

CHILD REGISTRATION FORM FOR ADOPTUSKIDS (CD-AEM-8)

PURPOSE:

This form is used for referring a child to be placed on the Internet adoption photo listings, AdoptUSKids, The Adoption Exchange, and the Missouri Adoption Photo listing. The form is based on the online version of this form located on AdoptUSKids.org. The form is divided into the following sections:

- General Information
- Type of Family Information
- Additional Information
- Risk Factors
- Disabilities - Physical
- Disabilities - Emotional
- Disabilities – Mental Retardation
- Disabilities – Learning
- Narrative
- Contact Information
- Recruitment

The CD-AEM-8 shall be used to:

- Place children onto the Internet adoption photo listings;
- Refer children for national and regional recruitment efforts through the National Adoption Exchange and The Adoption Exchange;
- Update a child who is currently on the Internet photo listing; and
- Provide information that will be used to search and match children for prospective adoptive families.

NOTE: The CD-AEM-8 shall be updated yearly at a minimum, and at the time of any significant change in the child's status.

NUMBER OF COPIES AND DISPOSITION:

The original is submitted to the worker's supervisor for review and approval, entered on www.AdoptUSKids.org, upon supervisory approval and then is retained in the child's record.

INSTRUCTIONS FOR COMPLETION:

The form is divided into 11 sections. Although there are some sections of the form that are labeled as "not mandatory", all sections are to be completed on this form for the initial referral. Use this form for updates, completing only the sections which are in need of updated information. When completing this form as an update, write the word "update" across the top of the first page.

This form should be completed in ink, and may be typewritten by downloading it from OneForm. If completed by hand, the writing should be legible and easy to read.

The data requested is self-explanatory. All sections should be answered. For instance, if there are no risk factors, check the "None" category for that section.

It is important when completing this form to be thorough in each applicable section. Information provided on this form will be key in making appropriate matches for children. Professionals from

other counties, states, and agencies may use this information when searching for a child for a prospective adoptive family.

GENERAL INFORMATION:

Ethnicity: For consistency, the ethnicity categories are drawn from the U.S. census. If a child is multi-racial, you may select up to three. Note that specific tribal information is requested if the child is Native American

Sibling Group: Check the appropriate line, as to whether or not this child is a part of a sibling group. This information will be used in setting up this child's place in the database. If a child is a part of a sibling group, this must be checked for this child and their siblings to come up when a search for sibling groups is started. If a child is not going to be placed as part of a sibling group but on-going contact is recommended, please note this by checking the appropriate box.

TYPE OF FAMILY INFORMATION:

This is your opportunity to describe the type of family desired for a particular child or sibling group. You may check as many options as you are willing to consider. The more open you can be (i.e. checking "Does not matter"), the more matches are likely for the child. When narrowing the options (i.e. selecting only the "Single Male" parent option and only the "no other children" option), it can be helpful to describe the reasons for this preference in the "Confidential Information" narrative section.

ADDITIONAL INFORMATION:

The information requested in this section, while not mandatory, will help to insure that you receive the most appropriate match possible.

RISK FACTORS:

Some children may have family or prenatal histories, or exposure to substances or diseases that make them more vulnerable to the development of special needs in the future even if they do not manifest any present symptoms. Please use this section to indicate any factors from the child's history or exposure that place him at risk for future disabilities. Check as many as apply. Bear in mind, the child need not exhibit any current manifestations of any of these disabilities.

If another risk factor exists that is not indicated, check the line next to "Other Risk Factor" and identify that risk factor by writing it below that space. If there are no risk factors, check the "none" category.

DISABILITIES – PHYSICAL:

Check as many physical disabilities as apply to the child you are registering. If the child has a condition that is not listed on this form, check the line next to "Other Physical Disability" and identify that disability by writing it below that space. If there are no physical disabilities, check the "none" category.

Current Overall Level of Physical Disability:

Mild: Requires no equipment for daily functioning, requires average or slightly above average medical care, appointments, etc., can perform basic life management functions appropriate for child's age and development, can use mainstream methods of transportation and communication, has a condition which is totally managed by medication, has a condition which is correctable or improves on its

own with time, is developmentally delayed in physical development but has a prognosis of catching up.

Moderate: Requires non-life support equipment, has a relatively stable condition – i.e. while not correctable, neither is it progressive or degenerative; requires moderate home modifications, may require corrective surgery, requires up to weekly medical appointments, can perform basic life management functions appropriate for child’s age and development (feeding, dressing, toileting) with some assistance, may require some assistance with transportation and communication functions.

Severe: Requires life support equipment, has progressive, degenerative or terminal illness, requires significant home modifications, requires repeated or frequent hospitalizations or surgeries, requires two or more medical appointments per week, requires a parent or aide to perform basic life management functions (feeding, dressing, toileting, etc.), always requires special adaptations for transportation and/or communication.

DISABILITIES – EMOTIONAL:

Check as many emotional disabilities as apply to the child you are registering. If the child has a condition that is not listed on this form, check the line next to “Other Emotional Disability” and identify that disability by writing it below that space. If there are no emotional disabilities, check the “none” category.

