



CHILD REGISTRATION FOR ADOPTION RECRUITMENT

State Form 11840 (R10 / 8-18)
DEPARTMENT OF CHILD SERVICES

Date (month, day, year)

- INSTRUCTIONS:**
1. Prior to completing this form, complete a KidTraks PPS referral to your Regional Adoption Liaison.
 2. Please type or print legibly. Use reverse side if necessary.
 3. E-mail completed form (SF11840) and Informed Consent Form (SF54901) to iap@childrensbureau.org and your Regional Adoption Liaison. Put the child's name in the subject line of e-mail.

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

RACE: <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).		ETHNICITY: Hispanic ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined
--	--	---	--	---

CURRENT PLACEMENT AND CONTACT

Type of placement <input type="checkbox"/> Foster Home <input type="checkbox"/> Residential Facility <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other	Name of contact
Address (number and street, city, state, and ZIP code)	
Telephone number ()	E-mail address

B. LEGAL, FAMILY, AND DEVELOPMENT

LEGAL	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
FAMILY AND DEVELOPMENT	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) <input type="checkbox"/> Two parent <input type="checkbox"/> Single parent <input type="checkbox"/> Older children in home <input type="checkbox"/> Younger children in home <input type="checkbox"/> No other children in home <input type="checkbox"/> Out of state
List preferred family traits, strengths, knowledge, experience, and special skills for this child.

E. REFERRAL REQUEST

- | | | |
|--|--|--|
| <input type="checkbox"/> Initial Photo | <input type="checkbox"/> Updated Photo | <input type="checkbox"/> No Photo Needed |
| <input type="checkbox"/> Initial Video* | <input type="checkbox"/> Updated Video | <input type="checkbox"/> No Video Needed |
| <input type="checkbox"/> Initial Child Summary | <input type="checkbox"/> Updated Child Summary** | <input type="checkbox"/> No Child Summary Needed |

* For Initial Video, the child must have been in Adoption Recruitment for at least six (6) to twelve (12) months.

** For Updated Child Summary, please send previous Child Summary with referral.

For video referrals, an individual must be willing to speak to the child's strengths and the activities the child enjoys.

Name of individual	Telephone number ()	Relationship to child
--------------------	------------------------------	-----------------------

- | | | |
|--|------------------------------|--|
| Is this the first time this child has been referred for recruitment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this child in a pre-adoptive home? (Photos/videos are for adoption recruitment only.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the placement aware that we will be calling to schedule recruitment activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has this child been prepared to answer adoption questions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| For sibling groups, do we have permission to see this child separately? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A* |
| For sibling groups, will this child be recruited with his/her sibling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A* <input type="checkbox"/> Other** |

* Child does not have siblings. ** Child will not be recruited with all siblings.

Please list the name of siblings to be recruited with this child.

Do we have permission to see the child at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school
---	------------------------

Address of school (number and street, city, state, and ZIP code)

F. CONTACT INFORMATION

Name of child's Family Case Manager (FCM)	E-mail address of FCM
County of FCM	Telephone number of FCM ()
Name of FCM supervisor	E-mail address of FCM supervisor
Name of Regional Adoption Liaison	E-mail address of Regional Adoption Liaison
Telephone number of Regional Adoption Liaison ()	MaGIK Casebook e-mail address