Family Adoption Exchange Information Form

(**Check One**) ☐ Initial Referral ☐ Profile Update Today's Date: _____

Family Information:

Parent #1:
(First & Last) Name: _____

Gender: _____ Date of Birth: _____

Cell Phone: _____ E-mail: _____

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

Parent #2:
(First & Last) Name: _____

Gender: _____ Date of Birth: _____

Cell Phone: _____ E-mail: _____

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

Family Residence:

Address: _____ City: _____

State: _____ Zip: _____

County of Residence: _____

Marital Status: (check one)

☐ Single ☐ Engaged ☐ Married

☐ Divorced ☐ Domestic Partner

☐ Other

Primary Family Language: (check all that apply)

☐ English ☐ Spanish

☐ Other _____

MAPP/NTDC enrolled date:	Child Placing Agency/Sponsor:	Adoption Family Assessment approved date:
MAPP/NTDC completed date:	Name of Child Placing Agency Worker:	Adoption Family Assessment update date:
☐ Adopt Only (unlicensed)	Worker Phone:	
☐ Foster to Adopt (licensed to foster)	Worker Email:	
☐ Undecided		

Children/Adults in the home:

Name	Age	Relationship	Additional Information

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** ages ___ to ___ ☐ **Male** ages___ to ___ ☐ **LGBTQIA+** identified youth	☐ Single child with no siblings ☐ Sibling group of 2 ☐ Sibling group of 3 ☐ Sibling group of 4 ☐ Sibling group of 5 or more ☐ All of the above	☐ American Indian or Alaska Native ☐ White or Caucasian ☐ Hispanic or Latino ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Other _____
Behavioral Needs:	**Behavioral Needs Cont.:**	**Behavioral Needs Cont.:**
☐ Cruelty to animals ☐ Damages property ☐ Displays oppositional behavior ☐ Fire setting ☐ History of playing with matches ☐ Hyperactive	☐ 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	☐ Runs away/AWOL ☐ Sexually acts out with peers ☐ Sexually inappropriate behavior ☐ Stealing ☐ Unable to sustain attention ☐ Other _____ **Level of Behaviors:** ☐ **Mild** ☐ **Moderate** ☐ **Severe**

Indicate experience or training related to behavioral conditions listed above:

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
☐ Wheelchair Dependent
☐ Other _____

Severity Level of Physical/Medical:

☐ **None** ☐ **Mild** ☐ **Moderate** ☐ **Severe**

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 Abuse	☐ History of Multiple Placements	☐ Sexual Abuse
☐ Criminal Activity	☐ Intellectual/Developmental Disability in Birth Family	☐ Other (Explain)
☐ Disrupted Adoption	☐ Mental Illness in Birth Family	☐ None (Explain)
☐ Failure to Thrive		

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