Current Overall Level of Emotional Disability:

Mild: Overall good functioning in school, home and with peers. If symptoms are present, they are transient and may be a result of developmental stage or expected reaction to external stressors (e.g. anxiety, sadness, or behavioral difficulty related to introduction to new situations, losses or changes in the child’s environment). Ability to communicate needs and understand rules as well as consequences of behavior (depends on developmental stage). Possible use of substances. Child does not require medication or therapeutic medication at this time but may benefit from counseling in dealing with emotions and behaviors that may be causing difficulty.

Moderate: Symptoms are present but child is able to function with some assistance in school, home and with peers. Anxiety, depression, behavioral problems that can be mediated by medication, behavior therapy or counseling as needed (e.g. occasional panic attacks or severe anxiety that is not precipitated by external stressors, sexually inappropriate behavior (does not include sexual abuse of others), episodic use of substances, some conflicts with teachers, peers or others in authority, fighting, occasional theft or lying, depressed mood without suicidal ideation, encopresis or enuresis, poor judgement or impulse control, hard to manage behaviors that are not destructive or violent, isolating behavior, difficulty maintaining friendships. Difficulty in communicating needs in an appropriate fashion and sometimes loses sight of consequences of behavior (depends on developmental stage).

Severe: Serious impairment in social and academic functioning. Persistent danger of severely hurting self or others, recurrent violence that appears unprecipitated, a pattern of cruelty to animals and fire setting behaviors, inability to maintain

personal hygiene, sexual abuse of others, gross impairment in ability to communicate (largely incoherent), inability to see consequences of actions or show empathy for others, significant destruction of property, gross impairment in reality testing, judgement, and thinking. Persistent use of substances. Self mutilating behavior, presence of hallucinations or delusions (that are not related to substance abuse or organic difficulty). May require repeated psychiatric hospitalizations or 24-hour monitoring. Medication and consistent psychiatric assistance is needed. Serious impairment in social and academic functioning. Prognosis may be considered poor for adult level of functioning.

DISABILITIES – MENTAL RETARDATION:

If the child you are registering has a diagnosis of mental retardation, please check which type of mental retardation the child has - check only one. If the child has a condition that is not listed on this form, check the line next to "Other Mental Disability" and identify that disability by writing it below that space. If there are no mental disabilities, check the "none" category.

Current Overall Level of Mental Disability:

Mild: A child with an IQ range of 50 - 75, formerly know as "educably retarded", usually eventually able to live independently, hold a job and manage their lives with some guidance.

Moderate: A child with an IQ range of 25 – 50, formerly known as "trainably retarded", may achieve partial self-support in a sheltered work place, but will always need supervision and will need to live in a group home or family setting.

Severe: IQ less than 25, also known as profoundly retarded, may be able to partially contribute to self care but will always need ongoing supervision and help with daily routines.

DISABILITIES – LEARNING:

If the child you are registering has a diagnosed learning disability, please check which type of learning disability the child has. If the child has a condition that is not listed on this form, check the line next to "Other Learning Disability" and identify that disability by writing it below that space. If there are no learning disabilities, check the "none" category.

Current Overall Level of Learning Disability:

Mild: Overall good functioning in school and home. Child can be mainstreamed with help from resource room or tutoring.

Moderate: Consistent difficulty in functioning in school and possibly at home. Child may need long term special education.

Severe: Significant and pervasive difficulty in functioning in school and home. Child may have learning disabilities, which cause permanent difficulty in academics, social/emotional functioning, and/or occupational functioning.

NARRATIVE:

There are two boxes for narrative information about each child.

1. Public Narrative – (minimum of 150 words) the first box is what is referred to as the "public narrative". This is the information that can be shared with families who inquire

about the child. It is the narrative that will appear on AdoptUSKids.org and on the Missouri web site if the child is authorized to appear there. Use the Media Profile, provided in the Child Welfare Manual, Section 6, Chapter 1, Attachment E as a guide. You may attach a narrative that is already written in this format to the form. Supervisors are to use the Media Profile Checklist (CD-AEM-7) when reviewing the narrative on this form.

2. Confidential Information Narrative – This section will only be accessible to social workers, not to families. This is the place where specific information about a child's birth family history, abuse, sexual abuse, sexual acting out, medical records, placement history, etc. can be provided. Anything that will help a caseworker accurately assess the viability of a proposed match between a child and a potential adoptive family.

CONTACT INFORMATION:

This information should be about the specific caseworker and agency that are knowledgeable about the child being registered. Please be as accurate and specific as possible, especially with details such as telephone extension number, so that inquiries on behalf of the child will get routed to the correct person.

NOTE: When there are worker changes for a child, remember to update this form with these types of changes.

RECRUITMENT:

The Collaboration to AdoptUSKids and The Adoption Exchange are continually developing recruitment opportunities for children, both through the on-going AdoptUSKids Internet photo listing, The Adoption Exchange Internet photo listing, and through various media efforts. Many waiting children require extraordinary recruitment efforts in order to locate a permanent home. If you answer yes to the recruitment options listed, you will always be contacted before any specific recruitment activities take place. Please note that a color photo (35 mm) of the child must be submitted in order to activate the recruitment efforts outside of the AdoptUSKids Internet site that is for professional use only.

Some of the information for these instructions was taken directly from the online form instructions for the Child Registration Form AdoptUSKids at www.AdoptUSKids.org.

MEMORANDA HISTORY: CS99-20, CS01-46, CD04-73