

CHILD CERTIFICATION DOCUMENTATION ATTACHMENT

This form is to be completed by the child's attending medical, dental or behavioral health professional. A signed letter or medical record may be attached to this form.

Health Professional: This form may be used to determine eligibility for the Arizona Adoption Subsidy Program or to document the child's pre-existing conditions. Please provide the child's current diagnoses, indicate the severity and respond to the question about the child's risk for developing physical, mental or developmental disabilities or emotional disturbance.

CHILD'S NAME <i>(Last, First, M.I.)</i>	DATE OF BIRTH
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DIAGNOSIS	DIAGNOSTIC CODE	SEVERITY 1 = mild, 5 = extremely severe
Diagnosis 1:		1 2 3 4 5

Current Treatment and Prognosis

Diagnosis 2:		1 2 3 4 5
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Current Treatment and Prognosis

Diagnosis 3:		1 2 3 4 5
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Current Treatment and Prognosis

Diagnosis 4:		1 2 3 4 5
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Current Treatment and Prognosis

Based on these diagnoses or the child's social, developmental or genetic history does this child have or is this child at risk of developing a physical, mental or developmental disability or an emotional disturbance? YES NO

Please explain:

PROFESSIONAL'S NAME	PROFESSIONAL DEGREE AND SPECIALTY
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ADDRESS *(No., Street, City, State, ZIP)*

PROFESSIONAL'S SIGNATURE	PHONE NO. ()	DATE
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