



Michigan Adoption Resource Exchange  
3840 Packard Rd, Suite 170. Ann Arbor, MI 48108  
(800) 589-MARE www.mare.org

## SIX MONTH HOLD REPORT

*Complete this form when a child has been on HOLD for six months past the date of termination of parental rights. This form is to be submitted to the MARE office within 15 days of the six month date from the HOLD registration. (This form will NOT be accepted more than 30 days before it is due.)*

Child's Name: \_\_\_\_\_ Case # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Permanent Custody Date: \_\_\_\_\_ Date of Hold: \_\_\_\_\_

Type of Hold (circle one): Foster Parent Relative Recruited Family's Name: \_\_\_\_\_

### Reason(s) for continuation of the hold (select the most pertinent factor):

- |  |   |
|--|---|
| <input type="checkbox"/> Awaiting Subsidy Approval<br>Date Complete Packet Sent: _____   | <input type="checkbox"/> Change in Adoptive Placement                               |
| <input type="checkbox"/> Awaiting MCI Consent<br>Date Complete Packet Sent: _____<br>Sent to: <input type="checkbox"/> Central Office <input type="checkbox"/> County Director _____<br>(County) | <input type="checkbox"/> Birth Parent Appeal Pending                                |
| <input type="checkbox"/> Awaiting Court Approval<br>Date Adoption Petition Filed: _____<br>County Petition Filed in: _____   | <input type="checkbox"/> Child is Not Ready   |
| <input type="checkbox"/> Initial AFA not complete (Describe specific barriers below)   | <input type="checkbox"/> Corrective Action Required of Prospective Family           |
| <input type="checkbox"/> Competing Party   | <input type="checkbox"/> Further Investigation Needed                               |
| <input type="checkbox"/> Out of State Placement  | <input type="checkbox"/> AFA Requires an Update (Describe specific barriers below)  |
| <input type="checkbox"/> Significant Changes for Adoptive Family   | <input type="checkbox"/> Pending Complaint against Adoptive Family                  |
|  | <input type="checkbox"/> Prospective Family Denied                                  |
|  | <input type="checkbox"/> Child's Goal Will/Has Changed (Must send SWSS screen shot) |
|  | <input type="checkbox"/> Child is AWOL  |
|  | <input type="checkbox"/> Other (explain below)                                      |

Detailed explanation of continued hold: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When is the Order Placing Child (PCA 320) expected? \_\_\_\_\_

Registering Agency: \_\_\_\_\_

Adoption Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_