



MISSOURI WAITING CHILD REGISTRATION

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Questions, call: (314) 291-3313 or (573) 751-0311

PLEASE COMPLETE ENTIRE FORM!!

FOR OFFICE USE ONLY	
DATE RECEIVED:	_____
THE AE #:	_____
SIBLING GROUP #:	_____
COMPUTER #:	_____
<input type="checkbox"/> 1 st Qtr	<input type="checkbox"/> 2 nd Qtr <input type="checkbox"/> 3 rd Qtr <input type="checkbox"/> 4 th Qtr

Initial Listing **Re-Listing** (If this is a re-listing of the child's registration, be sure all fields in **red** are completed.)

Check attached documents

- Heart Gallery Mini Profile Short Profile Long Profile Court Ordered Media Release Photo

Child's Name: _____ Date of Birth: _____

Child's Current Placement: _____

Child's Current Placement County and City: _____

I agree to respond to all families who inquire through The Adoption Exchange about this child within four (4) weeks, am aware of any HIPAA restrictions in the state/county with custody of this child, and give permission to use the information on the attached registration form for recruitment efforts for this child in each of the areas checked:

- Photo book Newspapers, newsletters, brochures, magazines Adoption Parties
 Adoption Exchange Website Television and waiting child features Radio
 Adoption Recruitment Website MO Heart Gallery

Geographic Restrictions, including court ordered or Family Support Team out-of-county restrictions, medical needs restrictions and restrictions regarding sibling groups: _____

I understand that a digital photo (jpg, no scanned photos) must accompany this registration

Child's Worker/Recruiter Contact: _____ Phone: _____

County Agency/CPA Name: _____

Mailing Address: _____ Fax: _____

City/State/Zip _____ Email: _____

Child's Worker/Recruiter Signature: _____ Date: _____

Recruitment for this child will not begin until this permission form is completed, signed and dated.

Please follow these instructions:

- Send the original of the permission form above in order to register the child on The Adoption Exchange website, Missouri Heart Gallery website and for other recruitment activities.
- Answer the following questions, to assist us in writing a more complete and balanced profile:
 - If the child has Native American heritage, what is the name of the Tribe? _____
 - Is the Tribe aware of the child's status? _____
 - Is the child receiving physical, speech or occupational therapy? Yes No
If yes, provide a description of the type: _____
 - Is the child using special equipment (hearing aid, wheelchair)? Yes No
If yes, provide a description of the type: _____
 - Is the child receiving mental health therapy or counseling? Yes No
If yes, provide a description of the type, and need for continuation: _____
 - If there are significant relationships the child needs to maintain? Yes No
If yes, provide a description: _____

GENERAL INFORMATION		
Child's Name: (First / Middle / Last)		DCN:
Date of Birth (MM/DD/YY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity: (check up to three) <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander		
If Native American, is tribe aware of the child's status: <input type="checkbox"/> Yes, name of tribe: _____ <input type="checkbox"/> No		
Sibling information: <input type="checkbox"/> This child is NOT part of a sibling group to be placed together. <input type="checkbox"/> This child is being registered as part of a sibling group of _____ children. If child is not being placed with siblings, is continued contact recommended with the other siblings? <input type="checkbox"/> Yes, continued contact is recommended with the following sibling(s): Name of Siblings: _____		
Child's legal status <input type="checkbox"/> Legally Free <input type="checkbox"/> If not free, date of termination anticipated: _____ Custody Jurisdiction: _____ State of Jurisdiction: _____		
TYPE OF FAMILY INFORMATION		
Preference for Family Composition: (Check all that apply). <input type="checkbox"/> Does not matter <input type="checkbox"/> Couple <input type="checkbox"/> Single Female <input type="checkbox"/> Single Male <input type="checkbox"/> Other: _____		
Other Children: <input type="checkbox"/> Does not matter <input type="checkbox"/> No other children <input type="checkbox"/> Must be youngest <input type="checkbox"/> Must be oldest <input type="checkbox"/> Female siblings only <input type="checkbox"/> Male siblings only <input type="checkbox"/> Must have other children		
Is there a religious preference for the family? <input type="checkbox"/> None <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> Hindu <input type="checkbox"/> Latter Day Saints <input type="checkbox"/> Muslim <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Other _____		
It is important that a family speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Negotiable		
ADDITIONAL INFORMATION		
<i>The following information requested is not mandatory, but will help to ensure that you receive the most appropriate match possible.</i>		
PRIMARY LANGUAGE <input type="checkbox"/> American Sign Language <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> None <input type="checkbox"/> Other _____		
SECONDARY LANGUAGE <input type="checkbox"/> American Sign Language <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> None <input type="checkbox"/> Other _____		
GRADE LEVEL <input type="checkbox"/> Ungraded <input type="checkbox"/> Preschool <input type="checkbox"/> Not in School <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
CURRENT PLACEMENT SETTING <input type="checkbox"/> Foster Home <input type="checkbox"/> Residential Treatment <input type="checkbox"/> With Birth Family/Relative <input type="checkbox"/> Therapeutic Foster Home <input type="checkbox"/> Medical Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Hospital – Medical <input type="checkbox"/> Hospital – Psychiatric <input type="checkbox"/> Youth Shelter <input type="checkbox"/> Juvenile Justice Facility <input type="checkbox"/> Wilderness Program <input type="checkbox"/> Jail <input type="checkbox"/> Drug/Alcohol Rehabilitation <input type="checkbox"/> Boarding School <input type="checkbox"/> Children's Rehabilitation <input type="checkbox"/> Others _____		
Date Entered Foster Care	Number of Adoption Disruptions:	Number of Placements:

