARRIAGE PLACE			HOW TERMINATED
	DATE	CITY	STATE	DATE	CITY	STATE	
PROSPECTIVE MOTHER							
PROSPECTIVE FATHER							

LIST ALL HOUSEHOLD MEMBERS

LINE	NAME	AGE	RELIGION	RACE	RELATION
1					Self
2					
3					
4					
5					
6					
7					
8					

Note: If your application is rejected or if your application has not been acted upon within six months of filing by the completion of an adoption study, you may request a state administration hearing. The hearing must be requested within 60 days after the date of rejection or failure to act.

Note: At such hearings, you will have the right to be represented by counsel or other representative, to produce witnesses and other evidence on your behalf, to request the issuance of subpoenas, to cross-examine witnesses testifying against you, and to examine all evidence presented against you. If you wish to request a hearing, address your request to:

New York State Department of Social Services
 Special Hearings Bureau
 40 North Pearl Street
 Albany, New York 12243

Note: Social Services Law 424-a requires the agency receiving this application to check with the New York State Register of Child Abuse and Maltreatment to determine whether an adoption applicant is the subject of an indicated report of child abuse and maltreatment.

Note: If you have acknowledged your willingness to adopt a handicapped or hard to place child, your name will be placed on a statewide computer file with the New York State Department of Social Services **Only** for the purpose of matching you with available children.

SIGNATURE OF PROSPECTIVE FATHER

DATE

SIGNATURE OF PROSPECTIVE MOTHER

DATE

Note: Applicant should retain copy of application.

COMPLETION OF APPLICATION TO ADOPT (DSS-857)

Introduction

All prospective adoptive parents who express a willingness to consider adopting a handicapped or hard-to-place child shall be listed on the Adoptive Parent Registry. The agency to which the adoptive parent applies is responsible for registering them. The information entered onto the Registry is based on the information on the Application to Adopt, DSS-857, which must be utilized by all agencies involved.

Workers having involvement with the PAPR application process should note that the system uses an exact match criteria when searching for possible matches when children are available for adoption. Efforts should be made to explain to applicants that they will only receive consideration based upon the information contained on their application (i.e. if an applicant indicates a willingness to consider a severely handicapped child, the system will not assume a willingness to accept a moderately or mildly handicapped child, the applicant must indicate this or if an applicant indicates a willingness to only take children not "at risk" the system will not match the applicant with any children, all other child characteristics being equal, who have not been completely freed).

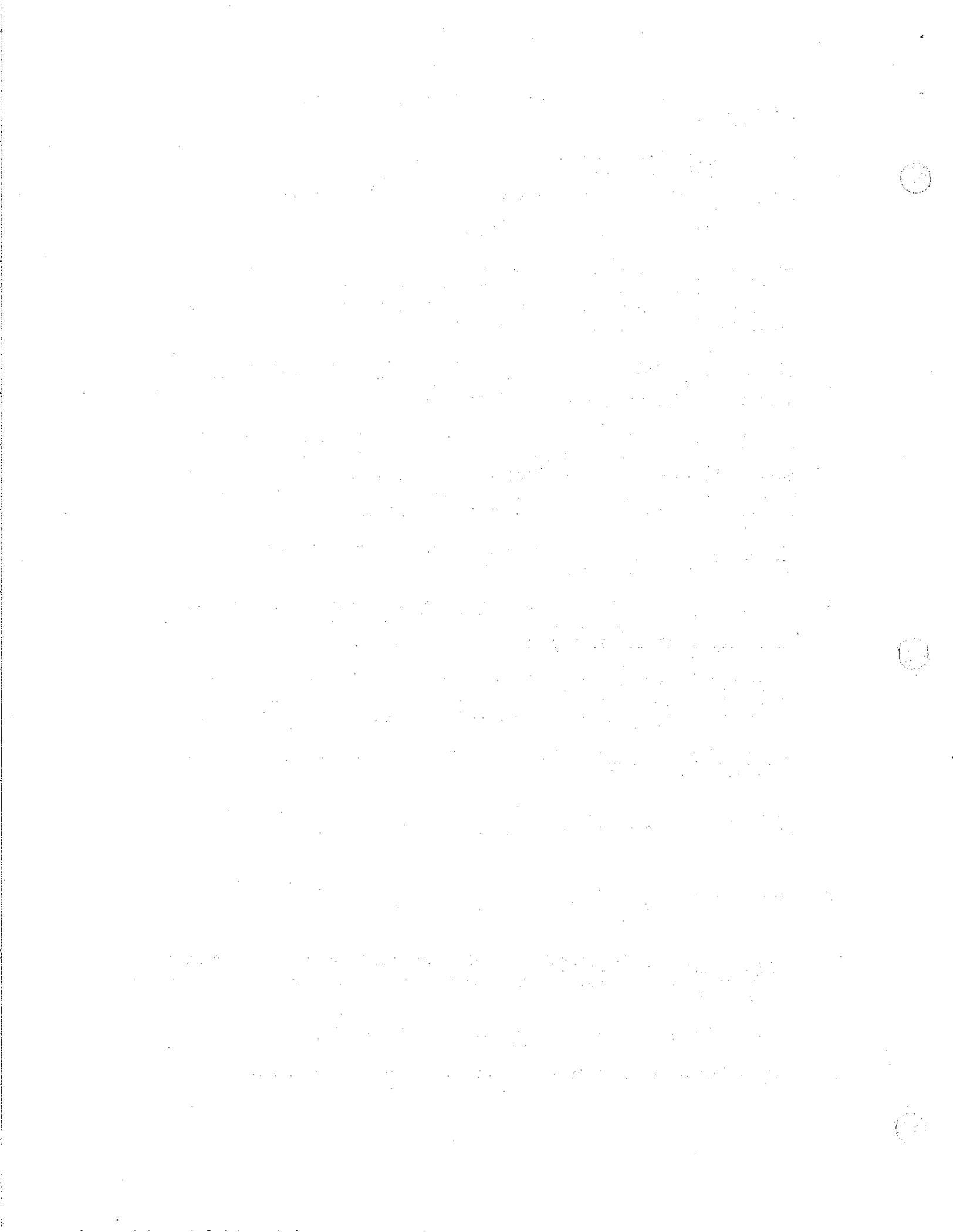
Completion of Application to Adopt (DSS-857)

Instructions for completing the Application to Adopt (DSS-857) are as follows:

1. Registry No. - An eight-digit numeric entry made by district/agency staff after the application has been data-entered and a registry number assigned to the case by the system. This number is obtained from the system-generated turnaround form.
2. Application Date - The date the applicant's application is received by district/agency. The format shall be six-digit numerical (MM/DD/YY).
3. Prospective Mother/Father Name - The full name (last, first, middle initial) of the prospective adoptive mother/father. It is possible to list a single parent. Two-parent households should list both parents.
4. Mother/Father DOB - The numerical six-digit date of birth (MM/DD/YY) of the prospective adoptive mother/father (as appropriate).
5. Mother/Father Birthplace - Enter the city and state of mother/father's birth (as appropriate).
6. Mother/Father Ethnicity - Enter mother/father ethnicity (as appropriate). Select ethnic code from coding guide at the bottom of application and enter in the shaded area labeled "code".
7. Mother/Father Religion - Enter mother/father religion (as appropriate). Select religion code from coding guide at the bottom of application and enter in the shaded area labeled "code".

8. Home Address: The street address of the primary residence of the prospective adoptive parent(s).
9. Town/City - The town/city of residence for the prospective adoptive parent(s).
10. County - The county/borough of residence for the prospective adoptive parent(s). Enter the two-digit numerical WMS code for the county if county is within New York State. Leave blank if residence is outside New York State.
11. State - Two-digit WMS alpha code abbreviation for state.
12. Zip Code - The five-digit zip code of the primary residence of the prospective adoptive parents.
13. Home Telephone - Telephone number including area code, at prospective adoptive parent's residence address.
14. Employment Telephone - Prospective mother/father's telephone number including area code at place(s) of employment where she/he may be reached.
15. Contact Person - The last and first name of the district/agency official who will serve as the contact for this application in reference to inquiries for other districts/agencies or state offices.
16. Phone - The business telephone number of the contact person.
17. Reg Dist/Agcy - The three-digit alpha-numeric CCRS code of the registering district/agency.
18. Sex - Designate with an "E" (Either), "M" (Male) or "F" (Female) the sex of the child desired.
19. Age - "X" the appropriate age ranges of child applicant desired. One or more or all age ranges may be selected. The system will only give consideration to those age ranges indicated by the applicant as acceptable when an Allocation Search is conducted.
20. Acceptable Ethnicities - Enter ethnicity codes (from front of form) for ethnicity of child the prospective parent is willing to adopt. Up to eight ethnicity codes may be entered. Enter code "X" if prospective adoptive parent will accept a child of any ethnicity.
21. Acceptable Disabilities - Enter "X" in appropriate field if a handicapped child is desired. If a disabled child is not desired, no field need be "X'ed". The system will only give consideration to the degree of disability as indicated by the applicant as acceptable when an Allocation Search is conducted.

22. Accept "At Risk" - "X" appropriate field if applicant is willing to accept a child who is legally at risk.
23. Sibling Group/Size - Enter yes or no if applicant is willing to accept a sibling group. If yes, indicate the size of the sibling group (two, three or four +) the applicant will consider.
24. Give complete instructions for reaching your home - self-explanatory.
25. Home Study Status - (To be completed by Agency Personnel only). Enter the appropriate code from the PAPR coding guide. At the point of application only code 1 (Home study in process) and code 2 (Home study complete/favorable) will be utilized.
26. Certified/Licensed Foster Parent - Enter yes or no to whether applicant is currently certified/licensed as a foster parent. If yes, enter name of the district/agency. If no, leave blank.
27. Wish to Adopt Foster Child - If applicant wishes to adopt a foster child currently placed in applicant's home, enter child's name, date of birth and date of placement with applicant. If not, leave blank. (Please note: It is not necessary to register foster parents who wish to adopt a child already in their home).
28. Prospective Father/Mother Current Marriage - Enter date and place of current marriage (city and state).
29. Prospective Father/Mother Previous Marriage - Enter date and place of previous marriage (city and state) and how marriage was terminated (divorce, death of marriage partner) if applicable.
30. Household Member Name - Enter full name of anyone living in the home most of the time. Includes prospective adoptive parent applicants, their offspring, foster children and children placed through adoption.
31. Household Member Age - Enter the current ages of each person listed as a household member.
32. Household Member Religious Affiliation - Enter religion for each member of the household as selected from the religions listed at the bottom of the form.
33. Household Member Race - Enter ethnicity for each member of the household as selected from the ethnicities listed at the bottom of the form.
34. Household Member Relationship - Enter the relationship of each household member to the prospective adoptive parent applicant (son, daughter, niece, none, etc.).
35. Signature Prospective Father/Mother - self-explanatory
36. Date - The date the prospective parent signs the application.



Explanation of Mild, Moderate and Severe
Levels on Application to Adopt (DSS-857)
and Definition of Disability Categories

Whenever a prospective adoptive parent indicates a willingness to adopt a child with some handicapping or disabling condition, this should be reflected by the selection of one or more of the disability categories on the Application to Adopt, form DSS-857. While the mild, moderate and severe levels for each of the four categories of disabling conditions cannot be absolutely defined, some guidelines regarding these levels are outlined below.

It should be understood that in almost every case a disability with the same basic diagnosis will vary from child to child and in many cases can range from mild through severe depending on such factors as the severity of the condition and the ability of the particular child to cope with the disability.

Descriptions of the levels of disabilities and some examples are as follows:

1. Mild -- The child has a problem/disability which requires some parental attention throughout the course of the day and which may also require some doctors visits.

Examples -- Hearing loss or vision problems requiring regular medical follow-ups; need for a special diet; learning problems which cause the child to be a year or two behind in school work; some acting out behavior/hyperactivity; a high-functioning level of mental retardation.

2. Moderate -- The child has a problem/disability which is serious enough to require special help on a regular basis including placement in a special class and/or some assistance or supervision from parents on a frequent basis. Problems at this level will usually require regular visits to medical or mental health professionals.

Examples -- A deaf or blind child; a child in a wheel chair; a child who must take medication and who exhibits some seizure activity or acting out behavior; a child who must receive insulin injections to control a diabetic condition; a child whose mental retardation is at a trainable level (i.e. - he or she will require some supervision in adulthood); a child who has recently or is soon to require serious surgical intervention such as open heart surgery; a learning problem causing the child to be three years or more behind in school.

3. Severe -- The child will require some assistance or intervention on a 24 hour a day basis. While these needs may be periodic in nature, they are such that ignoring them would be likely to negatively affect the health of the child or that of others.

Examples -- A child with a terminal illness or one who is bedridden and requires special medical treatment. A child who is schizophrenic, autistic and/or who acts out destructively such as a fire-setter or a serious suicide risk. A child who has a combination of serious physical handicaps such as deaf and blind who will require constant and ongoing assistance.

When they complete the Application to Adopt, form DSS-857, prospective adoptive parents should be informed that more than one level of severity may be checked for one or more of the categories of handicaps. That is, the parents may check both the mild and moderate level of "emotionally handicapped", or even all three levels. On the other hand, it is not necessary to check any level of handicap on some of the four handicapped categories.

The handicapped categories listed on the Application to Adopt (DSS-857) are defined as follows:

1. Physical — This refers to a condition that directly affects the ability of the child to function physically. It includes conditions in which the child must utilize a prosthesis or braces, crutches, etc. to maximize potential mobility. A child with a physical handicap may also be wholly or partially dependent on a wheel chair.

Physical disabilities also include vision and hearing impairments as well as a marked inability to perform various physical functions that are appropriate to a child of a particular age.

2. Mental / Retarded — Mental retardation is a condition in which the child has significantly subaverage general intellectual functioning which exists concurrently with deficits in the individual's adaptive behavior.
3. Emotional/Behavioral — This refers to a range of behaviors which may be exhibited by the child and which have been diagnosed by a mental health professional. It includes depression and withdrawal as well as acting out behavior which is inappropriate to the given situation. This disability usually is manifested by an inability to relate personally and/or appropriately to peers and/or adults.
4. Learning — This refers to a condition which causes the child to fail to meet the expected academic standard for age. It is characterized by under-achievement in school and an uneven development of academic and social skills. Due to the stressful situation this problem is sometimes coupled with hyperactivity and acting-out behavior.

THE PROSPECTIVE ADOPTIVE PARENT REGISTER DATA ENTRY PROCEDURES

Introduction

Information will enter the Prospective Adoptive Parent Register through one data entry process applicable to both initial data entry and maintenance. Agencies with VDT's will enter the information directly into the PAPP system. Agencies without VDT's will forward the information to be entered to the NYSDDS Bureau of Services Information Systems (BSIS) where the initial data entry or maintenance function will be completed. DEO's will enter the information contained in the non-shaded areas of the DSS-857.

DATA ENTRY FIELDS

1. Application Date: (Required) Six-digit numerical MMDDYY
2. Trans. Type: (Required) Initial entry must be code 02
3. Mother/Father Last Name, First Name: (Required in at least one of the two fields).
4. Mother/Father DOB: Date of birth - MMDDYY (Required in at least one of the two fields on the same line as used for name).
5. Mother/Father Eth: Ethnicity Code (Required in at least one of the two fields on the same line as used for name).
6. Mother/Father Rel: Religion Code (Required in at least one of the two fields on the same line as used for name).
7. Address/Street: (Required) Self-explanatory
8. Address/City: (Required) Self-explanatory
9. Address/Cnty: (Required) Two-digit numerical WMS county code.
10. Address/St.: (Required) Self-explanatory
11. Address/Zip: (Required) Five-digit zip code
12. Phone/Home: (Required) Area code and seven-digit telephone number for applicant's home.
13. Phone/Moth Business: (Optional) Area code and seven-digit telephone number at prospective mother's place of business.
14. Phone/Fath Business: (Optional) Area code and seven-digit telephone number at prospective father's place of business.
15. Contact: (Required) Last, first name of individual at the registering district/agency to be contacted regarding the above applicants.

```

ASR001/0112154101585  AYS DEPARTMENT OF SOCIAL SERVICES      11/21/85 AT 10:23
PROSPECTIVE ADOPTIVE PARENT REGISTRY
DATA ENTRY
REG NO: .....
TRANS TYPE: ..
LAST NAME      FIRST NAME      DOB      ETH      REL
MOTHER        .....
FATHER        .....
ADDRESS:      STREET      CITY      CNTY      ST      ZIP
.....
PHONE: HOME   .....  HOH BUSINESS .....  FATH BUSINESS .....  DIST/AGCY .....
CONTACT .....
*** ACCEPTABLE CHILD CHARACTERISTICS ***
SEX:  AGE: <2, 2-5, 6-7, 8-9, 10-13, >13, ETH: .....
ACCEPTABLE DISABILITIES:
SEV MOD MILD
PHYSICALLY  . . . .
MENTAL/RET  . . . .
EMOT/BEHAV  . . . .
LEARN DIS   . . . .
ACCEPT AT RISK:  YES, NO, SIBLING GROUP: YES, NO, SIBLING SIZE:
HOME/STUDY STATUS:  . . . . REASON CODE: . . . . APPROVAL DATE: .....
. . . . PRODUCE ERROR REPORT
XMIT .
    
```

16. Phone: (Required) Area code and seven-digit business telephone number or the person named above as "contact".
17. Dist/Agcy: (Required) The three-digit alpha-numeric CCRS code for the district/agency registering the above applicants.
18. Child/Sex: (Required) Single digit alpha code M, F, or E.
19. Child/Age: (Required) At least one age group selected by entering "X".
20. ETH: Ethnicity (required) At least one and up to eight single digit alpha code(s) must be entered. "X" denotes all listed ethnicities are desired by parent.
21. Acceptable/Disabilities: Conditionally required if applicant indicates a willingness to consider a special needs child(ren). At least one "X" must be entered in one field in this section.
22. ACCEPT AT RISK: Legally at risk (required) Must select 'yes' or 'no' with a 'X'.
23. Sibling Group: (Required) Must select 'yes' or 'no' with an 'X'.
24. Sibling Size: (Optional) If 'yes' is selected in sibling group, then an entry must be made in this field.
25. Homestudy Status: (Required) Self-explanatory (must be code 1 or 2 on initial entry opening).
26. Reason Code: (Optional) An entry must be made in this field on entries with a trans type of 07 (closing). Entry is prohibited for trans type 02 (open) and 05 (maintenance/update).
27. Approval Date: (Optional) Homestudy approval date (Homestudy status 2). Six-digit numerical entry MMDDYY. Must be equal to or greater than application date.
28. Produce Error Report: (Optional) If blinking fields occur and an error report is required to assist in error correction, "X" this field and transmit.

A. Registration of Prospective Adoptive Parents

1. AGENCIES WITHOUT VDT'S

- a. After the DSS-857 has been completed by the prospective adoptive parent(s) and the agency worker, a legible copy of the completed form is mailed to:

New York State Department of Social Services
 Bureau of Services Information Systems
 40 North Pearl Street
 Albany, New York 12243

The data entry process is then completed by BSIS staff and the application copy and the PAPR turnaround form are returned to the agency.

2. AGENCIES WITH VDT'S ON-LINE WITH NYS DSS WMS SYSTEM

- a. After the DSS-857 is completed by the prospective adoptive parent(s) and the agency worker or the appropriate changes have been noted on the PAPR turnaround form, the following steps should be followed:

- (i) Sign-on
- (ii) Access the WMS menu by depressing the Menu key.
- (iii) Request CCRS menu (WMS Menu function 19).
- (iv) Request Facility menu (CCRS Menu function J).

WMSMENU		WELFARE MANAGEMENT SYSTEM MENU	
USE APPROPRIATE SF KEY (1-15) OR INDICATE SELECTION NUMBER		19	XMT
01	PAPRS BUDGET CALCULATION	17	CASE REACTIVATION
02	NA BUDGET CALCULATION	18	AUTO SDX/REGS MENU
03	STATISTICS	19	CCRS MENU
04	APPLICATION REGISTRY MENU	20	HA139R INQUIRY REPORT
05	DENIAL ENTRY (APP AND SVCS)	21	HA139R SEP DETERMINATION
06	SIGN OFF	22	HA139R SEP DETERMINATION
07	M-S WORKBOOK DATA ENTRY	23	CIS MENU
08	M-S UNDERCARE MAINTENANCE	24	MONTHLY RE-ORIENTING
09	SERVICES FULL DATA ENTRY	25	MEDICAL ASSISTANCE MENU
10	SERVICES UNDERCARE/MAINTENANCE	26	RFI MENU
11	SERVICES CASE INQUIRY	27	INQUIRY MENU
12	M-S CASE INQUIRY	28	
13	INDIVIDUAL INQUIRY	29	
14	DISPOSITION MENU	30	
15	LOMIP MENU	31	
16	WMSMENU (MENU KEY)	32	

CCRMNU/8141752112085		CHILD CARE REVIEW SERVICES	
USE APPROPRIATE SF KEY (1-15) OR INDICATE SELECTION NUMBER		19	XMT
A	CASE/CHILD INQUIRY	-CIN	
B	SUPPLEMENTAL DATA ENTRY	-CASE NUMBER	
C	SUPPLEMENTAL TURNAROUND	-CASE NUMBER	
D	SUPPLEMENTAL INQUIRY	-CASE NUMBER	
E	SVC PLAN ASSESSMENT(CHILD/FAMILY)	-CASE NUMBER OR CIN	
F	SERVICE PLAN TURNAROUND	-CASE NUMBER	
G	SERVICE PLAN INQUIRY	-CASE NUMBER OR CIN	
H	ACTIVITY ENTRY	-CASE/CIN, TYPE A-ALL-BLANK-CURRENT-A/V/U/W	
I	ACTIVITY INQUIRY	-CIN, TYPE	
J	ALL(CURRENT)-BLANK		
K	FACILITY/SERVICES INQUIRY	*****	
L	RESOURCE ALLOCATION REQUEST	*****	
M	CCRS BATCH REPORT	*****	
FINC	CASE NUMBER	CIN	VERSION/CYCLE TYPE AGENCY/UNIT/WORKER XMT
J / / ... / ...

(v) Request PPR menu (Facility Menu function E)

(vi) Request Data Entry (PPR Menu function A)

The user now has the capability to enter the appropriate information from the DSS-857 into the PPR system.

```

ASPNM01  NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES  11/23/83
TS-858  ***** FACILITY INQUIRY MENU *****
A - FOSTER FAMILY INQUIRY  <FAC #> OR <FAC #, HIST> OR <NAME, DOB, SEX>
B - CHILDREN SERVICES INQUIRY  <FAC #>
C - AGENCY INQUIRY  <AGCY>
D - AGENCY/FS, ALPHA LIST
E - PROSPECTIVE ADOPTIVE PARENT REGISTER MENU
  
```

```

ASPNM01/013205/111985  NYS DEPARTMENT OF SOCIAL SERVICES  11/23/83 AT 13:07
TS-858  PROSPECTIVE ADOPTIVE PARENT REGISTER
MENU
A - DATA ENTRY (REGISTER NO. IF UPDATE)
B - ALLOCATION SEARCH
C - INDIVIDUAL INQUIRY (NAME,SEX)
D - CASE INQUIRY (REGISTER NO)

FUNCT LAST NAME FIRST NAME SEX REGISTER NO
A .....
  
```

Once the information has been transferred from the DSS-857 into the data entry screen the user then transmits the information producing the PAPP Turnaround form with the system-generated register number. The registration process has now been completed.



PCN-10: ASP1M/0112154101585 NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES DATE PRODUCED: 11/21/85 AT 10:24
 PROSPECTIVE ADOPTIVE PARENT REGISTRY APPLICATION DATE: 051485

REGISTER NUMBER: 00000386 TURNSOUND FORM
 TRANSACTION TYPE: 02 LAST NAME FIRST NAME DOB ETH REL
 (MOTHER) SMITH JANE 020155 M C
 (FATHER) SMITH JOHN 020155 M C
 STREET CITY CNTY ST ZIP
 ADDRESS: 62 SHEET STREET ALBANY 01 NY 11111
 PHONE: HOME 518 555 5555 MOTHERS BUSINESS: 518 444 4444 FATHERS BUSINESS: 518 333 3334
 CONTACT: JONES JOSEPH PHONE: 518 222 2222
 DIST/AGCY: A66
 TEST TEST NY 11111
 ADDRESS: TEST
 ***** ACCEPTABLE CHILD CHARACTERISTICS *****
 SEX: E AGE: <2 X 2-5 X 6-7 8-9 10-13 >13 ETH: W80
 DISABILITIES: SEV MOD MILD
 PHYSICALLY X X
 MENTAL/RET
 ENOT/BEHAV X
 LEARN DIS
 ACCEPT AT RISK: YES NO X SIBLING GROUP: YES NO X SIBLING SIZE:
 HOME/STUDY STATUS: 1 REASON CODE: APPROVAL DATE:
 APPROVAL DATE:

ASP001/0112154101585 NYS DEPARTMENT OF SOCIAL SERVICES 11/21/85 AT 10:24
 PROSPECTIVE ADOPTIVE PARENT REGISTRY DATA ENTRY

REG NO: APPLICATION DATE: 051485
 TRANS TYPE: 02 LAST NAME FIRST NAME DOB ETH REL
 MOTHER SMITH..... JANE..... 020155 M C
 FATHER SMITH..... JOHN..... 020155 M C
 ADDRESS: STREET CITY CNTY ST ZIP
 62.SHEET.STREET..... ALBANY 01 NY 11111
 PHONE: HOME 518 555 5555 MOTH BUSINESS 518 444 4444 FATH BUSINESS 518 333 3334
 CONTACT JONES..... JOSEPH..... PHONE 518 222 2222 DIST/AGCY A66
 ***** ACCEPTABLE CHILD CHARACTERISTICS *****
 SEX: E AGE: <2 X 2-5 X 6-7, 8-9, 10-13, >13, ETH: W80.....
 ACCEPTABLE DISABILITIES:
 PHYSICALLY SEV MOD MILD
 PHYSICALLY . X X
 MENTAL/RET . .
 ENOT/BEHAV . . X
 LEARN DIS . .
 ACCEPT AT RISK: YES, NO X SIBLING GROUP: YES, NO X SIBLING SIZE:
 HOME/STUDY STATUS: 1 REASON CODE: ... APPROVAL DATE:
 APPROVAL DATE:
 PRODUCE ERROR REPORT XMIT .

B. Undercare/Maintenance Transactions

The PAFR turnaround form is utilized to note any changes to be made to the case record. Changes are made on the form and then the form is given to the DEO to make the appropriate changes (For illustrative purposes, an address change will be progressed).

1. AGENCIES WITHOUT VDT'S

Agencies without VDT's should make the necessary changes on the PAFR turnaround form and forward the form to BSIS/Mezzanine Operations where staff will then make the appropriate changes and return the new turnaround to the agency.

FORM ID: ASPFRM/0112101010505 NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES DATE PRODUCED: 11/21/98 AT 10:29
 PROSPECTIVE ADAPTIVE PARENT REGISTRY TURNAROUND FORM APPLICATION DATE: 05/95

REGISTRY NUMBER: 00000386
 TRANSACTION TYPE: *05* LAST NAME: SMITH FIRST NAME: JANE DOB: 020155 ETH: N REL: C

(NUMBER) SMITH JANE 020155 N C
 (FATHER) SMITH JOHN 020155 M C
 STREET CITY ST ZIP
 ADDRESS: *52 Madison Avenue* ALBANY NY 12111

PHONE: HOME 518 555 5555 MOTHERS BUSINESS: 518 444 4444 FATHERS BUSINESS: 518 333 3334
 CONTACT: JONES JOSEPH PHONE: 518 272 2222
 DISI/ACCT: A46 TESTI NY 11111
 ADDRESS: TESTI

***** ACCEPTABLE CHILD CHARACTERISTICS *****
 SEX: F AGE: 7 X 2-5 X 6-7 8-9 10-13 13 ETH: WDO
 DISABILITIES: SEV MOD N/D
 PHYSICAL X X
 MENTAL/PRT
 ENVI/BEHAV X
 LEARN DIS

ACCEPT AT RISK: YES NO X SIBLING GROUP: YES NO X SIBLING SIZE:
 HOME STUDY STATUS: 1 REASON CODE: APPROVAL DATE:

2. AGENCIES WITH VDT'S ON-LINE WITH NYS DSS WMS SYSTEM

- (i) Sign-on
- (ii) Access the WMS menu by depressing the Menu key.
- (iii) Request CCRS menu (WMS Menu function 19).

(iv) Request Facility menu (CCRS Menu function J).

(v) Request PAPP menu (Facility Menu function E).



```

WMSMENU
HELFARE MANAGEMENT SYSTEM MENU
USE APPROPRIATE SF KEY (1-15) OR INDICATE SELECTION NUMBER 19 XMT
01 PA/F'S BUDGET CALCULATION 17 CASE REACTIVATION
02 MA BUDGET CALCULATION 18 AUTO SOX/WMS MENU
03 STATISTICS 19 CCRS MENU
04 APPLICATION REGISTRY MENU 20 SSRR MENU
05 DENIAL ENTRY (APP AND SUCCS) 21 MA/F'S SEP DETERMINATION
06 SIGN OFF 22 GIS MENU
07 N-S WORKBOOK DATA ENTRY 23 MONTHLY REPORTING
08 N-S UNDERCARE MAINTENANCE 24 MEDICAL ASSISTANCE MENU
09 SERVICES FULL DATA ENTRY 25 RFI MENU
10 SERVICES UNDERCARE/MAINTENANCE 26 INQUIRY MENU
11 SERVICES CASE INQUIRY 27
12 N-S CASE INQUIRY 28
13 INDIVIDUAL INQUIRY 29
14 DISPOSITION MENU 30
15 LHMIP MENU 31
16 WMSMENU (MENU KEY) 32
    
```

```

CCRMNU/8809081312285 CHILD CARE REVIEW SERVICES PAGE 1
SERVICES MENUS DATE 12/06/85
TIME 10:27:51
M-CASE/CHILD INQUIRY -CIN
B-SUPPLEMENTAL DATA ENTRY -CASE NUMBER
C-SUPPLEMENTAL ITRMNR88MD -CASE NUMBER
D-SUPPLEMENTAL INQUIRY -CASE NUMBER
E-SRX PLAN ASSESSMENT/CHILD/FAMILY-CASE NUMBER OR CIN
F-SERVICE PLAN ITRMNR88MD -CASE NUMBER
G-SERVICE PLAN INQUIRY -CIN, TYPE
H-ACTIVITY ENTRY -CIN, TYPE
I-ACTIVITY INQUIRY (LEP-1,IMP-2,ALL (EXCEPT CONTRA)-3,IMP-4,CXC-5,CONL-6,CONTRA-7,
ALL (CONTR-8)) -BLANK
J-FACILITY/SERVICES INQUIRY XXXXX/MINUTE
K-RESOURCE ALLOCATION REQUEST XXXXX/MINUTE
L-FISCAL XXXXX/MINUTE
M-CRIS BATCH REPORT
PINC CASE NUMBER CIN VERSION/CYCLE TYPE AGENCY/UNIT/WORKER INT
J .....
    
```

```

ASTNU NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES 12/06/85
15-242 ***** FACILITY INQUIRY MENU STATE
A - FOSTER FAMILY INQUIRY <FAC #> OR <FAC #, MISS> OR <NAME, DOB, SEX>
B - CHILDREN SERVICES INQUIRY <FAC #>
C - AGENCY INQUIRY <AGCY>
D - ACTY/C/S, ALPHA LIST
E - PROSPECTIVE ADOPTIVE PARENT REGISTER MENU
    
```

