Department for Unildren and Families	Family Adopti
Prevention and Protection Services	

Family Adoption Exchange Information Form

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(Check One) Initial Referral ☐ Profile Update Today's Date: Family Information: Parent #1: Parent #2: (First & Last) Name: (First & Last) Name: Date of Birth: Date of Birth: Gender: Gender: Cell Phone: (E-mail: Cell Phone: (E-mail:)) Race/Ethnicity: (check all that apply) Race/Ethnicity: (check all that apply) ☐ American Indian or Alaska Native ☐ American Indian or Alaska Native ☐ White ☐ White ☐ Hispanic or Latino ☐ Hispanic or Latino ☐ Asian ☐ Asian ☐ Black or African American ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Native Hawaiian or Other Pacific Islander Family Residence: Marital Status: (check one) Address: City: ☐ Single ☐ Engaged ☐ Married ☐ Divorced ☐ Domestic Partner State: Zip: Primary Family Language: (check all that apply) County of Residence: ☐ English ☐ Spanish ☐ Other MAPP/NTDC enrolled date: Child Placing Agency/Sponsor: Adoption Family Assessment approved date: MAPP/NTDC completed date: Adoption Family Assessment update date: Name of Child Placing Agency Worker: ☐ Adopt Only (unlicensed) ☐ Foster to Adopt (licensed to foster) Worker Phone: ☐ Undecided Worker Email: Children/Adults in the home: **Additional Information** Name Relationship Age

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Child Characteristics Checklist: Please indicate preferences regarding child characteristics that your family is willing to consider in the sections below.					
Gender/Sex	# of Children/Siblings (Check all that apply)	Race	/Ethnicity (Check all that apply)		
☐ Female	☐ Single child with no siblings		American Indian or Alaska Native		
ages to	☐ Sibling group of 2	□ V	White or Caucasian		
	☐ Sibling group of 3		Hispanic or Latino		
☐ Male	☐ Sibling group of 4		Asian		
ages to	☐ Sibling group of 5 or more		Black or African American		
	☐ All of the above		Native Hawaiian or Other Pacific Islander		
☐ LGBTQIA+ identified youth			Other		
Behavioral Needs:	Behavioral Needs Cont.:	Beha	vioral Needs Cont.:		
☐ Cruelty to animals	☐ IEP for behavior	☐ Ru	uns away/AWOL		
☐ Damages property	☐ Inappropriate interactions with strangers	☐ Se	exually acts out with peers		
☐ Displays oppositional behavior	☐ Lack of awareness of others	☐ Se	exually inappropriate behavior		
☐ Fire setting	Lying	☐ St	ealing		
☐ History of playing with matches	☐ Masturbates in public	☐ Uı	nable to sustain attention		
☐ Hyperactive	☐ Physically acts out towards adults	☐ O1	ther		
	☐ Physically acts out towards peers		l of Behaviors: ild		
Indicate experience or training related to behavioral conditions listed above:					

