

Adoption Child Profile and Website Registration Match Form

Check One Initial Referral Profile Update, CH# _____ Today's Date: _____

Child's Information:		
First & Last Name: _____ Preferred Name: _____		
Date of Birth: _____ Age: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Female Transgender <input type="checkbox"/> Male Transgender <input type="checkbox"/> Nonbinary <input type="checkbox"/> Other _____		
Race/Ethnicity: (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Education: (check all that apply) Grade level (K-12): <input type="checkbox"/> Preschool <input type="checkbox"/> Regular Classroom <input type="checkbox"/> Special Education Services <input type="checkbox"/> Alternative School <input type="checkbox"/> Not in school (list reason) <input type="checkbox"/> Other (list): _____	Case History: County of Removal Court: _____ Guardian Ad Litem: _____ Legally Free Date: _____ ** DCF acceptance of relinquishment or termination
Actions Taken to Date to Locate Adoptive Resources: (List Potential Identified Resources/Relative Exploration)		

Recruitment Information:
Type of Recruitment Requested: For more information, please contact us at customercare@adoptkskids.org
(check all that apply)
<input type="checkbox"/> Private Matching (Private profile on adoptkskids.org – only visible with a professional login for purposes of child to family matching)
<input type="checkbox"/> Public Photo Listing (Public profile on adoptkskids.org – visible to both inquiring adoptive families, as well as professionals)
<input type="checkbox"/> Extreme Family Finding (Using intensive recruitment efforts, including diligent relative/kinship searches, to achieve and prepare youth for permanency)
<input type="checkbox"/> Youth Centered Profile (Children 12+ will work with an Adopt KS Kids Child Specialist on the development of their own in-depth profile)
<input type="checkbox"/> In-State Recruitment (CWCMP will be provided family inquiries from those residing in Kansas)
<input type="checkbox"/> Out of State Recruitment (CWCMP will be provided family inquiries from those residing in both Kansas and out of state) If child cannot receive out-of-state recruitment, what is the reason?
Please indicate the following: Targeted Recruitment Activities that <u>must</u> be avoided - (list reason why): (Targeted Recruitment Activities are community awareness initiatives used for the purpose of resource family recruitment. May include, but are not limited to, Adopt US Kids photo listing, social media, featured child/sibling, television, radio profile, newspaper, church bulletin inserts, Klicks for Kids Heart Gallery.)
Area of state where recruitment should be <u>avoided</u> - (list reason why):

Photo (Check One):

- Photo attached with referral
 Date Photo Taken
- Adopt KS Kids Adoption Exchange has current photo on file (within 1 year)
 Date Photo Taken
- Professional Photo Needed/Requested

Sibling Information (list only those with the case plan goal of adoption):

Name	Must sibling be adopted with child?		Date of split approval by Provider (required)
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional Information Regarding Sibling Group: (safety/risk concerns, sibling split pending, additional siblings that do not have a case plan goal of adoption, special considerations for placement, etc.)

Provider Case Team:

CWCMP/Agency:	DCF Region:	CWCMP Office Address:
Supervisor:	Phone:	Email:
Case Manager:	Phone:	Email:
Support Worker (if applicable):	Phone:	Email:

Current Caregiver/Placement:

Name:	Child Placing Agency (if applicable):
Caregiver/Placement Address:	Phone: Email:

Needs Information: Please include all previous and current needs/diagnoses, as well as a description of each. Only diagnoses made by a qualified professional should be included. Severity levels are utilized in the private website matching service. Accurate reporting is essential to the child's recruitment. Please refer to the [Adoption Exchange Level of Care Definitions](#) guide for assistance.

Behavioral Needs:

- Cruelty to animals
- Damages property
- Displays oppositional behavior
- Fire setting
- History of playing with matches
- Hyperactive

Behavioral Needs Cont.:

- IEP for behavior
- Inappropriate interactions with strangers
- Lack of awareness of others
- Lying
- Masturbates in public
- Physically acts out towards adults
- Physically acts out towards peers

Behavioral Needs Cont.:

- Runs away/Missing
- Sexually acts out with peers
- Sexually inappropriate behavior
- Stealing
- Unable to sustain attention
- Other _____

Overall Level of Behaviors:

- None Mild Moderate Severe

Describe: (what the behavior looks like, how often the behavior occurs, last known occurrence, how the behavior is currently being managed, etc.)