(vi) Request Data Entry (PAPR Menu function A plus the register number).

```

ASP001/0100912112705  NYS DEPARTMENT OF SOCIAL SERVICES      12/06/85 AT 10:29
TS=000                      PROSPECTIVE ADOPTIVE PARENT REGISTRY
MENU
A - DATA ENTRY (REGISTER NO. IF UPDATE)
B - ALLOCATION SEARCH
C - INDIVIDUAL INQUIRY (NAME,SEX)
D - CASE DIRECTORY (REGISTER NO)

FIRST LAST NAME      FIRST NAME      SEX REGISTER NO      XMIT
A .....
  
```

(vii) This will produce a completed data entry screen on which the changes (noted on turnaround form) are entered in the appropriate fields.

```

ASP001/0112154101585  NYS DEPARTMENT OF SOCIAL SERVICES      12/06/85 AT 11:13
PROSPECTIVE ADOPTIVE PARENT REGISTRY
DATA ENTRY

REG NO: 00000386
TRANS TYPE: ..
APPLICATION DATE: 051485

LAST NAME      FIRST NAME      DOB      ETH      REL
MOTHER SMITH      JANE            020155  M      C
FATHER SMITH      JOHN            020155  M      C
ADDRESS: STREET CITY CMTY ST ZIP
        62 SWEET STREET ALBANY      01      NY      11111
PHONE: HOME 518 555 5555 MOth BUSINESS 518 444 4444 FATH BUSINESS 518 333 3334
CONTACT JONES JOSEPH      PHONE 518 222 2222 DIST/AGCY A66
*** ACCEPTABLE CHILD CHARACTERISTICS ***
SEX: E AGE: <2 X 2-5 X 6-7 8-9 10-13 >13 ETH: MBO
ACCEPTABLE DISABILITIES:
SEV MOD MILD
PHYSICALLY X X
MENTAL/RET X
EMOT/BEHAV X
LEARN DIS
ACCEPT AT RISK: YES . NO X SIBLING GROUP: YES . NO X SIBLING SIZE:
HOMESTUDY STATUS: 1 REASON CODE: APPROVAL DATE:
PRODUCE ERROR REPORT XMIT
  
```

(iii) The transaction type is changed to 05 and the appropriate fields are changed (62 Sweet St. to 52 Madison Ave).

(ix) The information is then transmitted into the system and a new turnaround form, with the same register number, is produced.



REG NO: 00000388
 TRANS TYPE: 05
 LAST NAME FIRST NAME DOB ETH REL
 MOTHER SMITH JANE 020155 M C
 FATHER SMITH JOHN 020155 M C
 ADDRESS: STREET ALBANY NY 11111
 52 MADISON AVENUE
 PHONE: HOME 518 535 3333 MOTHERS BUSINESS: 518 444 4444 FATHER BUSINESS: 518 333 3334
 CONTACT: JONES JOSEPH PHONE: 518 222 2222 DIST/ACCT: AAA
 SEX: F AGE: 27 X 2-5 X 6-7 0-9 10-13 213 ETH: 000
 ACCEPTABLE DISABILITIES:
 PHYSICALLY: NEW MOD: 000
 MENTAL/RET: X
 LEARN DIS: X
 ACCEPT AT RISK: YES NO X SIBLING GROUP: YES NO X SIBLING SIZE: 1
 REASON CODE: APPROVAL DATE: 11/11
 HOME STUDY STATUS: 1 PRODUCT ERROR REPORT

REG-ID: A8780/011219101585 NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES DATE PRODUCED: 11/25/85 AT 13:10
 PROSPECTIVE ADOPTIVE PARENT REGISTRY
 TURNAROUND FORM APPLICATION DATE: 051485
 REGISTER NUMBER: 00000388 LAST NAME FIRST NAME DOB ETH REL APPLICATION DATE: 051485
 TRANSACTION TYPE: 05 (MOTHER) SMITH JANE 020155 M C
 (FATHER) SMITH JOHN 020155 M C
 STREET CITY CNTY ST ZIP
 011111 01 NY 11111
 ADDRESS: 52 MADISON AVENUE ALBANY NY 11111
 PHONE: HOME 518 535 3333 MOTHERS BUSINESS: 518 444 4444 FATHERS BUSINESS: 518 333 3334
 CONTACT: JONES JOSEPH PHONE: 518 222 2222
 DIST/ACCT: AAA TEST NY 11111
 ADDRESS: TEST
 ***** ACCEPTABLE CHILD CHARACTERISTICS *****
 SEX: F AGE: 27 X 2-5 X 6-7 0-9 10-13 213 ETH: 000
 DISABILITIES: NEW MOD: 000
 PHYSICALLY: X X
 MENTAL/RET: X
 LEARN DIS: X
 ACCEPT AT RISK: YES NO X SIBLING GROUP: YES NO X SIBLING SIZE: 1
 HOME STUDY STATUS: 1 REASON CODE: APPROVAL DATE:

C. Case Closings

To close an active case in the PAPP system, the turnaround form is encoded with the appropriate reason code (from the PAPP coding guide) and the transaction type is changed to 07. The document is then given to the DFO for entry into the system.

1. AGENCIES WITHOUT VDT'S

Agencies without VDT's should make the appropriate notations (transaction type 07, and the appropriate reason code) on their PAPP turnaround form and then forward such to the BSIS where staff will complete the data entry function closing the case. The document, along with the new turnaround form, is then returned to the agency.

PCH-101 ASP/PA/011213101365		NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES		DATE PRODUCED: 12/06/05 AT 11:35	
REGISTER NUMBER: 00000391		TURNAROUND FORM		APPLICATION DATE: 05/19/05	
TRANSACTION TYPE: 07		PROSPECTIVE ADOPTIVE PARENT RESIDENT			
(NOTED) SMITH	LAST NAME	JANE	FIRST NAME	DOB	ETH REL
(FATHER) SMITH	STREET	JOHN	020135	M	C
			CITY	ST	ZIP
ADDRESS: 52 MADISON AVENUE	ALBANY	01	NY	12211	
PHONE: HOME 518 555 5533	MOTHERS BUSINESS: 518 444 4444	FATHERS BUSINESS: 518 333 3334			
CONTACT: JAMES JOSEPH	PHONE: 518 222 2222				
DIS/ADCT: AAA	TEST	NY 11111			
ADDRESS: 1234	***** ACCEPTABLE CHILD CHARACTERISTICS *****				
SEX: E	AGE: 4-7	8-9	10-13	14	ETH: 480
DISABILITIES: SEV MOD MINO					
PHYSICALLY: X X					
MENTAL/RET					
END/RENEW: X					
LEARN PIS					
ACCEPT AT RISK: YES	NO X	SIBLING GROUP: YES	NO X	SIBLING SIZE:	
HOME STUDY STATUS: 1	REASON CODE: 7022	APPROVAL DATE:			

(vi) Request Data Entry (PAPR Menu function A plus the register number)

```

ASPNM/0100972112705  NYS DEPARTMENT OF SOCIAL SERVICES      12/06/85 AT 11:12
TS-###                PROSPECTIVE ADOPTIVE PARENT REGISTRY
MENU
A - DATA ENTRY (REGISTER NO, IT UPDATE)
B - ALLOCATION SEARCH
C - INDIVIDUAL INQUIRY (NAME,SEX)
D - CASE INQUIRY (REGISTER NO)

PUNCT LAST NAME FIRST NAME SEX REGISTER NO XMIT
A ..... * 00000386
  
```

(vi) This will produce a completed data entry screen which will allow the user to initiate the process that will close the case.

```

ASP001/D112154101585  NYS DEPARTMENT OF SOCIAL SERVICES      12/04/85 AT 15:51
PROSPECTIVE ADOPTIVE PARENT REGISTRY
DATA ENTRY
APPLICATION DATE: 051485
REG NO: 00000386
TRANS TYPE:
LAST NAME FIRST NAME DOB ETH REL
MOTHER SMITH JANE 020155 M C
FATHER SMITH JOHN 020155 M C
ADDRESS: STREET CITY CNTY ST ZIP
52 MADISON AVENUE ALBANY 01 NY 11111
PHONE: HOME 518 555 5555 MOTH BUSINESS 518 444 4444 FATH BUSINESS 518 333 3334
CONTACT JONES JOSEPH PHONE 518 222 2222 DIST/AGCY A66
***** ACCEPTABLE CHILD CHARACTERISTICS *****
SEX: E AGE: <2 X 2-5 X 6-7 8-9 10-13 >13 ETH: WRO
ACCEPTABLE DISABILITIES:
SEV MOD HILD
PHYSICALLY X X
MENTAL/REI X
EMOT/BEHAV X
LEARN DIS
ACCEPT AT RISK: YES , NO X SIBLING GROUP: YES , NO X SIBLING SIZE:
HOME/STUDY STATUS: 1 REASON CODE: APPROVAL DATE:
, PRODUCE ERROR REPORT XMIT .
  
