**Adoption Child Profile and Website Registration Match Form**

**Check One)**  Initial Referral  Profile Update, CH#       Today’s Date:

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| **Child’s Information:** | | |
| First & Last Name:       Preferred Name: Date of Birth:       Age:       Gender:  Female  Male  Female Transgender  Male Transgender  Nonbinary  Other | | |
| **Race/Ethnicity: (check all that apply)**  American Indian or Alaska Native  White  Hispanic or Latino  Asian  Black or African American  Native Hawaiian or Other Pacific Islander | **Education: (check all that apply)**  Grade level (K-12):  Preschool  Regular Classroom  Special Education Services  Alternative School  Not in school (list reason)  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) | | |
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| **Recruitment Information:** |
| **Type of Recruitment Requested:** For more information, please contact us at [customercare@adoptkskids.org](mailto:customercare@adoptkskids.org)  **(check all that apply)**  **Private Matching**  (Private profile on adoptkskids.org – only visible with a professional login for purposes of child to family matching)  **Public Photo Listing**  (Public profile on adoptkskids.org – visible to both inquiring adoptive families, as well as professionals)  **Extreme Family Finding**  (Using intensive recruitment efforts, including diligent relative/kinship searches, to achieve and prepare youth for permanency)  **Youth Centered Profile**  (Children 12+ will work with an Adopt KS Kids Child Specialist on the development of their own in-depth profile)  **In-State Recruitment**  **(**CWCMP will be provided family inquiries from those residing in Kansas)  **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 must 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 avoided - (list reason why): |
| Photo (Check One): Photo attached with referral  Adopt KS Kids Adoption Exchange has current photo on file (within 1 year**)**  Date Photo Taken       Date Photo Taken  Professional Photo Needed/Requested |

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| **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)** |
|  | Yes  No |  |
|  | Yes  No |  |
|  | Yes  No |  |
|  | Yes  No |  |
|  | Yes  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.) | | |

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| **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: |

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| **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](https://www.adoptkskids.org/wp-content/uploads/2022/06/Level-of-Needs-Definition.pdf) 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  Schizo~~a~~ffective 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.) | | | |

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| **CHILD NARRATIVE SECTION:** |
| **What are your strengths (or what are you good at)? What do you need help with?** |
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| **What are your hobbies/interests (sports, racing, ballet, etc.)? Why do you enjoy these activities?** |
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| **What is your favorite class at school? Why?** |
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| **What makes you laugh?** |
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| **What would you like to do when you grow up?** |
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| **What are you most proud of? What is one thing you work very hard to do?** |
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| **WORKER NARRATIVE SECTION:** |
| **Additional information about child’s preparation and child’s preferences regarding adoption:** |
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| **Strengths the child brings to adoption:** |
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| **Challenges:** |
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| **Progress child has made:** |
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| **How child relates to peers and adults:** |
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| **Child’s educational needs and accomplishments:** |
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| **Case team’s recommendations for adoptive family characteristics that may be the best match for the child:** |
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| **Attachments and important connections:** |
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| **Other Factors to Consider:** |
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| **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:** |

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

[](http://srsshare.srs.ks.gov/communications/Graph/Official%20Logos/Program%20Areas/Family%20Services/PPS-black.png)