ALLERGIES

- None Peanut Wheat Phenylalanine Cats
- Smoke Dairy Shellfish Dogs Do not know
- Others _____

AVAILABLE SUBSIDY

- None Eligible for Subsidy Eligible for SSI
- Eligible for Medicaid Card Only Subsidy Status Unknown Eligible for Subsidy and SSI

Enter any additional information about available subsidy here:

Are you able to pay to have the child make pre-placement visits through subsidy?

- Yes No Do not know Negotiable

Are you able to pay to have the family make pre-placement visits through subsidy?

- Yes No Do not know Negotiable

RISK FACTORS

- None Alcohol exposed Drug exposed HIV exposed
- History of abuse/neglect History of multiple placements Lead Poisoning Mental illness in birth family
- Mental retardation in the birth family Premature birth Schizophrenia in birth family
- Other risk factors _____

DISABILITIES – PHYSICAL

Indicate any risk factors this child has for future disabilities:

- None AIDS (see also HIV) Albinism Allergies
- Amputee Anemia/blood disorder Angelman syndrome Aphasia
- Asperger's syndrome Asthma Attention deficit disorder Autism
- Blindness, correctable Blindness, will never have sight Cancer Cerebral palsy
- Cleft lip Cleft palate Craniofacial anomalies Crohn's disease
- Cystic fibrosis Deaf/profound hearing loss Developmental disability Diabetes
- Dwarfism Dystonia Encopresis Enuresis
- Epilepsy Failure to thrive Fetal alcohol effect Fetal alcohol syndrome
- Growth disorders HIV positive Hearing loss – partial Heart defect
- Heart murmur Hydrocephalus Hyperactivity Ichthyosis
- Immune system disorder Irritable bowel syndrome Kidney disease Lead poisoning
- Metabolic disorder Microcephalus Motility disorders Muscular dystrophy
- Neurofibromatosis Neurological impairment Osteogenesis imperfect Paralysis – partial paraplegic
- Paralysis – quadriplegic Perceptual impairment Pervasive developmental disorder Physical disability
- Progeria Prune belly syndrome Rare disorder – see narrative Respiratory problems
- Rheumatoid arthritis STD Scoliosis Seizure disorder
- Shaken baby syndrome Sickle cell anemia Tourette syndrome Speech disorder
- Spina bifida Terminal illness Sickle cell trait Visually impaired
- Wheel chair dependent Other physical disability

Current overall level of physical disability:

- None Mild Moderate Severe

DISABILITIES – EMOTIONAL

Indicate any risk factors this child has for future disabilities.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> Adjustment disorder | <input type="checkbox"/> Anorexia | <input type="checkbox"/> Asperger's syndrome |
| <input type="checkbox"/> Attachment disorder | <input type="checkbox"/> Attention deficit disorder | <input type="checkbox"/> Autism | <input type="checkbox"/> Behavior problems |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Borderline personality disorder | <input type="checkbox"/> Conduct disorder | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Developmental disabilities | <input type="checkbox"/> Dysthymia | <input type="checkbox"/> Emotional problems | <input type="checkbox"/> Encopresis |
| <input type="checkbox"/> Enuresis | <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Fetal alcohol effect | <input type="checkbox"/> Fetal alcohol syndrome |
| <input type="checkbox"/> Generalized Anxiety Disorder | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Loss issues | <input type="checkbox"/> Obsessive Compulsive Disorder |
| <input type="checkbox"/> Oppositional defiant disorder | <input type="checkbox"/> Pervasive developmental disorder | <input type="checkbox"/> Pica | <input type="checkbox"/> Post traumatic stress disorder |
| <input type="checkbox"/> Psychosis | <input type="checkbox"/> Reactive attachment disorder | <input type="checkbox"/> Schizo-affective disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Separation anxiety disorder | <input type="checkbox"/> Speech disorder |
| <input type="checkbox"/> Takes psychiatric medication | <input type="checkbox"/> Tourette syndrome | | |

Current overall level of emotional disability:

- None Mild Moderate Severe

DISABILITIES – MENTAL RETARDATION

Indicate any risk factors this child has for future disabilities.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> NONE | <input type="checkbox"/> Angelman's syndrome | <input type="checkbox"/> Down syndrome | <input type="checkbox"/> Drug exposed |
| <input type="checkbox"/> Fetal alcohol effect | <input type="checkbox"/> Fetal alcohol syndrome | <input type="checkbox"/> Fragile X syndrome | <input type="checkbox"/> Hydrocephalus |
| <input type="checkbox"/> Lead poisoning | <input type="checkbox"/> Mental retardation - unspecified | <input type="checkbox"/> Mental retardation – genetic | <input type="checkbox"/> Microcephalus |
| <input type="checkbox"/> Phenylketonuria (PKU) | <input type="checkbox"/> Prader willi syndrome | <input type="checkbox"/> Shaken baby syndrome | <input type="checkbox"/> Trisomy 13 |
| <input type="checkbox"/> Trisomy 18 | <input type="checkbox"/> Williams syndrome | <input type="checkbox"/> Other mental disability | |

Current overall level of mental retardation:

- None Mild Moderate Severe

DISABILITIES – LEARNING

Indicate any risk factors this child has for future disabilities.

- | | | |
|--|---|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> Aphasia | <input type="checkbox"/> Central auditory processing disorder |
| <input type="checkbox"/> Developmental articulation disorder | <input type="checkbox"/> Developmental writing disorder | <input type="checkbox"/> Dyscalculia |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Expressive language disorder | <input type="checkbox"/> Lead poisoning |
| <input type="checkbox"/> Motor skills disorder | <input type="checkbox"/> Non specific learning disability | <input type="checkbox"/> Receptive language disability |
| <input type="checkbox"/> Other learning disability | | |

Current overall level of learning disabilities:

- None Mild Moderate Severe

NARRATIVE – MANDATORY SECTION

Please enter a narrative for this child. (Must be a minimum of 150 words) you may attach a copy of the child's media profile. Please include information pertaining to the child's strength's, hobbies, future goals and dreams. Please describe any cultural preferences the child has.

CONFIDENTIAL INFORMATION

In this field, please give any other information that would be pertinent to social workers but, which you do not wish included in a narrative that will be sent to potential families. (Optional information for adoption professionals only).

CONTACT INFORMATION – MANDATORY SECTION

CHILDRENS SERVICE WORKER'S NAME

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

AGENCY PHONE

AGENCY FAX NUMBER

AGENCY E-MAIL ADDRESS

WORKER'S PHONE

EXT.

WORKER'S E-MAIL ADDRESS

RECRUITMENT – MANDATORY SECTION

IS THIS CHILD APPROVED FOR SPECIAL RECRUITMENT?

Yes

No

AUTHORIZING COURT/JUDGE

DATE OF AUTHORIZATION

PICTURE SENT BY

CHILDRENS SERVICE WORKER'S SIGNATURE

SUPERVISOR'S SIGNATURE