```

(viii) The transaction type is changed to 07 and the appropriate reason code is entered. The information is then transmitted into the system and the case is closed.

(ix) The system will generate a turnaround form that notes the closing.



APR001/011213101585 NYS DEPARTMENT OF SOCIAL SERVICES 12/04/85 AT 15:03
 PROSPECTIVE ADULTIVE PARENT RECEIPT
 DATA ENTRY

REG NO: 00000386 APPLICATION DATE: 051985
 TRAME TYPE: 07 LAST NAME: SMITH FIRST NAME: JANE DOB: ETR REL: M C
 MOTHER: SMITH JANE 020155 M C
 FATHER: SMITH JOHN 020155 M C
 ADDRESS: STREET CITY STATE ZIP
 52 MADISON AVENUE ALBANY NY 12111
 PHONE: HOME 518 555 5555 WORK BUSINESS 518 444 4444 FAX BUSINESS 518 333 3334
 CONTACT: JONES JOSEPH PHONE: 518 222 2222 DIST/ACCT: 446
 *** ACCEPTABLE CHILD CHARACTERISTICS ***
 SEX: E AGE: 02 X 2-5 X 6-7 8-9 10-13 14-18 ETR: MRO
 ACCEPTABLE DISABILITIES:
 SEV MND HLD
 PHYSICALLY X X
 MENTAL/RET X X
 ENVI/ORGAN X
 LEARN DIS X

ACCEPT AT RISK: YES NO X SIBLING GROUP: YES NO X SIBLING SIZE: 1
 HONESTY STATUS: 1 REASON CODE: 702 APPROVAL DATE: MNT

POP-ID: APR001/011213101585 NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES DATE PRODUCED: 12/04/85 AT 15:04
 PROSPECTIVE ADULTIVE PARENT RECEIPT

REGISTER NUMBER: 00000386 TURNAROUND FROM APPLICATION DATE: 051985
 TRANSACTION TYPE: 07

LAST NAME	FIRST NAME	DOB	ETR	REL	APPLICATION DATE: 051985
(MOTHER) SMITH	JANE	020155	M	C	
(FATHER) SMITH	JOHN	020155	M	C	
STREET	CITY	STATE	ZIP		

ADDRESS: 52 MADISON AVENUE ALBANY NY 12111

PHONE: HOME 518 555 5555 MOTHERS BUSINESS: 518 444 4444 FATHERS BUSINESS: 518 333 3334
 CONTACT: JONES JOSEPH PHONE: 518 222 2222
 DIST/ACCT: 446
 ADDRESS: T53 TEST NY 12111
 ***** ACCEPTABLE CHILD CHARACTERISTICS *****
 SEX: E AGE: 02 X 2-5 X 6-7 8-9 10-13 14-18 ETR: MRO

DISABILITIES: SEV MND HLD
 PHYSICALLY X X
 MENTAL/RET X X
 ENVI/ORGAN X
 LEARN DIS X

ACCEPT AT RISK: YES NO X SIBLING GROUP: YES NO X SIBLING SIZE: 1
 HONESTY STATUS: 1 REASON CODE: 702 APPROVAL DATE:

Errors at Data Entry - Should an error be made at data entry, fields in error will blink on the screen for, DEO correction, if appropriate. The data entry screen also provides the option to produce an error report with appropriate error messages. An "X" is placed in the field that states "produce error report and this is then transmitted".

```

ASR001/01213101587 MIS DEPARTMENT OF SOCIAL SERVICES: 12/06/05 AT 11:57
PROSPECTIVE ADOPTIVE PARENT RECEIPT
DATA ENTRY
REC NO: 00000384
FORM TYPE: 02
APPLICATOR DATE: 12/06/05
LAST NAME FIRST NAME DOB ETH REL
MOTHER SMITH JANE 020155 H C
FATHER SMITH JANE 020155 H E
ADDRESS: STREET CITY STATE ZIP
32 MADISON AVENUE ALBANY NY 12111
PHONE: HOME 518 535 5355 MOBILE BUSINESS 518 444 4444 FAX 518 333 3334
CONTACT: JAMES JOSEPH PHONE 518 272 2222 DIS/ACTY 446
SER: E ACY: C21 2-5 X 6-7 NY 10-13 ETH: 080
ACCEPTABLE DISABILITIES:
PHYSICALLY SEV MOD MODP
MENTAL/RET X X
EMOT/BEHAV X
LEARN DIS X
ACCEPT AT RISK: YES NO X STRIKE GROUP: YES NO X STRIKE STATE:
HOMESTUDY STATUS: 1 X REASON CODE: DIS/ACTY DATE:
X PRODUCE ERROR REPORT
    
```

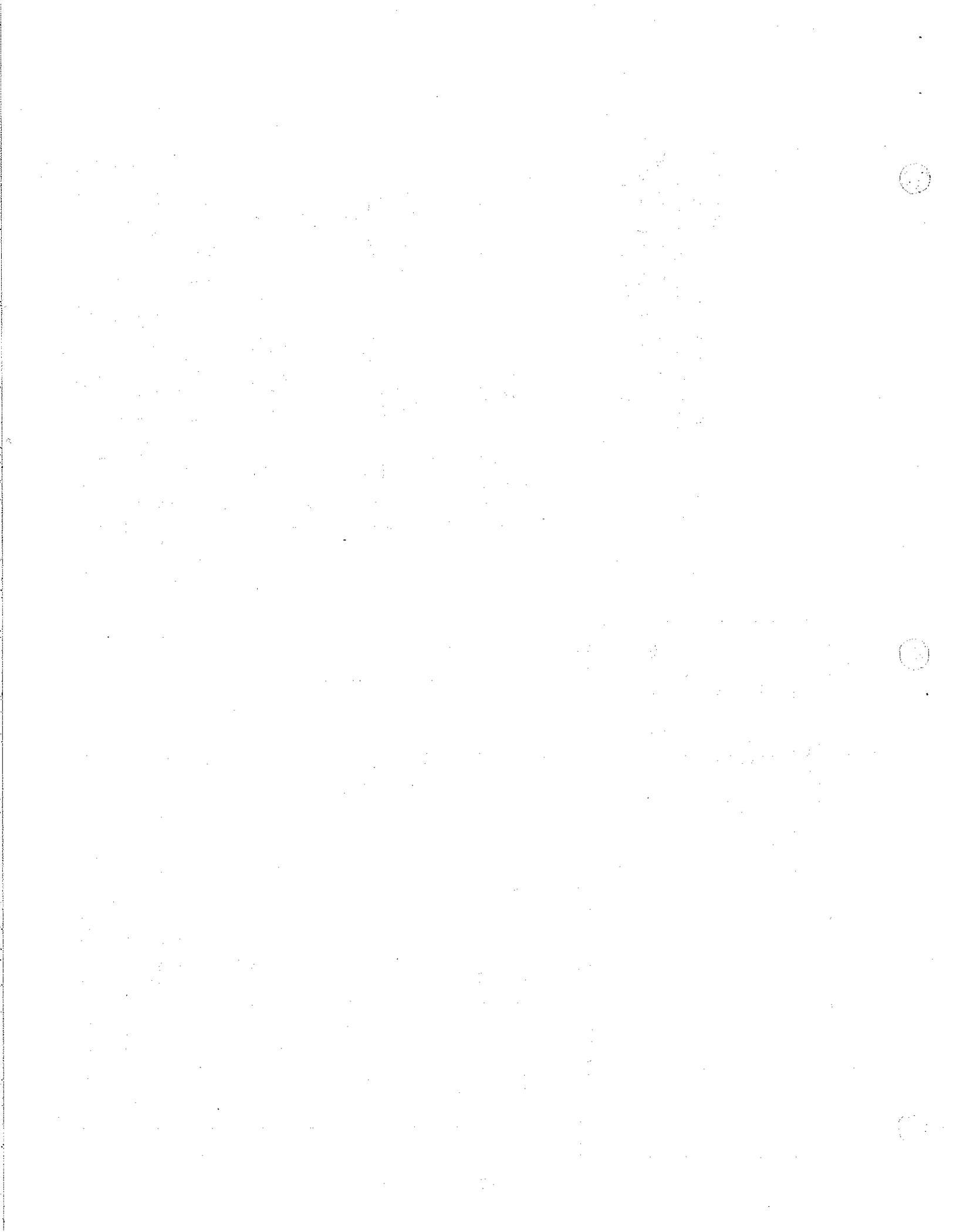
```

PCN-ID: ASR001/01213101587 NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES DATE PRODUCED: 12/06/05 AT 11:57
PROSPECTIVE ADOPTIVE PARENT RECEIPT
ERROR REPORT
REGISTER NUMBER: 00000384
TRANSACTION TYPE: 02
LAST NAME FIRST NAME DOB ETH REL
MOTHER SMITH JANE 020155 H C
FATHER SMITH JANE 020155 H E
ADDRESS: STREET CITY STATE ZIP
32 MADISON AVENUE ALBANY NY 12111
PHONE: HOME 518 535 5355 MOBILE BUSINESS: 518 444 4444 FAX: 518 333 3334
CONTACT: JAMES JOSEPH PHONE: 518 272 2222 DIS/ACTY 446
***** ACCEPTABLE CHILD CHARACTERISTICS *****
SER: E ACY: C21 2-5 X 6-7 B-9 10-13 Y13 ETH: 080
DISABILITIES: SEV MOD MODP
PHYSICALLY X X
MENTAL/RET X
EMOT/BEHAV X
LEARN DIS X
ACCEPT AT RISK: YES NO X STRIKE GROUP: YES NO X STRIKE STATE:
HOMESTUDY STATUS: 1 REASON CODE: DIS/ACTY DATE:
    
```

This will result in production of an error report which has a two-part format. Part one is a print of the screen with error codes listed where errors occurred. Part two is a listing of error codes and what they mean.

```

PCN-ID: ASR001/01213101587 NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES DATE PRODUCED: 12/06/05 AT 11:47
PROSPECTIVE ADOPTIVE PARENT RECEIPT
ERROR REPORT
REGISTER NUMBER: 00000384
ERROR CODE ERROR MESSAGE
001 INITIAL ENTRY
002 FIELD REQUIRED ENTRY
003 STRIKE STATE REQUIRED
004 STRIKE GROUP REQUIRED
005 REASON CODE REQUIRED
006 HOMESTUDY APPROVAL DATE REQUIRED
007 HOMESTUDY STATUS (Z) REQUIRED
008 HOMESTUDY STATUS (1 OR 2) REQUIRED
009 REASON CODE ONLY ACCEPTED ON CLOSING
010 DIS/ACTY DOES NOT EXIST
    
```



NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES PROSPECTIVE ADOPTIVE PARENT REGISTRY MAIL SEARCH REQUEST

REQUESTING DISTRICT/AGENCY NAME:		WORKER NAME:	
ADDRESS: (No.)	(Street) 1	(Section/Room No.)	UNIT: 3
(City)	(State)	(Zip Code)	CHILD'S NAME: 4
			CHILD'S WMS CIN: 5

PROSPECTIVE ADOPTIVE PARENT REGISTRY CODES

ETHNICITY CODE (FOR CHILD)			RELIGION CODE	
B Black	H Other Hispanic	A Interracial Black/White	C Catholic	X Other
W White	O Asian	F Interracial Hispanic/White	P Protestant	Z None
P Puerto Rican	I American Indian	G Interracial Hispanic/Black	J Jewish	

Complete the following area(s) based on the characteristics of the child.

(Note: The form is child-specific, up to five versions of characteristics may be utilized on each form.)

7 AREA TO BE SEARCHED:

Statewide **8** _____ Requesting District/Agency CCRS Code: **6** _____

Region _____ Batch Number: **12** _____

County **10** _____ (NYS DSS USE ONLY)

Agency **11** _____

CHILD CHARACTERISTICS

13 Sex: Male Female Age: **14** Under 2 2-5 6-7 8-9 10-13 Over 13

Religion: **15** _____ Ethnicity: **16** _____ Child **17** _____ Acceptable **18** _____

DISABILITIES	SEVERE	MODERATE	MILD
Physical			
Mental/Retarded			
Emotional/Behavioral 19			
Learning			

At Risk: Yes **20** No _____ Sibling Group: Yes **21** No _____ If Yes, sibling size **22** _____

Home Study Status: **23** _____ (1 - In Process, 2 - Completed Favorable)

AREA TO BE SEARCHED:

Statewide _____ Requesting District/Agency CCRS Code: _____

Region _____ Batch Number: _____

County _____ (NYS DSS USE ONLY)

Agency _____

CHILD CHARACTERISTICS

Sex: Male Female Age: Under 2 2-5 6-7 8-9 10-13 Over 13

Religion: _____ Ethnicity: _____ Child _____ Acceptable _____

DISABILITIES	SEVERE	MODERATE	MILD
Physical			
Mental/Retarded			
Emotional/Behavioral			
Learning			

At Risk: Yes _____ No _____ Sibling Group: Yes _____ No _____ If Yes, sibling size _____

Home Study Status: _____ (1 - In Process, 2 - Completed Favorable)

Check if reverse side is used.

AREA TO BE SEARCHED:

Statewide _____
 Region _____
 County _____
 Agency _____

Requesting District/Agency CCRS Code: _____

Batch Number: _____
 (NYS DSS USE ONLY)

CHILD CHARACTERISTICS

Sex: Male Female Age: Under 2 2-5 6-7 8-9 10-13 Over 13

Religion: _____ Ethnicity: Child _____ Acceptable _____

DISABILITIES	SEVERE	MODERATE	MILD
Physical			
Mental/Retarded			
Emotional/Behavioral			
Learning			

At Risk: Yes _____ No _____ Sibling Group: Yes _____ No _____ If Yes, sibling size _____

Home Study Status: _____ (1 - In Process, 2 - Completed Favorable)

AREA TO BE SEARCHED:

Statewide _____
 Region _____
 County _____
 Agency _____

Requesting District/Agency CCRS Code: _____

Batch Number: _____
 (NYS DSS USE ONLY)

CHILD CHARACTERISTICS

Sex: Male Female Age: Under 2 2-5 6-7 8-9 10-13 Over 13

Religion: _____ Ethnicity: Child _____ Acceptable _____

DISABILITIES	SEVERE	MODERATE	MILD
Physical			
Mental/Retarded			
Emotional/Behavioral			
Learning			

At Risk: Yes _____ No _____ Sibling Group: Yes _____ No _____ If Yes, sibling size _____

Home Study Status: _____ (1 - In Process, 2 - Completed Favorable)

AREA TO BE SEARCHED:

Statewide _____
 Region _____
 County _____
 Agency _____

Requesting District/Agency CCRS Code: _____

Batch Number: _____
 (NYS DSS USE ONLY)

CHILD CHARACTERISTICS

Sex: Male Female Age: Under 2 2-5 6-7 8-9 10-13 Over 13

Religion: _____ Ethnicity: Child _____ Acceptable _____

DISABILITIES	SEVERE	MODERATE	MILD
Physical			
Mental/Retarded			
Emotional/Behavioral			
Learning			

At Risk: Yes _____ No _____ Sibling Group: Yes _____ No _____ If Yes, sibling size _____

Home Study Status: _____ (1 - In Process, 2 - Completed Favorable)

INSTRUCTIONS FOR COMPLETION
OF PROSPECTIVE ADOPTIVE
PARENT MAIL SEARCH
REQUEST (DSS-3699)

The top portion of the form is completed in the following format.

1. Requesting District/Agency Name Address: provide agency name and address of district requesting information.
2. Worker Name: name of worker requesting information.
3. Unit: name of unit requesting information.
4. Child Name: self-explanatory.
5. Child WMS CIN: self-explanatory.

The rest of the form consists of five identical fields (front and back of form) that allow for variations in child characteristics.

The format is as follows:

6. Requesting Agency: Enter three-digit CCRS code for agency requesting search.
7. Area to be Searched: (Required) A geographical level of search must be selected and only one level will be searched. The following hierarchy is utilized; statewide, region, county, agency. If levels of search are inter-mingled, the highest level selected will be searched and all others ignored.
8. Statewide: (Optional) Enter "X" if statewide search is desired.
9. Region: (Optional) Enter up to four region numerical identifiers as described by the region definitions. Single digit number 1 through 6.
10. County: (Optional) Enter up to four WMS county codes (WMS two-digit numerical code) in any order.
11. Agency: (Optional) Enter up to four CCRS three-digit alpha numeric agency codes.
12. Batch No.: This field is for NYS DSS use only. It is utilized as an identifier to match output data from the PAPER system with individual requests.
13. Child Sex: (Optional) Enter sex of child (M or F) or leave blank.
14. Child Age: (Optional) Enter an "X" to designate the age range that corresponds to the child's age.

15. Child Religion: (Optional) Enter religion of child or leave blank.
16. Ethnicity: (Optional) An entry can be made for either child or acceptable, but not both simultaneously. Both fields may be left blank simultaneously.
17. Ethnicity/Child: (Optional) Enter ethnicity code of child or leave blank. If ethnicity code is entered, the system will match prospective parents' ethnicity with the ethnicity entered.
18. Ethnicity/Acceptable: (Optional) Enter ethnicity code of child or leave blank. If ethnicity code is entered, the system will match prospective parents' ethnicity with the ethnicity entered. In addition, the system will also return those prospective parents who have indicated on the DSS-857 (Application to Adopt) that they would accept a child with the ethnicity input in this field.
19. Disabilities: (Optional) Enter an "X" in the appropriate fields indicating the child's disability(ies) and severity of disability(ies) or leave blank.
20. Accept at Risk: (Optional) Select ("X") 'yes', 'no' or leave blank. If 'yes' is selected, the system will return those prospective parents who indicated that they would accept a child whom the agency plans to try to legally free but is not yet free. If 'no' is selected or if the field is left blank, the system will return parents who will accept either "At Risk" or "Not at Risk".
21. Sibling Group: (Optional) Select ("X"). 'yes' or 'no' or leave blank. If 'yes' is selected, the system will return the prospective parents who have indicated that they would accept a sibling group. If 'no' is selected, the system returns those who will not accept a sibling group. Leaving this field blank will cause the system to ignore it in the match process and display 'yes' and 'no' respondents.
22. Sibling Size: (Optional) An entry must be made in the sibling group field if 'yes' was selected. Valid entries are 2, 3, and 4 (4 includes a group of four or more).
23. Home Study Status: (Optional) An entry of 1 in this field will produce information based on prospective parents whose home study is in process. An entry of 2 in this field will produce information based on prospective parents whose home study is completed favorably. If this field is left blank the system will return 'yes' or 'no' respondents.

2. AGENCIES WITH VDT's

- a. Follow steps to access PAPR Menu.
- b. Select Function B and transmit.

```

ASPMNU/D100912112785  NYS DEPARTMENT OF SOCIAL SERVICES      12/24/85 AT 10:49
TS-***                PROSPECTIVE ADOPTIVE PARENT REGISTRY
                        MENU

A - DATA ENTRY (REGISTER NO, IF UPDATE)
B - ALLOCATION SEARCH
C - INDIVIDUAL INQUIRY (NAME,SEX)
D - CASE INQUIRY (REGISTER NO)

FUNCT LAST NAME      FIRST NAME      SEX  REGISTER NO  XMIT
 B     .....          .....          *   .....          .
    
```

