CSO-1080A (8-14)
AN-018-B (12-07)

ARIZONA DEPARTMENT OF CHILD SAFETY

Adoption Subsidy (AS)

CHILD CERTIFICATION DOCUMENTATION ATTACHMENT

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

CHILD'S NAME *(Last, First, M.I.)*	BIRTHDATE

PROFESSIONAL'S DIAGNOSIS ***(Check appropriate box and give diagnosis)*** ☐ Medical ☐ Dental ☐ Behavioral/Mental Health ☐ Other *(Specify)*	**DIAGNOSTIC CODE**	**Check all that apply**
		☐ The child is at risk of developing severe emotional disturbance that would impede the child's ordinary developmental progress if removed from his current home.
		☐ The child has a lifelong condition which is characterized by impaired intellectual development and impedes the ability to function independently as defined by accepted national standards
		☐ The child has a physical disability that is chronically debilitating, progressive or fatal and requires assistance for the child in activities of daily living or requires assistance of another person or mechanical device for movement from place to place.

TREATMENT PLAN ***(Include type of treatment, course of illness to date and prognosis)***

PROFESSIONAL'S NAME	TITLE OR SPECIALITY

ADDRESS *(No., Street, City, State, ZIP)*

PROFESSIONAL'S SIGNATURE	PHONE NO.	DATE
	( )	

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