



MISSOURI WAITING CHILD REGISTRATION

Please print in ink 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:
Date received _____
The AE#: _____
AdoptUSKids# _____
Sibling Group# _____

Child's name _____ Date of birth _____

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:

- \ Photobook \ Newspapers, newsletters, brochures, magazines, radio \ MO Heart Gallery
\ Adoption Exchange website \ Television and waiting child features \ 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.

Please follow these instructions:

1. Send the original of the permission form above in order to register the child on The Adoption Exchange website and for other recruitment activities.
2. Attach a handwritten AdoptUSKids registration form **OR** a printed copy of the registration form completed online, including ALL pages (General, Disabilities, Narrative, Contact Information, Recruitment) from that website
3. Answer the following questions (they are not on the AdoptUSkids online registration form) so that we can write a more complete and balanced profile:
 - a. If the child has Native American heritage, what is the name of the tribe? _____
 - b. Is the tribe aware of the child's status? _____
 - c. Is the child receiving physical, speech or occupational therapy? _____ If yes, circle which one(s) and describe the type: _____
 - d. Is the child using special equipment (hearing aid, wheelchair)? _____ If yes, what kind? _____
 - e. Is the child receiving mental health therapy or counseling? _____ If yes, will it need to continue after placement? _____
 - f. If there are significant relationships the child needs to maintain, what is their relationship? _____
 - g. Is the child expected to be able to live independently as an adult? _____

(Form: July 03)

