

## Family Information For Input Into The Adoption Registry

Office of Licensing and Regulation

### Parent No. 1

Adoptive Parent's Name		Date of Birth	Soc. Sec. No.	Date of Application
Mailing Address		Home Phone No.	Work Phone No.	
City	State	ZIP	Email	
Marital Status	If Married, Date		Occupation	
Religion	Education	Elementary School District	High School School District	

#### Ethnicity

- |                                    |                         |
|------------------------------------|-------------------------|
| Asian                              | Hispanic / Latino       |
| Black or African American          | Non-Hispanic/Non-Latino |
| American Indian / Alaska Native    | White                   |
| Hawaiian or other Pacific Islander | Other: _____            |

Are You Bilingual?..... Yes No  
If yes, what language(s)?

### Parent No. 2

Adoptive Parent's Name		Date of Birth	Soc. Sec. No.
Mailing Address		Home Phone No.	WorkPhone No.
City	State	ZIP	Email
Marital Status	If Married, Date		Occupation
Religion	Education	Elementary School District	High School School District

#### Ethnicity

- |                                    |                         |
|------------------------------------|-------------------------|
| Asian                              | Hispanic / Latino       |
| Black or African American          | Non-Hispanic/Non-Latino |
| American Indian / Alaska Native    | White                   |
| Hawaiian or other Pacific Islander | Other: _____            |

Are You Bilingual?..... Yes No  
If yes, what language(s)?

# Family Information For Input Into The Adoption Registry

## Household Members Information

Name	Date of Birth	Gender		Relationship to Applicant	Ethnicity
		M	F		

\_\_\_\_\_ | \_\_\_\_\_  
*Date of Court Certificaton (if Applicable)*      *Date of Court Certificaton (if Applicable)*

## Family Information For Input Into The Adoption Registry

### Child(ren) Desired

Gender desired:	Siblings?	_____	_____
Male	Yes	<i>Ages of the Child(ren)</i>	<i>Ethnicity of the Child(ren)</i>
Female	No	_____	_____
No Preference		<i>Number of Children?</i>	<i>Primary Language of the Child(ren)</i>

### Family is willing to care for a child with the following

- |   |   |  |
|---|---|--|
| Abusive to Animals                            | Dwarfism                                  | Post-Traumatic Stress Disorder (PTSD)      |
| Adjustment Disorder                           | Dyslexia                                  | Pregnant Teen                              |
| Affective Disorder                            | Encopresis                                | Psychotic Disorder                         |
| Aggressive                                    | Enuresis                                  | Reactive Attachment Disorder (RAD)         |
| AIDS  | Failure to Thrive                         | Respiratory Problems                       |
| Alcohol Exposed                               | Feeding Issues:                           | Runs Away                                  |
| Allergies                                     | Fetal Alcohol Spectrum Disorder (FASD)    | Safe-Haven / Unknown                       |
| Amputee:                                      | Fetal Alcohol Syndrome (FAS)              | Schizophrenia                              |
| Anorexia                                      | Fire Setting                              | Scoliosis                                  |
| Anemic  | Hearing Impaired                          | Seizure / Epilepsy                         |
| Anxiety Disorder                              | Heart Problem                             | Self-Abusive                               |
| Apnea Monitor                                 | History of Abuse or Neglect               | Separation Anxiety Disorder                |
| Arthritis                                     | HIV Positive                              | Sexually Transmitted Disease               |
| Asperger's Syndrome                           | Hoarding                                  | Sexual Abuse Perpetrator                   |
| Asthma  | Hydrocephalus                             | Sexual Abuse Victim                        |
| Attachment Disorder                           | Impulse Control Disorder                  | Sexually acts out-                         |
| Attention Deficit Disorder (ADD)              | Inappropriate Interactions with strangers | Masturbates in Public                      |
| Attention Deficit Hyperactive Disorder (ADHD) | Irritable Bowel Syndrome (IBS)            | Sexually Acts Out/<br>Provocative Behavior |
| Autistic                                      | Kidney Disease                            | Shaken Baby Syndrome                       |
| Bipolar Disorder                              | Learning Disability                       | Sickle Cell Anemia                         |
| Blind:  | LGBTQ+                                    | Sickle Cell Trait                          |
| Cerebral Palsy                                | Loss Issues                               | Smoking                                    |
| Cognitive Disability                          | Lying                                     | Speech / Language Disorder                 |
| Conduct Disorder                              | Mental Illness in Birth Family            | Special Development Disorder               |
| Confrontational                               | Microcephaly                              | Special Diet                               |
| Craniofacial Anomalies                        | Muscular Dystrophy                        | Special Education                          |
| Cystic Fibrosis                               | Neurofibromatosis                         | Spina Bifida                               |
| Damages Property                              | Obsessive Compulsive Disorder (OCD)       | Stealing                                   |
| Deaf  | Organic Disorder                          | Substance Exposed Infant                   |
| Deformity / Physical                          | Orthopedic Disorder                       | Substance Abuse                            |
| Delinquency                                   | Oppositional Defiant Disorder             | Teen Parent                                |
| Depression                                    | Paralysis                                 | Terminal Illness                           |
| Developmental Disability                      | Pervasive Development Disorder            | Tourette's Syndrome                        |
| Diabetes                                      | Physical Disability                       | Truancy                                    |
| Downs Syndrome                                | Physically Acts Out W/Adults              | Visually Impaired                          |
|   | Physically Acts Out W/Peers               | Wheel Chair                                |

# Family Information For Input Into The Adoption Registry

## FOR ADOPTIVE AGENCY OFFICE USE ONLY

Agency Name	Worker's Name	Phone No.
Email		
Expiration Date of Home Study or Court Certification .....		
Family on Hold .....	Date	Reason for Hold
Family selected would like to remain on the registry? .....		Yes No
Family removed from Adoption Registry .....		Date
Reason for Hold		

Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. 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 DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.