|  |
| --- |
| CSO-1326A (10-16) |
| ARIZONA DEPARTMENT OF CHILD SAFETY |
| **PROFESSIONAL DOCUMENTATION FOR POST-ADOPTIVE CONDITIONS** |

This form is to be completed by a medical professional, psychiatrist, psychologist or other professional credentialed to make the diagnosis. A signed letter or medical record may be attached to this form.

|  |  |  |
| --- | --- | --- |
| CHILD’S NAME: *(Last, First, M.I)*      | BIRTH DATE:      | ADOPTION DATE:      |
| **DIAGNOSIS** | **DIAGNOSTIC CODE** | **SEVERITY** |
|  |  | 1 = Mild, 5 = Extremely Severe |
|       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
|       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
|       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
|       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
|       |       | [ ]  1 | [ ]  2 | [ ]  3 | [ ]  4 | [ ]  5 |
| Was each of the conditions listed above pre-existing at the time of the adoption? |
| [ ]  YES | [ ]  NO |
| Was each of the conditions listed above undiagnosed at the time of the adoption to the best of your knowledge? |
| [ ]  YES | [ ]  NO |
| Treatment Plan *(Include type of treatment and/or equipment necessary, prognosis, cost estimates):*      |
| **I am making this statement based on the best information available to me at this time.** |
| PROFESSIONAL’S SIGNATURE: | DATE:       |
| PROFESSIONAL’S PRINTED NAME:      |
| CREDITNALS/DEGREE:      |
| CURRENT AZ LICENSURE/CERTIFICATION (If Applicable):      |
| ADDRESS:      | PHONE:       |

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente.