



Statement of Qualifications and Verification of Issues Discussed

I, _____, make the following declaration as required by RCW 26.33.190:

Qualifications Statement

I am an employee of the Department of Social and Health Services, Children's Administration assigned to provide home study services including completion of Pre-Placement Reports.

I have _____ years of experience in social services. My educational background is _____.

I am the author of this report, know the contents thereof, and believe the statements included therein to be true. The recommendation is made based on the information available to me at the time of the home study. Additional information may change my recommendation.

I discussed the following material with _____.

- The concept of adoption/guardianship/long term foster care as a lifelong developmental process and commitment.
- The potential for the child to have feelings of identity confusion and loss regarding separation from the birth parents.
- The relevance of the child's relationship with siblings and the potential benefit to the child of providing for a continuing relationship and contact between the child and known siblings.
- Disclosure of the fact of adoption/guardianship/foster care to the child.
- The child's possible questions about birth parents and relatives.
- The relevance of the child's racial, ethnic and cultural heritage.

The following information has been provided to the above named applicants:

- Permanency Planning Benefits and Limitations (DSHS 16-231).

This report was completed on _____.

I declare under penalty of perjury, under the laws of the State of Washington, that the forgoing is true and correct. Signed on _____ at _____, Washington.

NAME OF WORKER

TITLE

WORKER'S SIGNATURE

DATE