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. <u>ALL INFORMATION MUST BE COMPLETED.</u> 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. *To complete this form use the DSS 1820 instructions

	APPLIC	CANT #1		APPL	ICANT #2	
-	First Name	MI Last Name	First Name		MI Last N	ame
Name						
Date of Birth (mm/dd/yy)						
*Race						
*Ethnicity						
Gender						
Occupation						
Religion						
Highest Level of Education						
Marital Status						
Language(s) Spoken						
30 hours Training Completed?						
Most Recent Pre-placement As	sessment Date:					
Licensed Foster Parents? 🗌 Y				Accept Le	egal Risk? 🗌 \	∕es □ No
Home Address						
				State	Zip Code	
					_	
Work Phone #1 () -		Work Phor	ne # 2 ()	_		
				_		
What is the best time and location	•	No. □ No.				
Are the applicants willing to trave	to the child's county?	Yes NO	If no, specify: _			

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CHILDREN & ADULTS IN THE HOME

(List all persons living in the home)

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

CHILD(REN) DESIRED (Check Each Category)

Maximum Number of Children	Gender Preference (check all that apply)	Age Preference
1 2 3 4 5 Other:	Male Female	Min Age
Will consider ONLY sibling groups		Max Age

Please indicate below which of the following special needs you would be willing to consider in a potential adoptive child:

EMOTIONAL DISABILITIES		PHYSICAL DISABILITIES cont'd
	PHYSICAL DISABILITIES	
None		☐ Total Care Required
Adjustment Disorder	None	Tracheotomy
Anxiety Disorder	Allergies (Specify)	Tube Feeding
Anorexia Anorexia	Asthma	Visual Impairment
Attachment Disorder	AIDS AIDS	
☐ Bi-Polar Disorder	Blindness/Visual Impairment	<u>BEHAVIORAL</u>
☐ Borderline Personality Disorder	Cancer	Compulsive Lying
☐ Bulimia	Cerebral Palsy	Cruelty to Animals
☐ Conduct Disorder	Congenital Heart Disease	Defiant Behavior
Depression	Cystic Fibrosis	Fire Starter
☐ Dysthymia	Deaf/Profound Hearing Loss	Hyperactivity / Unable to Sustain Attention
Loss Issues	Developmental Disabilities	Inappropriate Interaction with Strangers
Obsessive Compulsive Disorder	Diabetes	☐ Inappropriate Masturbation
Oppositional Defiant Disorder	☐ Dwarfism	Lack of Awareness of Others
Post Traumatic Stress Disorder	☐ Encopresis	Physically Aggressive to Adults
Psychosis	Enuresis	Physically Aggressive to Peers
Reactive Attachment Disorder	Epilepsy	Property Damage
Schizoaffective Disorder	Failure to Thrive	Run Away
Schizophrenia	Fetal Alcohol Effects	Self Abusive
Separation Anxiety	Fetal Alcohol Syndrome	Sexually Acting Out With Peers
Takes Psychiatric Medication	HIV Positive	Sexually Provocative Behavior
_ ,	Hearing Loss - Partial	Stealing
LEARNING DISABILITIES	Heart Defect	Temper Tantrums
None	Heart Murmur	
☐ None ☐ Aphasia	Hydrocephalus	RISK FACTORS
Attention Deficit Disorder	Hyperactivity	None
Attention Deficit Disorder Attention Deficit Hyperactivity Disorder	Hypertension	None
Central Auditory Processing Disorder	☐ Kidney Disease	Alcohol Exposed
Developmental Articulation Disorder	Macrocephalus	Domestic Violence in Birth Family
Dyslexia	Medically Fragile	Drug Exposed
Dyspraxia	Microcephalus	HIV Exposed
Expressive Language Disorder		Lead Poisoning
Learning Disability	Missing Limb(s)	Mental Illness in Birth Family
☐ Non-Specific Learning Disorder	Motor Skills Disorder	Mental Retardation in Birth Family
Receptive Language Disability	Multiple Sclerosis	Neglected
	Muscular Dystrophy	Physically Abused
DEVELOPMENTAL	Non-Ambulatory	Premature Birth
None	Non-Verbal	Schizophrenia in Birth Family
Autism Spectrum Disorder	On Medication (list on right)	Sexually Abused
Asperger Syndrome	Paralysis (BIGE)	Shaken Baby Syndrome
Down's Syndrome	Phenylketonuria (PKU)	OVEDALL FUNCTIONING
☐ Intellectual Disability - Not specified	☐ PICA	OVERALL FUNCTIONING
Intellectual Disability - Renetic	Quadriplegia	1 = None 2 = Mild
Pervasive Developmental Disorder	Scoliosis	3 = Moderate 4 = Severe
Praeder Willi Syndrome	Seizure Disorder	3 Moderate 4 Octore
Trisomy 13	Sexually Transmitted Disease	Emotional
Trisomy 18	Shaken Baby Syndrome	Learning
☐ William's Syndrome	Sickle Cell Anemia	Developmental
Other	Sickle Cell Trait	Physical/Medical
☐ Blindness/Visual Impairment	Speech Disorder	Behavioral
Cancer	Spina Bifida	
Cerebral Palsy	Terminal Illness	
Congenital Heart Disease	☐ Tourette's Syndrome	
Congenital Fleat Discase		

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ASSESSMENT OF FAMILY'S STRENGTHS AND NEEDS

Describe any skills, knowledge, or experience you may have with special needs children and/or children with disabilities: Would you have access to resources for a special needs child?

Yes No If yes, specify: List family's strengths: List areas family will need support to parent a child with special needs successfully: Include any information on this family that might be significant to the child's agency (i.e., the ability to allow child to maintain earlier relationships, lifestyle, etc.) I (we) give consent to NC Kids to make **FAMILY AGENCY INFORMATION** referrals to county departments of social (ALL SIGNATURES REQUIRED) services with waiting children on my **PHOTO** (our) behalf. I (we) understand that these referrals may include but are not You are welcome to send a clear Social Worker/Agency Representative family picture or family photo limited to giving my (our) name(s) and book with this form. **DO NOT fax** information, including a copy of my photos. Digital pictures are ac-Name of Agency (our) approved preplacement assessceptable. Place jpeg on disk and ment, to county departments of social submit with application or email services. Address of Agency to: nc.kids@dhhs.nc.gov City Zip Code Photos may also be mailed. Signature of Prospective Adoptive Parent #1 Telephone Number Signature of Prospective Adoptive Parent #2

Signature of Agency Representative

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Fax Number

E-Mail Address