DEPARTMENT OF CHILDREN AND FAMILIES

Division of Safety and Permanence

Child Description for Adoption Recruitment

Use of form: Use of this form is a requirement to request a Special Needs Adoption Program recruitment for children who are currently placed in out-of-home care and an adoptive resource is needed for the child. A completed Child-Specific Recruitment Consent, DCF-F-5057, <https://dcf.wisconsin.gov/forms> must accompany this form if photos are going to be used. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: Complete all sections below

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|  | Date      |
| Name – Child (First Name Only)      | Gender[ ]  Male [ ]  Female  | Age (years/months)      |
| Race (Check all that apply)[ ]  African American [ ]  Asian [ ]  Hispanic[ ]  Native American [ ]  Pacific Islander [ ]  White | Ethnicity      |
| ICWA Status[ ]  Yes [ ]  No | Indian Tribe      |
| Date of Removal      | Reason(s) for Removal (Check all that apply)[ ]  Physical Abuse [ ]  Sexual Abuse [ ]  Emotional Damage/Abuse [ ]  Neglect[ ]  Unborn Child Abuse [ ]  Delinquency [ ]  Developmental Disability [ ]  AODA [ ]  Physical Handicap [ ]  Behavioral Issues [ ]  Emotional Disturbance [ ]  Other |
| Legal Status |
| County of Jurisdiction      | Current Placement Setting |
| Number of siblings to be placed together      | Names – Siblings (First Names Only)      |
| Is this child Photolisted?[ ]  Yes [ ]  No Link:       |
| A. Child Specific Information |
| Strengths (What does the child do well?)      |
| Interests/Hobbies      |
| Likes/Dislikes      |
| Sibling relationships and frequency of sibling contact      |
| Important connections the child would like to maintain      |
| Physical Health and Medical Strengths and Needs      |
| Behavioral Health Strengths and Needs      |
| Educational Strengths and Needs      |
| Child’s feelings about adoption      |
| Type of family child is looking for      |

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| B. Information for Workers Only |
| WISACWIS Case ID Number      | Name – Casehead (Last, First, MI)      |
| Level of Need (Child)      | Adoption Assistance Eligibility |
| Diagnoses      |
| Medications      |
| Types of Services Provided – Child      |
| Provider Characteristics (Check all that Apply)[ ]  ADD/ADHD requiring medication[ ]  AIDS Infection or HIV Positive[ ]  AODA[ ]  Adoption Only[ ]  At least one parent stays home[ ]  Attachment[ ]  Autism[ ]  Behavioral difficulties in school[ ]  Bilingual capacity[ ]  Chronic school issues[ ]  Cognitive delays[ ]  Communicable diseases[ ]  Concurrent[ ]  Crisis respite[ ]  Cruelty to animals[ ]  Delinquency history[ ]  Depression[ ]  Developmental delays[ ]  Drug affected infant[ ]  Emergency placements[ ]  Emotionally abused[ ]  Enuresis/Encopresis[ ]  Fire setting[ ]  Food/Eating issues[ ]  Gang involved[ ]  History of making false allegations[ ]  History of running away[ ]  Hyperactivity[ ]  Infant[ ]  LGBTQ[ ]  Legal risk | [ ]  Limited life expectancy[ ]  Medically needy/fragile/complex[ ]  Mental health issues[ ]  Neglected[ ]  Personal care needs[ ]  Physically abused[ ]  Physically aggressive[ ]  Pregnant/parenting[ ]  Previous foster family contact post-adoption[ ]  Psychiatric hospitalization history[ ]  Psychotic[ ]  Requires oxygen[ ]  Requires Smoke and pet dander free home[ ]  Requires special diet[ ]  Ritually abused[ ]  Self-injurious[ ]  Severe respiratory problems[ ]  Sexual behaviors[ ]  Sexually abused[ ]  Sibling group[ ]  Significant asthma or allergies[ ]  Significant hearing loss or is deaf[ ]  Significant impaired vision or blind[ ]  Sleeping issues[ ]  Suicidal/Homicidal[ ]  Supervised family interaction[ ]  Teens[ ]  Transports long distance[ ]  Wheelchair accessible[ ]  Witness to violence community or family[ ]  Works closely with birth parents |
| C. Contact Information |
| Worker Name      | Permanency Consultant Name      |
| Agency Name      | Telephone Number      | Agency Name      | Telephone Number      |
| Email Address      | Email Address      |