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Emotional/Mental Health:	Intellectual/Developmental:	Physical/Medical:
Acute Stress Disorder	Attention Deficit Hyperactivity Disorder	Achondroplasia (restricted growth)
— Adjustment Disorder	☐ Autism Spectrum Disorder	☐ Amputee
☐ Anorexia Nervosa	☐ Childhood-Onset Fluency Disorder (Stuttering)	☐ Anemia/Blood Disorder
☐ Attachment Disorder	☐ Central Auditory Processing Disorder	☐ Asthma
☐ Bulimia Nervosa	Developmental Coordination Disorder	☐ Blindness - Permanent
☐ Binge-Eating Disorder	☐ Dyslexia	☐ Cancer
☐ Bipolar Disorder	☐ Down Syndrome	☐ Cerebral Palsy
☐ Conduct Disorder	☐ Expressive Language Disorder	☐ Craniofacial Anomalies
☐ Depression	☐ Fetal Alcohol Spectrum Disorder	☐ Cystic Fibrosis
☐ Disruptive Mood Dysregulation	☐ Global Developmental Delay	☐ Encopresis
Disorder	☐ IEP (Learning Disability)	☐ Enuresis
☐ Generalized Anxiety Disorder	☐ IEP (Gifted)	☐ Epilepsy
☐ Gender Dysphoria	☐ Intellectual Developmental Disability	☐ Hearing Loss
☐ Intermittent Explosive Disorder	☐ Language Disorder	☐ Heart Defect
☐ Obsessive Compulsive Disorder	☐ Non-Specific Learning Disorder	☐ Hydrocephalus
Oppositional Defiant Disorder	☐ Receptive-Expressive Language Disorder	☐ Irritable Bowel Syndrome
Personality Disorder	☐ Shaken Infant Syndrome	☐ Kidney Disease
☐ Pica	☐ Social (Pragmatic) Communication Disorder	Life Threatening Viral Infection
☐ Post-Traumatic Stress Disorder	☐ Speech Sound Disorder	☐ Microcephaly
☐ Psychosis	☐ Specific Learning Disorder	☐ Muscular Dystrophy
☐ Reactive Attachment Disorder	☐ Stereotypic Movement Disorder	☐ Neurofibromatosis
☐ Rumination Disorder	☐ Other	Paralysis - Partial Paraplegic
☐ Schizophrenia	Level of Intellectual/Developmental:	☐ Paralysis - Quadriplegic
☐ Schizoaffective Disorder	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ Respiratory Problems
☐ Separation Anxiety Disorder		☐ Rheumatoid Arthritis
☐ Social Anxiety Disorder		Scoliosis
☐ Substance Use Disorder		☐ Seizure Disorder
☐ Takes Psychiatric Medication		☐ Sickle Cell Anemia
Other		☐ Sickle Cell Trait
Level of Emotional/Mental Health:		☐ Spina Bifida
☐ None ☐ Mild		☐ Terminal Illness
☐ Moderate ☐ Severe		☐ Tourette's Disorder

☐ Visually Impaired

☐ Other _____

☐ Wheel Chair Dependent

Severity Level of Physical/Medical:

☐None ☐ Mild ☐ Moderate ☐ Severe

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Indicate experience or training related to conditions listed above:					
Risk Factors:	Risk Factors Cont.:	Risk Factors Cont.:			
☐ Alcohol/Drug Exposed in Utero	☐ History of Abuse or Neglect	Physical Condition/Disability of parent			
☐ AWOL/Running Concerns	☐ History of Acute/PRTF	☐ Premature Birth			
☐ Child History of Drug/Alcohol	☐ History of Multiple Placements	Sexual Abuse			
Abuse	☐ Intellectual/Developmental Disability in Birth	Other (Explain)			
☐ Criminal Activity	Family	☐ None (Explain)			
☐ Disrupted Adoption	☐ Mental Illness in Birth Family				
☐ Failure to Thrive					
	And to wink footone listed above.				
Indicate experience or training rela	ited to fisk factors listed above.				
FAMILY NARRATIVE SECTION:					
	mbers of your family (including age of children), the cor				
suburban, or rural), and the child or c	hildren you are hoping to adopt. This is your opportunit	y 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 w	here you live, including your home and community. Wh	nat does your physical location offer a			
child/youth? Describe or list resource	child/youth? Describe or list resources your family can access in your community or region, such as medical facilities, schools, and cultural opportunities.				
opportunities.					

Adoptive Parent's Approval:		Date:
I hereby agree and consent to the AdoptUSKids website mediums for	nsas Adoption Exchange web site, AdoptKSKids and Ade usage of my photograph and statements made by me to be purposes of child matching, and I waive all claims for compentum has been held with the adoptive parent(s) about listing their	e featured on the AdoptKSKids and the nsation or damages. (Approval statement
Trauma Informed Care: Describe yo trauma informed care	ur understanding of trauma and how it impacts children, as w	vell as any trainings taken regarding
	port network, including extended family, close friends and ne for all families and especially pertinent for single applicants.	
Motivation to Adopt: Why are you chextended) adjust to this new arrangen	noosing to adopt? How do you envision helping a child/youth nent?	, and the family (both immediate and
	experience caring for children in your primary or extended fa for example, as a scout leader or a coach).List any trainings	
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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

Date:

Date:

Adoptive Parent's Approval:

Child Placing Agency Worker:

