

**Adoption Related Services of Pinellas**  
**8800 49<sup>th</sup> Street N. Suite 212 ♦ Pinellas Park, FL 33782**  
**Fax: (727) 865-5178**

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**Adoption Counseling  
Documentation Checklist**

Please check or mark N/A	Document Title * Requires signature of legal guardian
	Referral Form (please e-mail or fax before sending documentation listed below)
	* Consent for Treatment
	* Rights and Responsibilities/Privacy Practices Acknowledgment
	* Medicaid Payment Agreement
	* After Hours-Supervision Agreement
	* Reciprocal Authorization to Release Information - CBC
	* Reciprocal Authorization to Release/Obtain Information for Primary Care Physician
	* Any other Authorization to Release/Obtain Information (for other previous or currently involved parties such as school or other treatment providers, as needed/relevant)
	Predisposition or Action Summary
	Comprehensive Behavioral Health Assessment
	Child Study/Home Study
	Termination of Parental Rights Order
	Adoption Finalization (if applicable)
	Psychological Evaluation(s) (if applicable)
	Psychiatric Evaluation(s) (if applicable)
	Other relevant documents

Please deliver or mail all documents to:  
Adoption Related Services of Pinellas  
8800 49<sup>th</sup> Street N. Suite 212  
Pinellas Park, FL 33782  
(727) 657-7761