

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
- Childhood-Onset Fluency Disorder (Stuttering)
- Central Auditory Processing Disorder
- Developmental Coordination Disorder
- Dyslexia
- Down Syndrome
- 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
- 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 _____

Severity Level of Physical/Medical:

- None Mild Moderate Severe

Indicate experience or training related to conditions listed above:

- Risk Factors:**
- Alcohol/Drug Exposed in Utero
 - AWOL/Running Concerns
 - Child History of Drug/Alcohol Abuse
 - Criminal Activity
 - Disrupted Adoption
 - Failure to Thrive

- Risk Factors Cont.:**
- History of Abuse or Neglect
 - History of Acute/PRTF
 - History of Multiple Placements
 - Intellectual/Developmental Disability in Birth Family
 - Mental Illness in Birth Family

- Risk Factors Cont.:**
- Physical Condition/Disability of parent
 - Premature Birth
 - Sexual Abuse
 - Other (Explain) _____
 - None (Explain) _____

Indicate experience or training related to risk factors listed above:

FAMILY NARRATIVE SECTION:

Introduction: Briefly describe all members of your family (including age of children), the community in which you live (for example, urban, suburban, or rural), and the child or children you are hoping to adopt. This is your opportunity to help caseworkers get to know your family.

Lifestyle/Interests: Describe the hobbies and the activities that you enjoy doing together (for example, camping, cooking, horseback riding, or sports). Include any significant community involvements that affect your family's life (for example, your church or synagogue).

Community/Resources: Describe where you live, including your home and community. What does your physical location offer a child/youth? Describe or list resources your family can access in your community or region, such as medical facilities, schools, and cultural opportunities.

Experience/Training: Describe your experience caring for children in your primary or extended family, as well as children you have worked with in your career or as a volunteer (for example, as a scout leader or a coach). List any trainings and dates taken.

Motivation to Adopt: Why are you choosing to adopt? How do you envision helping a child/youth, and the family (both immediate and extended) adjust to this new arrangement?

Support Network: Describe your support network, including extended family, close friends and neighbors, and your faith community if you have one. This information is valuable for all families and especially pertinent for single applicants.

Trauma Informed Care: Describe your understanding of trauma and how it impacts children, as well as any trainings taken regarding trauma informed care

Consent/Release for Kansas Adoption Exchange web site, AdoptKSKids and AdoptUSKids national web site.
I hereby agree and consent to the usage of my photograph and statements made by me to be featured on the AdoptKSKids and the AdoptUSKids website mediums for purposes of child matching, and I waive all claims for compensation or damages. (Approval statement indicates that a discussion has been held with the adoptive parent(s) about listing their information on the Exchange.)

Adoptive Parent's Approval:	Date:
Adoptive Parent's Approval:	Date:
Child Placing Agency Worker:	Date:

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

