

NC KIDS FAMILY REGISTRATION FORM

Agencies should use this form to register families willing to adopt children with special needs. Please type or print each item below. **ALL INFORMATION MUST BE COMPLETED.** If an item is not applicable, write N/A. Please send the completed form to the above address with one copy of the family's approved and certified pre-placement assessment. The registration form and pre-placement assessment must be submitted at the same time.

NEW REGISTRATION **UPDATED REGISTRATION**

APPLICANT #1

APPLICANT #2

	APPLICANT #1			APPLICANT #2		
	First Name	MI	Last Name	First Name	MI	Last Name
Name						
Date of Birth (mm/dd/yy)						
Ethnicity						
Race						
Gender						
Occupation						
Religion						
Highest Level of Education						
Marital Status						
Language(s) Spoken						
30 hours Training Completed?						

Most Recent Pre-placement Assessment Date: _____

Licensed Foster Parents? **Yes** **No** If yes, Most Recent Date of License: _____ Accept Legal Risk? **Yes** **No**

Home Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone (____) _____ - _____ Fax Phone (____) _____ - _____

Work Phone #1 (____) _____ - _____ Work Phone # 2 (____) _____ - _____

E-mail Address: _____

What is the best time and location to contact this family? _____

Are the applicants willing to travel to the child's county? **Yes** **N** If no, specify: _____

Does your agency have a charge for purchase-of-service? **Yes** **No** If yes, how much? \$ _____

CHILDREN & ADULTS IN THE HOME

(List all persons living in the home)

First Name	Last Name	Date of Birth (mm/dd/yy)	Gender	Ethnicity	School Grade	Relationship to Applicants (birth, adoptive, or foster child, relative, other, etc.)

CHILD(REN) DESIRED

(Check Each Category)

<p>Maximum Number of Children</p> <p>1 2 3 4 5 Other:</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p> <p><input type="checkbox"/> Will consider ONLY sibling groups</p>	<p>Gender Preference (check all that apply)</p> <p>Male Female</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Age Preference</p> <p>Min Age _____</p> <p>Max Age _____</p>
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ETHNICITY PREFERENCES

(Check each ethnicity you will accept)

<p><input type="checkbox"/> African-American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Latino/Hispanic</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Hawaiian Native or other Pacific Islander</p>
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Please indicate below which of the following special needs you would be willing to consider in a potential adoptive child:

EMOTIONAL DISABILITIES

- None
- Adjustment Disorder
- Anxiety Disorder
- Anorexia
- Attachment Disorder
- Bi-Polar Disorder
- Borderline Personality Disorder
- Bulimia
- Conduct Disorder
- Depression
- Dysthymia
- Loss Issues
- Obsessive Compulsive Disorder
- Oppositional Defiant Disorder
- Post Traumatic Stress Disorder
- Psychosis
- Reactive Attachment Disorder
- Schizoaffective Disorder
- Schizophrenia
- Separation Anxiety
- Takes Psychiatric Medication

LEARNING DISABILITIES

- None
- Aphasia
- Attention Deficit Disorder
- Attention Deficit Hyperactivity Disorder
- Central Auditory Processing Disorder
- Developmental Articulation Disorder
- Dyslexia
- Dyspraxia
- Expressive Language Disorder
- Learning Disability
- Non-Specific Learning Disorder
- Receptive Language Disability

DEVELOPMENTAL

- None
- Autism Spectrum Disorder
- Asperger Syndrome
- Down's Syndrome
- Intellectual Disability - Not specified
- Intellectual Disability - Genetic
- Pervasive Developmental Disorder
- Praeder Willi Syndrome
- Trisomy 13
- Trisomy 18
- William's Syndrome
- Other _____
- Blindness/Visual Impairment
- Cancer
- Cerebral Palsy
- Congenital Heart Disease

PHYSICAL DISABILITIES

- None
- Allergies (Specify _____)
- Asthma
- AIDS
- Blindness/Visual Impairment
- Cancer
- Cerebral Palsy
- Congenital Heart Disease
- Cystic Fibrosis
- Deaf/Profound Hearing Loss
- Developmental Disabilities
- Diabetes
- Dwarfism
- Encopresis
- Enuresis
- Epilepsy
- Failure to Thrive
- Fetal Alcohol Effects
- Fetal Alcohol Syndrome
- HIV Positive
- Hearing Loss - Partial
- Heart Defect
- Heart Murmur
- Hydrocephalus
- Hyperactivity
- Hypertension
- Kidney Disease
- Macrocephalus
- Medically Fragile
- Microcephalus
- Missing Limb(s)
- Motor Skills Disorder
- Multiple Sclerosis
- Muscular Dystrophy
- Non-Ambulatory
- Non-Verbal
- On Medication (list on right)
- Paralysis
- Phenylketonuria (PKU)
- PICA
- Quadriplegia
- Scoliosis
- Seizure Disorder
- Sexually Transmitted Disease
- Shaken Baby Syndrome
- Sickle Cell Anemia
- Sickle Cell Trait
- Speech Disorder
- Spina Bifida
- Terminal Illness
- Tourette's Syndrome

PHYSICAL DISABILITIES cont'd

- Total Care Required
- Tracheotomy
- Tube Feeding
- Visual Impairment

BEHAVIORAL

- Compulsive Lying
- Cruelty to Animals
- Defiant Behavior
- Fire Starter
- Hyperactivity / Unable to Sustain Attention
- Inappropriate Interaction with Strangers
- Inappropriate Masturbation
- Lack of Awareness of Others
- Physically Aggressive to Adults
- Physically Aggressive to Peers
- Property Damage
- Run Away
- Self Abusive
- Sexually Acting Out With Peers
- Sexually Provocative Behavior
- Stealing
- Temper Tantrums

RISK FACTORS

- None
- Alcohol Exposed
- Domestic Violence in Birth Family
- Drug Exposed
- HIV Exposed
- Lead Poisoning
- Mental Illness in Birth Family
- Mental Retardation in Birth Family
- Neglected
- Physically Abused
- Premature Birth
- Schizophrenia in Birth Family
- Sexually Abused
- Shaken Baby Syndrome

OVERALL FUNCTIONING

1 = None 2 = Mild
3 = Moderate 4 = Severe

Emotional	
Learning	
Developmental	
Physical/Medical	
Behavioral	

