(**Check One)**  Initial Referral  Profile Update Today’s Date:

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| **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 |

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

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| **Children/Adults in the home:** | | | |
| **Name** | **Age** | **Relationship** | **Additional Information** |
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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 **Female**  ages       to  **Male**  ages       to  **LGBTQIA+** identified youth | **# of Children/Siblings (Check all that apply)**  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 | Race/Ethnicity (Check all that apply) 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:**  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/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  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:** | | |

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| **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. |
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| **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). |
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| **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. |
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| **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. |
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| **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? |
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| **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. |
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| **Trauma Informed Care:** Describe your understanding of trauma and how it impacts children,as well as any trainings taken regarding trauma informed care |
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| **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**](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)