MISSOURI WAITING CHILD REGISTRATION

Please print and complete form fully
Send to: 3437 Bridgeland, Bridgeton, MO 63044
Questions, call: 314-291-3313 or 1-800-554-2222 or 1-800-451-5246

For office use only:
Computer #:_____

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:

ʻ Photobook
ʻ Adoption Exchange website
ʻ Newspapers, newsletters, brochures, magazines, radio
ʻ Television and waiting child features
ʻ MO Heart Gallery
ʻ Adoption Parties

Geographic Restrictions, including out-of-country: _____

I understand that a 35 mm color photo (not Polaroid) or a digital photo (200 dpi minimum) must accompany this registration in order to activate any recruitment efforts!

Child's Worker/Recruiter Contact (please print): _____ 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 in full in ink, signed, and dated.

Name of Child: _____ DOB: _____ County: _____

Gender: ʻ male ʻ female

Race/Ethnicity: (Check all that apply)
ʻ Caucasian/white
ʻ Hispanic/Latino/a
ʻ African American
ʻ Native American
ʻ Asian
ʻ Other (what? _____)

Siblings to be placed with child: (names, age, gender)
_____
_____
_____

Siblings not being placed with child; (ages, where placed currently)
_____
_____

If Native/American, is tribe aware of child's status? _____

ʻ Yes ʻ No Name of Tribe _____ Contact to be made with other siblings? ʻ Yes ʻ No

Legal Status: Is termination/relinquishment final? ʻ Yes - If so, date _____ ʻ No - If not, is status legal risk? ʻ Yes ʻ No

If yes, explain the circumstances: _____

Date child first placed in foster care; number and types of placements: _____

_____

Type of current home: ʻ Foster ʻ Group ʻ Institution ʻ Other (what? _____)

Has child been abused? ʻ Yes ʻ No

PHYSICAL HEALTH

Medical problems or physical disabilities: _____

Are disabilities: ʻ Mild ʻ Moderate ʻ Severe (Please refer to definitions)

Medications (type, purpose): _____

Special Equipment (braces, wheelchair, hearing aid, etc.): _____

Physical Therapy (how often and where received): _____

Speech Therapy (same):_____

Occupational Therapy (same): _____

MENTAL HEALTH

Describe mental health disorder:_____

Mental Health Therapy: ʻ Will need to continue after placement

What issues are being addressed?: _____

DEVELOPMENTAL FACTORS

Educational/Learning Delays or Disabilities are: ʻ Mild ʻ Moderate ʻ Severe Describe: _____

Grade Level: ___ Performance: _____

Special Education (type, purpose, how long needed): _____

Mentally Retarded (IQ under 70): ʻ Mild ʻ Moderate ʻ Severe Describe:_____

Other Developmental Disabilities are: _____

Will child live independently as an adult? ʻ Yes ʻ No If not, what living arrangements will be needed? _____

EMOTIONAL AND SOCIAL FACTORS

Overall emotional needs: ʻ Mild ʻ Moderate ʻ Severe Describe: _____

_____

Child's prognosis for bonding: ʻGood ʻ Fair ʻ Poor _____

Relationships with adults: ʻGood ʻ Fair ʻ Poor _____

Relationships with peers: ʻGood ʻ Fair ʻ Poor _____

Positive behaviors/strengths/endearing qualities_____

_____

Negative behaviors: _____

_____

Likes/interests/talents: _____

_____

Goals/dreams: _____

_____

CHARACTERISTICS DESIRED IN FAMILY

Parents: ʻ Two Parent ʻ Single Mother ʻ Single Father ʻ Parent(s) who are willing to participate in an extensive transitional treatment plan prior to placement

Child to be: ʻ Oldest ʻ Youngest ʻ Only

FINANCIAL INFORMATION

Please check available resources:

- ʻ Assistance for parent to travel
- ʻ Post-adoption assistance
- ʻ Medicaid
- ʻ Assistance for child to travel
- ʻ Purchase of adoption service
- ʻ Other (what? _____)