



CHILD REGISTRATION AND ADOPTION RECRUITMENT PLAN

State Form 11840 (R13 / 6-22)
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
1. All spaces must be completed to the best of your ability and typed or printed in all capital letters.
 2. Complete a KidTraks services referral for Adoption Recruitment, upload this form as an attachment, and send the KidTraks referral to the Adoption Consultant for approval.

NOTE: **Children over the age of nine (9), members of sibling groups, and those with significant special needs meet the criteria for Wendy's Wonderful Kids Child-Focused Recruitment. Please talk with the Regional Adoption Consultant to discuss referring for Wendy's Wonderful Kids Child-Focused Recruitment prior to submitting the referral.**

SECTION A – CHILD INFORMATION				
First name of child		Last name of child		Case management system case e-mail address
Date of birth (month, day, year)	Age	Gender	Language(s) spoken <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____	
Race (Check all that apply.)		Hispanic ethnicity?		
<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine		
<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify): _____				
Grade level (K – 12)				
Case plan goal <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> Another Planned Permanent Living Arrangement (APPLA)				
City of current placement	County of court	Type of current placement <input type="checkbox"/> Foster Home <input type="checkbox"/> Relative / Kinship Placement <input type="checkbox"/> Residential Facility <input type="checkbox"/> Other		
Name of parent/provider / contact person with whom the child resides				
Address (number and street, city, state, and ZIP code)				
Telephone number ()		E-mail address		

Sibling Information			
Name	Age	Is sibling placed with child?	Are siblings being recruited together?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B – LEGAL INFORMATION		
Is child legally free for adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of termination of parental rights (TPR) or adoption consent signature for child's mother (month, day, year)	Date of TPR or adoption consent signature for child's father (month, day, year)
Note- If a child is not legally free (TPR granted), or adoption consents are not signed by the parents, a court order authorizing adoption recruitment services is required.		
Is there an active No Contact Order (NCO) prohibiting recruiters from contacting members of the birth family following Termination of Parental Rights? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, court order or Case ID number:		

SECTION C – CONTACT INFORMATION		
Name of FCM	County	Region
Address (number and street, city, state, and ZIP code)		
Telephone number ()	Fax number ()	E-mail address
Name of FCM supervisor		
Telephone number ()	Fax number ()	E-mail address