

NC KIDS FAMILY REGISTRATION FORM

Agencies should use this form to register families willing to adopt children with special needs. Please type or print each item below. ALL INFORMATION MUST BE COMPLETED. If an item is not applicable, write N/A. Please send the completed form to the above address with one copy of the family's approved pre-placement assessment.

NEW REGISTRATION **UPDATED REGISTRATION**

APPLICANT #1

APPLICANT #2

	First Name	MI	Last Name		First Name	MI	Last Name
Name							
Date of Birth (mm/dd/yy)							
Ethnicity							
Race							
Gender							
Occupation							
Religion							
Highest Level of Education							
Marital Status							
Language(s) Spoken							
30 hours Training Completed?							

Most Recent Pre-placement Assessment Date: _____

Licensed Foster Parents? Yes No If yes, Most Recent Date of License: _____ Accept Legal Risk? Yes No

Home Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone (____) _____ - _____ Fax Phone (____) _____ - _____

Work Phone #1 (____) _____ - _____ Work Phone # 2 (____) _____ - _____

E-mail Address: _____

What is the best time and location to contact this family? _____

Are the applicants willing to travel to the child's county? Yes No If no, specify: _____

Does your agency have a charge for purchase-of-service? Yes No If yes, how much? \$ _____

CHILDREN & ADULTS IN THE HOME

(List all persons living in the home)

First Name	Last Name	Date of Birth (mm/dd/yy)	Gender	Ethnicity	School Grade	Relationship to Applicants (birth, adoptive, or foster child, relative, other, etc.)

Describe the physical and emotional health of family members:

CHILD(REN) DESIRED

(Check Each Category)

<p style="text-align: center;">Number of Children</p> <p>1 2 3 4 5 Other:</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Will consider ONLY sibling groups</p>	<p style="text-align: center;">Gender Preference</p> <p>No Preference Male Female</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p style="text-align: center;">Age Preference</p> <p>Min Age _____</p> <p>Max Age _____</p>
--	--	--

ETHNICITY PREFERENCES

(Check each ethnicity you will accept)

<p><input type="checkbox"/> No Preference</p> <p><input type="checkbox"/> African-American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Latino/Hispanic</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Hawaiian Native or other Pacific Islander</p> <p><input type="checkbox"/> Other (please specify): _____</p>
--

Please indicate below which of the following special needs you would be willing to consider in a potential adoptive child:

OVERALL FUNCTIONING

1 = None 2 = Mild
3 = Moderate 4 = Severe

Emotional	
Learning	
Mental Retardation	
Physical	

EMOTIONAL DISABILITIES

- None
- Adjustment Disorder
- Anxiety Disorder
- Anorexia
- Attachment Disorder
- Bi-Polar Disorder
- Borderline Personality Disorder
- Bulimia
- Conduct Disorder
- Compulsive Lying
- Cruelty to Animals
- Depression
- Dysthymia
- Fire Starter
- Inappropriate Masturbation
- Loss Issues
- Obsessive Compulsive Disorder
- Oppositional Defiant Disorder
- Physically Aggressive to Adults
- Physically Aggressive to Peers
- PICA
- Post Traumatic Stress Disorder
- Property Damage
- Psychosis
- Reactive Attachment Disorder
- Run Away
- Self Abusive
- Sexually Acting Out With Peers
- Sexually Provocative Behavior
- Stealing
- Takes Psychiatric Medication
- Other _____

LEARNING DISABILITIES

- None
- Aphasia
- Attention Deficit Disorder
- Attention Deficit Hyperactivity Disorder
- Autism
- Central Auditory Processing Disorder
- Developmental Articulation Disorder
- Dyslexia
- Expressive Language Disorder
- Learning Disability
- Non-Specific Learning Disorder
- Receptive Language Disability
- Other _____

PHYSICAL DISABILITIES

- None
- Allergies (Specify _ _____)
- Asthma
- AIDS
- Blindness/Visual Impairment
- Cancer
- Cerebral Palsy
- Congenital Heart Disease
- Cystic Fibrosis
- Deaf/Profound Hearing Loss
- Developmental Disabilities
- Diabetes
- Dwarfism
- Encopresis
- Enuresis
- Epilepsy
- Failure to Thrive
- Fetal Alcohol Effects
- Fetal Alcohol Syndrome
- HIV Positive
- Hearing Loss - Partial
- Heart Defect
- Heart Murmur
- Hydrocephalus
- Hyperactivity
- Hypertension
- Kidney Disease
- Macrocephalus
- Medically Fragile
- Microcephalus
- Missing Limb(s)
- Motor Skills Disorder
- Multiple Sclerosis
- Muscular Dystrophy
- Non-Ambulatory
- Non-Verbal
- On Medication (list on right)
- Paralysis
- Phenylketonuria (PKU)
- Premature Birth
- Quadriplegia
- Scoliosis
- Seizure Disorder
- Sexually Transmitted Disease
- Shaken Baby Syndrome
- Sickle Cell Anemia
- Sickle Cell Trait
- Speech Disorder
- Spina Bifida

PHYSICAL DISABILITIES cont'd

- Terminal Illness
- Tourette's Syndrome
- Total Care Required
- Tracheotomy
- Tube Feeding
- Visual Impairment
- Other _____

MENTAL RETARDATION

- None
- Down's Syndrome
- MR - Not specified
- MR - Genetic
- Prader Willi Syndrome
- Trisomy 13
- Trisomy 18
- William's Syndrome
- Other _____

RISK FACTORS

- None
- Alcohol Exposed
- Domestic Violence in Birth Family
- Drug Exposed
- HIV Exposed
- Lead Poisoning
- Mental Illness in Birth Family
- Mental Retardation in Birth Family
- Neglected
- Physically Abused
- Schizophrenia in Birth Family
- Sexually Abused
- Other _____

ASSESSMENT OF FAMILY'S STRENGTHS AND NEEDS

Describe any skills, knowledge, or experience you may have with special needs children and/or children with disabilities:

Would you have access to resources for a special needs child? Yes No

If yes, specify:

List family's strengths:

List areas family will need support to parent a child with special needs successfully:

Include any information on this family that might be significant to the child's agency (i.e., the ability to allow child to maintain earlier relationships, lifestyle, etc.)

Social Worker/Agency Representative

Name of Agency

Address of Agency

City Zip Code

Telephone Number

Fax Number

E-Mail Address

I (we) give consent to NC Kids to make referrals to county departments of social services with waiting children on my (our) behalf. I (we) understand that these referrals may include but are not limited to giving my (our) name(s) and information, including a copy of my (our) approved preplacement assessment, to county departments of social services.

Signature of Prospective Adoptive Parent #1

Signature of Prospective Adoptive Parent #2

Signature of Agency Representative

PHOTO

You are welcome to send one copy of a clear family picture with this form. Photo portraits or 35 mm photos are acceptable. **DO NOT send Polaroid photos.** Digital pictures are preferred. Place jpeg on disk and submit with application or email to: nc.kids@dhhs.nc.gov

Photos may also be mailed.