This will produce a blank allocation search screen (pictured below and described on the next page).

```

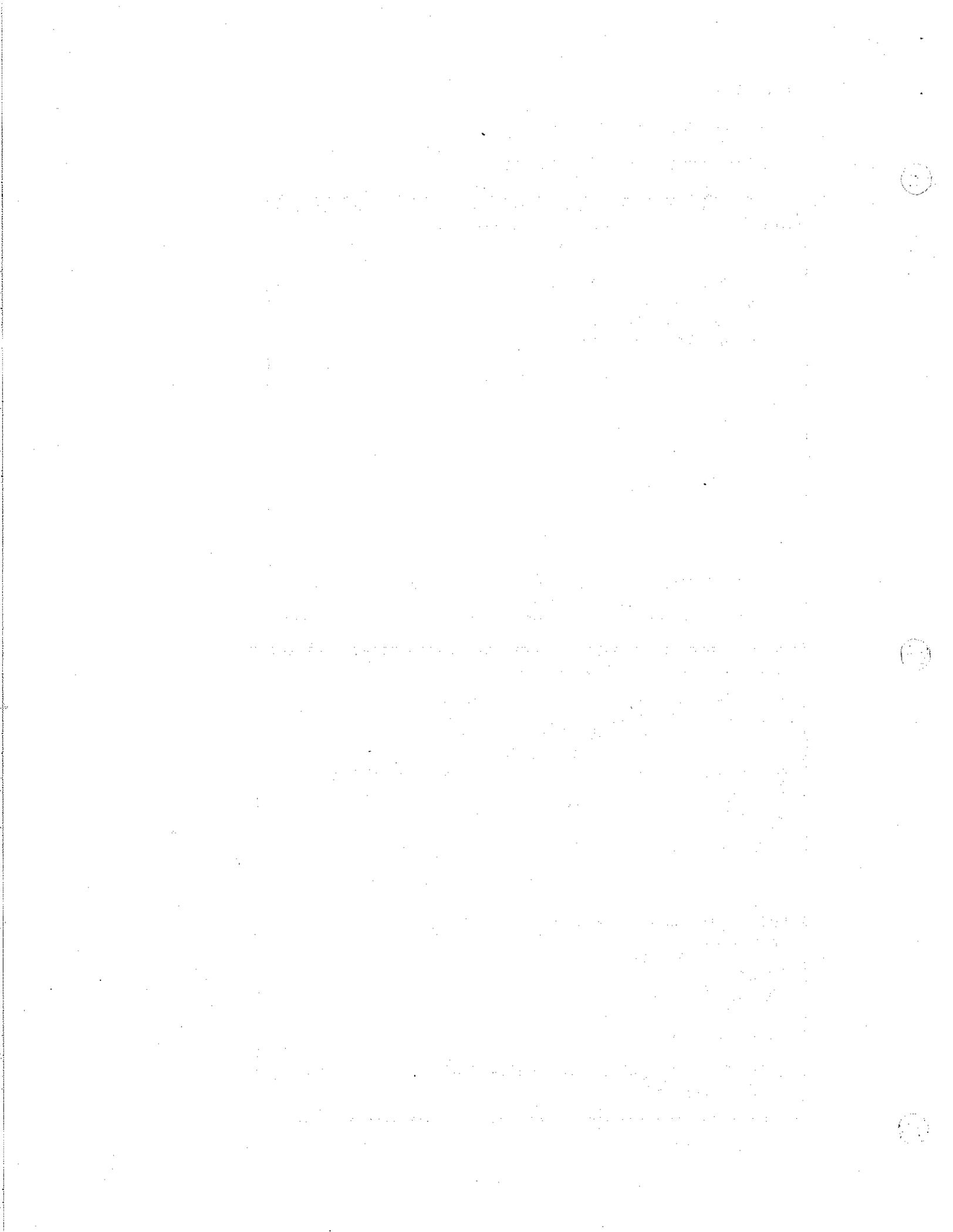
ASPI10/D152026112285  NYS DEPARTMENT OF SOCIAL SERVICES      12/24/85 AT 10:50
                        PROSPECTIVE ADOPTIVE PARENT REGISTRY
                        ALLOCATION SEARCH

AREA TO BE SEARCHED: 3                REQUESTING AGENCY: 1..
4 STATEWIDE .                          LAST          FIRST
  REGION 5 . . . . .  REG WKR 2.....
6 COUNTY .. .. .
  AGENCY 7 ... .. .

  **** CHILD CHARACTERISTICS ****
SEX: 8  AGE: 9 <2 . 2-5 . 6-7 . 8-9 . 10-13 . >13 .
RELIGION: 10  ETHNICITY 11 CHILD 12 ACCEPTABLE 13
DISABILITIES:
                SEV  MOD  MILD
PHYSICALLY    . . .
MENTAL/RET    : 14 .
EMOT BEHAV    . . .
LEARN DIS     . . .

ACCEPT AT RISK: YES . NO 15  SIBLING GROUP: YES 16 NO .  SIBLING SIZE: 17
HOMESTUDY STATUS: 18

                                XMIT .
    
```



DESCRIPTION OF PAPR ALLOCATION SEARCH FIELDS:

1. Requesting Agency: Enter three-digit CCRS code for agency requesting search.
2. Requesting Worker: (Optional) Enter the name of the worker who is conducting the search.
3. Area to be Searched: (Required) A geographic level of search must be selected and only one level will be searched. The following hierarchy is utilized; statewide, region, county, agency. If levels of search are intermingled, the highest level selected will be searched and all others ignored.
4. Statewide: (Optional) Enter "X" if statewide search is desired.
5. Region: (Optional) Enter up to four region numerical identifiers as described by the region definitions. Single digit numbers 1 through 6.
6. County: (Optional) Enter up to four WMS county codes (WMS two-digit numerical code) in any order.
7. Agency: (Optional) Enter up to four CCRS three-digit alpha numeric agency codes.
8. Child Sex: (Optional) Enter sex of children (M or F) or leave blank.
9. Child Age: (Optional) Enter an "X" to designate the age range that corresponds to the child's age.
10. Child Religion: (Optional) Enter religion of child or leave blank.
11. Ethnicity: (Optional) An entry can be made for either child or acceptable, but not both simultaneously. Both fields may be left blank simultaneously.
12. Ethnicity/Child: (Optional) Enter ethnicity code of child or leave blank. If ethnicity code is entered, the system will match prospective parents' ethnicity with the ethnicity entered.
13. Ethnicity/Acceptable: (Optional) Enter ethnicity code of child or leave blank. If ethnicity code is entered, the system will match prospective parents' ethnicity with the ethnicity entered. In addition, the system will also return those prospective parents who have indicated on the DSS-857 (Application to Adopt) that they would accept a child with the ethnicity input in this field.
14. Disabilities: (Optional) Enter an "X" in the appropriate fields indicating the child's disability(ies) and severity of disability(ies) or leave blank.

15. Accept at Risk: (Optional) Select ("X") 'yes', 'no' or Leave blank. If 'yes' is selected, the system will return those prospective parents who indicated that they would accept a child whom the agency plans to try to legally free but is not yet free. If 'no' is selected or if the field is left blank, the system will return parents who will accept either "At Risk" or "Not at Risk".
16. Sibling Group: (Optional) Select ("X") 'yes' or 'no' or Leave blank. If 'yes' is selected, the system will return the prospective parents who have indicated that they would accept a sibling group. If 'no' is selected, the system returns those who will not accept a sibling group. Leaving this field blank will cause the system to ignore it in the match process and display 'yes' and 'no' respondents.
17. Sibling Size: (Optional) An entry must be made if sibling group 'yes' was selected. Valid entries are 2, 3, and 4 (4 includes a group of four or more).
18. Home Study Status: (Optional) An entry of 1 in this field will produce information based on prospective parents whose home study is in process. An entry of 2 in this field will produce information based on prospective parents whose home study is completed favorably. If this field is left blank the system will return 'yes' and 'no' respondents.

Allocation Special Function Keys:

Menu - Returns a blank allocation search from any screen except a blank search screen. From there it will return the PAPR menu.

SF1 - Page backward
SF2 - Page forward

SF3 - Returns to the previously loaded allocation search screen from the allocation response screen.

SF4 - Utilized to request printing of excess allocation responses (over 24 responses). Returns a blank allocation search screen with the acknowledgement statement: "Batch Search Accepted". This information will be produced the next day and mailed to the agency.

SF7 - Returns geographical search from one area to the area searched previously.

SF8 - Moves geographical search ahead from one selected area to the next. (Note: If no responses are returned from the first selected area searched, the next area requested must be moved from the second position to the first position.)

It should be noted that an allocation search is conducted based on a specific child. The information produced is based on the information provided to the system via the allocation search. Be as specific as possible to produce the best matches available for that child.

To illustrate how the PAPER Allocation Search can be utilized by agencies/districts in their efforts to achieve adoptive placements the following example is provided.

Child Age: 1 year 11 months
 Child Sex: Male
 Child Ethnicity: Black
 Child Religion: Protestant
 At Risk: No
 Child Disabilities: A) Physically - moderate, mild
 B) Mental/Ret - none
 C) Emot/Behav - mild
 D) Learn Dis - none

c. The Allocation Search Screen is then completed based on the child to be considered for adoption.

```

ASPI10/D152026112285  NYS DEPARTMENT OF SOCIAL SERVICES  12/24/85 AT 10:50
                PROSPECTIVE ADOPTIVE PARENT REGISTRY
                ALLOCATION SEARCH

AREA TO BE SEARCHED:  REQUESTING AGENCY: A66 ←
STATEWIDE X ←                LAST                FIRST
REGION . . . . .  REQ WKR JOHNSON ←.....  JOHN ←.....
COUNTY .. .. .
AGENCY   ... .. .

    ***** CHILD CHARACTERISTICS *****
SEX: M ← AGE: <2 X ← 2-5 . 6-7 . 8-9 . 10-13 . >13 .
RELIGION: P  ETHNICITY: CHILD B ACCEPTABLE .
DISABILITIES:
                SEV  MOD  MILD
PHYSICALLY   .  X ←
MENTAL/RET   .  .  .
EMOT BEHAV   .  .  X ←
LEARN DIS    .  .  .

ACCEPT AT RISK: YES . NO X ←  SIBLING GROUP: YES . NO X ←  SIBLING SIZE: .
HOMESTUDY STATUS: .

                XMIT .
  
```

This information is used to transact the initial Allocation Search.