Emotional/Mental Health:

- Acute Stress Disorder
- Adjustment Disorder
- Anorexia Nervosa
- Attachment Disorder
- Bulimia Nervosa
- Binge-Eating Disorder
- Bipolar Disorder
- Conduct Disorder
- Depression
- Disruptive Mood Dysregulation Disorder
- Generalized Anxiety Disorder
- Gender Dysphoria
- Intermittent Explosive Disorder
- Obsessive Compulsive Disorder
- Oppositional Defiant Disorder
- Personality Disorder _____
- Pica
- Post-Traumatic Stress Disorder
- Psychosis
- Reactive Attachment Disorder
- Rumination Disorder
- Schizophrenia
- Schizoaffective Disorder
- Separation Anxiety Disorder
- Social Anxiety Disorder
- Substance Use Disorder
- Takes Psychiatric Medication
- Other _____

Level of Emotional/Mental Health:

- None Mild Moderate Severe

Intellectual/Developmental:

- Attention Deficit Hyperactivity Disorder
- Autism Spectrum Disorder
- Central Auditory Processing Disorder
- Childhood-Onset Fluency Disorder (Stuttering)
- Developmental Coordination Disorder
- Down Syndrome
- Dyslexia
- Expressive Language Disorder
- Fetal Alcohol Spectrum Disorder
- Global Developmental Delay
- IEP (Learning Disability)
- IEP (Gifted)
- Intellectual Developmental Disability
- Language Disorder
- Non-Specific Learning Disorder
- Receptive-Expressive Language Disorder
- Shaken Infant Syndrome
- Social (Pragmatic) Communication Disorder
- Speech Sound Disorder
- Specific Learning Disorder
- Stereotypic Movement Disorder
- Other _____

Level of Intellectual/Developmental:

- None Mild Moderate Severe

Physical/Medical:

- Achondroplasia (restricted growth)
- Amputee
- Anemia/Blood Disorder
- Asthma
- Blindness - Permanent
- Cancer
- Cerebral Palsy
- Craniofacial Anomalies
- Cystic Fibrosis
- Deaf - Profound Hearing Loss
- Encopresis
- Enuresis
- Epilepsy
- Hearing Loss
- Heart Defect
- Hydrocephalus
- Irritable Bowel Syndrome
- Kidney Disease
- Life Threatening Viral Infection
- Microcephaly
- Muscular Dystrophy
- Neurofibromatosis
- Paralysis - Partial Paraplegic
- Paralysis - Quadriplegic
- Respiratory Problems
- Rheumatoid Arthritis
- Scoliosis
- Seizure Disorder
- Sickle Cell Anemia
- Sickle Cell Trait
- Spina Bifida
- Terminal Illness
- Tourette's Disorder
- Visually Impaired
- Wheel Chair Dependent
- Other _____

Level of Physical/Medical:

- None Mild Moderate Severe

Describe: (date of diagnosis, treatment/services, resources available, implications for parents, etc.)

Risk Factors:

- Alcohol/Drug Exposed in Utero
- Running Concerns
- Child History Drug/Alcohol Abuse
- Criminal Activity
- Disrupted Adoption

Risk Factors Cont.:

- History of Abuse or Neglect
- History of Acute/PRTF
- History of Multiple Placements
- Intellectual/Developmental Disability in Birth Family
- Failure to Thrive
- Mental Illness in Birth Family
- Premature Birth

Risk Factors Cont.:

- Physical Condition/Disability of Parent
- Sexual Abuse
- Other (Explain) _____
- None (Explain) _____

Describe: (important dates, severity level of need, frequency of concern, treatment/services, resources available, implications for parents, etc.)

CHILD NARRATIVE SECTION:

What are your strengths (or what are you good at)? What do you need help with?

What are your hobbies/interests (sports, racing, ballet, etc.)? Why do you enjoy these activities?

What is your favorite class at school? Why?

What makes you laugh?

What would you like to do when you grow up?

What are you most proud of? What is one thing you work very hard to do?

WORKER NARRATIVE SECTION:

Additional information about child's preparation and child's preferences regarding adoption:

Strengths the child brings to adoption:

Challenges:

Progress child has made:

How child relates to peers and adults:

Child's educational needs and accomplishments:

Case team's recommendations for adoptive family characteristics that may be the best match for the child:

Attachments and important connections:

Other Factors to Consider:

Consent/Release for Kansas Adoption Exchange web site, Community Awareness Initiatives, and AdoptUSKids national web site.
I hereby agree and consent to the use of my photograph and/or image and usage of statements made by me and about me, featured on the Adopt Kansas Kids and AdoptUSKids website mediums, as well as Community Awareness Initiatives for purposes of resource family recruitment, and I waive all claims for compensation or damages. (Approval statement is for child age 10 and older. If child is younger or unable to provide consent due to developmental disability, approval indicates that an age and developmentally appropriate discussion has been held with the child.) Please note, all legally free children without an identified resource shall be referred to the exchange with the appropriate recruitment type requested based on that child's needs.

Child Approval (Required for children 10 and older): _____ **Date:** _____

Case Manager Approval Date: _____
Print: _____
Sign: _____

Supervisor Approval Date: _____
Print: _____
Sign: _____

Please email completed forms along with current photo to: customercare@adoptkids.org
(Electronic Pictures must be at least 300 dpi and 4 in. by 5 in.)

