



# CHILD REGISTRATION FOR ADOPTION RECRUITMENT

State Form 11840 (R9 / 12-17)  
DEPARTMENT OF CHILD SERVICES

DATE (month, day, year)

### ATTACH PHOTO

- Use head-shoulder photo against plain, light-colored background.
- On reverse of photo, write:  
**CHILD'S NAME**  
**AGE**  
**DATE OF PHOTOGRAPH**
- Do not staple photo to this form; staples and holes will show in printing.

**INSTRUCTIONS:** 1. Please type or print legibly. Use reverse side if necessary.  
2. Check completed form before submitting to SNAP specialist.

### A. GENERAL INFORMATION

Name of child		Age
Date of birth (month, day, year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Language(s) spoken

### RACE / CULTURAL HERITAGE

<b>RACE:</b> <input type="checkbox"/> (1) White <input type="checkbox"/> (2) Black or African American <input type="checkbox"/> (3) American Indian or Alaskan Native <input type="checkbox"/> (4) Asian	<input type="checkbox"/> (5) Native Hawaiian or Other Pacific Islander <input type="checkbox"/> (6) Multiracial <input type="checkbox"/> (7) Unable to determine * * Choose only when client refuses or is unable to identify race(s).	<b>ETHNICITY:</b> Hispanic ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined
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### B. LEGAL, FAMILY, AND DEVELOPMENT

<b>LEGAL</b>	Is child legally free for adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date termination of parent(s) rights granted to birth mother (month, day, year)	Date termination of parent(s) rights granted to birth father (month, day, year)
	Is child member of sibling group? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many in the group?	If yes, to be placed together? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>FAMILY AND DEVELOPMENT</b>	Post adoption contact with birth family member(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, what is the relationship of the family member(s) to maintain contact?		

### C. PERSONALITY AND BEHAVIOR OF CHILD

Please describe child's personality and behavioral traits in positive terms. Be sure to indicate child's likes, special interests, accomplishments, activities, talents, and/or hobbies. Also include information on child's peer relationships and maturity level.

### D. TYPE OF FAMILY DESIRED

Configuration of family (check all that will be considered)

- Two parent  Single parent  Older children in home  Younger children in home  No other children in home  Out of state

List preferred family traits, strengths, knowledge, experience, and special skills for this child.

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### E. CONTACT INFORMATION

Name of child's Family Case Manager (FCM)	E-mail address of FCM
Name of agency	Telephone number (     )
Address of agency (number and street, city, state, and ZIP code)	
Name of SNAP Specialist / alternate contact person	
Name of agency	Telephone number (     )
Address of agency (number and street, city, state, and ZIP code)	