- d. The system will search the PAPER database and will produce information based on what was input into the system. No matches were found.

```

ASPI10/D152026112285  NYS DEPARTMENT OF SOCIAL SERVICES  12/24/85 AT 10:50
PROSPECTIVE ADOPTIVE PARENT REGISTRY
ALLOCATION SEARCH

AREA TO BE SEARCHED:                REQUESTING AGENCY: A66
STATEWIDE X                          LAST          FIRST
REGION  . . . .                    REQ WKR JOHNSON..... JOHN.....
COUNTY .. .. . .
AGENCY  ... .. . .

    * * * * CHILD CHARACTERISTICS * * * *
SEX: M  AGE: <2 X 2-5 . 6-7 . 8-9 . 10-13 . >13 .
RELIGION: P  ETHNICITY: CHILD B ACCEPTABLE .
DISABILITIES:
                SEV  MOD  MILD
PHYSICALLY    .  X   .
MENTAL/RET    .  .   .
EMOT BEHAV    .  .   X
LEARN DIS     .  .   .

ACCEPT AT RISK: YES . NO X  SIBLING GROUP: YES . NO X  SIBLING SIZE: .
HOMESTUDY STATUS: .

                                XMIT .

* * * * NO MATCHES IN FIRST CATEGORY * * * * ←

```

- e. The information is then modified to inquire without consideration being given to the child's religion.

```

ASPI10/D152026112285  NYS DEPARTMENT OF SOCIAL SERVICES  12/24/85 AT 10:29
PROSPECTIVE ADOPTIVE PARENT REGISTRY
ALLOCATION SEARCH

AREA TO BE SEARCHED:                REQUESTING AGENCY: A66
STATEWIDE X                          LAST          FIRST
REGION  . . . .                    REQ WKR JOHNSON..... JOHN.....
COUNTY .. .. . .
AGENCY  ... .. . .

    * * * * CHILD CHARACTERISTICS * * * *
SEX: M  AGE: <2 X 2-5 . 6-7 . 8-9 . 10-13 . >13 .
RELIGION: ← ETHNICITY: CHILD B ACCEPTABLE .
DISABILITIES:
                SEV  MOD  MILD
PHYSICALLY    .  X   .
MENTAL/RET    .  .   .
EMOT BEHAV    .  .   X
LEARN DIS     .  .   .

ACCEPT AT RISK: YES . NO X  SIBLING GROUP: YES . NO X  SIBLING SIZE: .
HOMESTUDY STATUS: .

                                XMIT .

```

f. This results in one possible match.

```

ASPI11/D142420112285 NYS DEPARTMENT OF SOCIAL SERVICES 12/24/85 AT 10:57
PROSPECTIVE ADOPTIVE PARENT REGISTRY PAGE 1 OF 1
ALLOCATION RESPONSE
REQUESTING AGENCY: A66 REQ WKR: JOHNSON JOHN
MOTHER'S NAME (LAST,FIRST) ETH CNTY OF RESIDENCE ACCEPT AT RISK
FATHER'S NAME (LAST,FIRST) ETH REGISTERING DISTRICT/AGENCY
DIST/AGCY CONTACT PERSON (LAST,FIRST) PHONE REG. NO.
TRANE MARY B QUEENS YES
TRANE HANK B TEST
TWIN TOOTSIE 212 789 4563 00000215
  
```

g. Further modification is done to the child characteristics. Ethnicity has been moved from child to acceptable.

```

ASPI10/D152026112285 NYS DEPARTMENT OF SOCIAL SERVICES 12/24/85 AT 10:50
PROSPECTIVE ADOPTIVE PARENT REGISTRY
ALLOCATION SEARCH
AREA TO BE SEARCHED: REQUESTING AGENCY: A66
STATEWIDE X LAST FIRST
REGION . . . . . REQ WKR JOHNSON..... JOHN.....
COUNTY .. .. .
AGENCY ... .. .

***** CHILD CHARACTERISTICS *****
SEX: M AGE: <2 X 2-5 , 6-7 , 8-9 , 10-13 , >13 .
RELIGION: ETHNICITY: CHILD ACCEPTABLE B ←
DISABILITIES:
SEV MOD MILD
PHYSICALLY . X .
MENTAL/RET . . .
EMOT BEHAV . . X
LEARN DIS . . .

ACCEPT AT RISK: YES . NO X SIBLING GROUP: YES . NO X SIBLING SIZE: .
HOMESTUDY STATUS: .

XMIT .
  
```

- h. This expands the possible matches available to our child as the system produces matches based on the prospective parents' ethnicity, as listed on the application, and on ethnicities listed as acceptable on the application.

ASPI11/D142420112285		NYS DEPARTMENT OF SOCIAL SERVICES		12/24/85 AT 10:52	
		PROSPECTIVE ADOPTIVE PARENT REGISTRY		PAGE 1 OF 1	
ALLOCATION RESPONSE					
REQUESTING AGENCY: A66		REQ WKR: JOHNSON		JOHN	
MOTHER'S NAME (LAST, FIRST)		ETH	CNTY OF RESIDENCE		ACCEPT AT RISK
FATHER'S NAME (LAST, FIRST)		ETH	REGISTERING DISTRICT/AGENCY		
DIST/AGCY CONTACT PERSON (LAST, FIRST)		PHONE	REG. NO.		
FLAM	PAULA	B	KINGS	YES	
FLAM	PAUL	B	TEST		
	WILSON	JACQUES		718 990 2593	00000297
SMITH	JANE	W	ALBANY	NO	
SMITH	JOHN	W	ALBANY COUNTY DEPT SOCIAL SERVICES		
	JONE	JOSEPH		518 555 2222	00000466
TRANE	MARY	B	QUEENS	YES	
TRANE	HANK	B	TEST		
	THAIN	TOOTSIE		212 789 4563	00000215
CASEY	JAN	W	QUEENS	NO	
CASEY	JON	B	TEST		
	BUHNNY	FRED		718 236 9856	00000199

NYSDES CODES, RULES
AND REGULATIONS
PART 424
ADOPTIVE PARENT REGISTRY

424.1 Definitions. (a) Adoptive parent registry means the register established by the department which contains information concerning persons who wish to adopt handicapped or hard-to-place children.

(b) Agency with care of a child means an authorized agency to which has been transferred the guardianship and custody, or care and custody, of a handicapped or hard-to-place child, and which is making inquiry of the adoptive parent registry for the purpose of locating an adoptive home for such child.

(c) Handicapped child means a child as defined in section 421.24(a)(2) of this Title.

(d) Hard-to place child means a child as defined in section 421.24(a)(3) of this Title.

(e) Registering agency means a public or voluntary adoption agency which has accepted an application to adopt from a person interested in adopting a handicapped or hard-to-place child.

424.2 Registration requirements. (a) Every person who applies to adopt a handicapped or hard-to-place child shall have his/her name, address and additional pertinent information contained in a departmentally approved application form entered into the adoptive parent registry at the time that the signed application form is submitted to the registering agency.

(1) The information on the applicant shall be entered directly by a registering agency, having terminal access to the computer system operated by the department, at the time that a signed application is submitted.

(2) Registering agencies without terminal access to the computer system operated by the department shall immediately send a copy of the adoption application to the department, which will enter the necessary information into the registry. The necessary information derived from the adoption application may alternatively be entered into the registry at a social services district, or another voluntary agency with terminal access to the computer system operated by the department, when written formal arrangements have been agreed upon to facilitate such data input.

(3) Registering agencies which do not have terminal access to the computer system operated by the department shall not be charged any fees by a social services district or another voluntary agency for entering information into the adoption information registry through such district's or agency's computer system.

(b) Persons applying to adopt a handicapped or hard-to-place child shall be informed by the registering agency of the existence and purpose of the registry, and they shall be informed that their names and the characteristics of the children which they wish to adopt will be made available on request to all adoption agencies in the State.

(c) No person who applies to adopt a handicapped or hard-to-place child may be accepted for a home study, in accordance with the provisions of section 421.13 of this Title, unless such applicant is registered with the registry, except when such person is a foster parent and the person is applying only to adopt the foster child or foster children residing in the foster parent's home.

424.3 Updating registry information. (a) When the adoption study is completed, the registering agency shall either update the registry to indicate that the study has resulted

in the applicant being approved, or shall remove the applicant's name from the registry if the applicant was rejected or the adoption study was discontinued.

(b) As soon as a registering agency becomes aware that the circumstances or preferences of an applicant have changed and information contained in the registry is inaccurate, the agency shall provide the registry with corrected information.

(c) At least once every year, the registering agency shall initiate contact with an approved applicant to ensure that the information contained in the registry is accurate and that the applicant still is interested in adopting a handicapped or hard-to-place child.

(d) The registering agency shall remove an applicant from the registry when an adoptive placement is made in the applicant's home.

(e) Information entered into the registry under this section shall be entered directly by agencies with terminal access to the computer system operated by the department, utilizing a turnaround data input form developed by the department. Alternatively, updated information may be entered at a social services district, or another voluntary agency with terminal access to the computer system operated by the department, when written formal arrangements have been agreed upon to facilitate such data input.

(f) Registering agencies which do not have terminal access to the computer system operated by the department shall not be charged any fees by a social services district or another voluntary agency for entering information into the adoption information registry through such district's or agency's computer system.

424.4 Inquiry — finding a parent. (a) If an adoptive home has not been found for a handicapped or hard-to-place child within three months of the date on which such child was freed for adoption, the agency with responsibility for the care of the child shall make inquiry with the registry to identify prospective homes for such child, and shall continue to make inquiry at a minimum of once every three months until such time as the child is placed in an adoptive home.

(b) An agency having care of a handicapped or hard-to-place child may, at any time, inquire of the registry for a prospective adoptive home for a child in its custody, regardless of the child's legal status.

(c) (1) Agencies with terminal access to the computer system operated by the department shall make an inquiry directly to the registry. Agencies without terminal access to the computer system operated by the department shall make an inquiry to the department, unless an inquiry can be facilitated at the local social services district office or another voluntary agency with terminal access to such system, when formal written arrangements have been agreed upon to facilitate data retrieval.

(2) Registering agencies which do not have terminal access to the computer system operated by the department shall not be charged any fees by a social services district or another voluntary agency for making inquiries to the department through such district's or agency's computer system.

(d) Upon finding prospective adoptive parents who are registered in the registry who have expressed an interest in adopting a child with the characteristics of the available child, the agency having responsibility for the care of the child shall contact the

agency which registered the potentially suitable parents and do one or more of the following:

- (1) verbally discuss the suitability of the potential home for the child;
 - (2) ask the registering agency to send it a copy of the home study or a summary thereof; or
 - (3) be in direct contact with the potential adoptive parents, when deemed appropriate by the registering agency.
- (e) The registering agency shall cooperate with the agency having care of the child in conducting the home study and, where appropriate, facilitate the placement of the child in a home which has been studied by the registering agency. Such cooperation shall include, but not be limited to, those tasks set forth in this subdivision. The registering agency may only inform the agency with care of the child of the unavailability of an approved home if it has a specific placement planned for that home within a period not to exceed two months from the inquiry date.

