NC Kids – NC Division of Social Services, 820 S. Boylan Ave, 2445 Mail Service Center, Raleigh, NC 27699-2445 1-877-625-4371 (Toll-Free Office) 1-877-625-4374 (Toll-Free Fax)

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.

		GISTRATION		DATED REGI	STRATION	l
		APPLICANT #1			APPLICAN	NT #2
	First Name		st Name	First Name	MI	
Name						
Date of Birth (mm/dd/yy)						
Ethnicity						
Race						
Gender						
Occupation						
Religion						
Highest Level of Education						
Marital Status						
Language(s) Spoken						
30 hours Training Completed?						
Most Recent Pre-placement A	Assessment Date	2:				
Licensed Foster Parents?	Yes No If	ves. Most Recent	Date of License:		Accept Leo	gal Risk? 🗌 Yes 🗌 No
					, , , , , , , , , , , , , , , , ,	
Home Address						
City		Cou	nty		State	Zip Code
Home Phone ()		Fax Phone ()			
Work Phone #1 ()		Work Phone	# 2 ()			
E-mail Address:						
What is the best time and location						
Are the applicants willing to trav		-				
Does your agency have a charge	e for purchase-of-	service? 🗌 Yes	🗌 No If yes, l	how much? \$ _		
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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	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	

ETHNICITY PREFERENCES

(Check each ethnicity you will accept)

	African-American Caucasian Latino/Hispanic Asian American Indian or Alaskan Native Hawaiian Native or other Pacific Islander
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Please indicate below which of the following special needs you would be willing to consider in a potential adoptive child:

EMOTIONAL DISABILITIES

 None Adjustment Disorder Anxiety Disorder Anorexia Attachment Disorder Bi-Polar Disorder Borderline Personality Disorder Bulimia
Conduct Disorder
Dysthymia Loss Issues
 Obsessive Compulsive Disorder Oppositional Defiant Disorder Post Traumatic Stress Disorder Psychosis
 Reactive Attachment Disorder Schizoaffective Disorder Schizophrenia Separation Anxiety Takes Psychiatric Medication

LEARNING DISABILITIES

None
Aphasia
Attention Deficit Disorder
Attention Deficit Hyperactivity Disorder
Central Auditory Processing Disorder
Developmental Articulation Disorder
Dyslexia
Dyspraxia
Expressive Language Disorder
Learning Disability
Non-Specific Learning Disorder
Receptive Language Disability

DEVELOPMENTAL

 None Autism Spectrum Disorder Asperger Syndrome Down's Syndrome
Intellectual Disability - Not specified
Intellectual Disability - Genetic
Pervasive Developmental Disorder
Praeder Willi Syndrome
Trisomy 13
Trisomy 18
William's Syndrome
Other
Blindness/Visual Impairment
Cancer
Cerebral Palsy
Congenital Heart Disease

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PHYSICAL DISABILITIES

None Allergies (Specify Asthma AIDS Blindness/Visual Impairment Cancer Cerebral Palsy Congenital Heart Disease Cystic Fibrosis Deaf/Profound Hearing Loss Developmental Disabilities Diabetes Dwarfism Encopresis Enuresis Epilepsy Failure to Thrive Fetal Alcohol Effects Fetal Alcohol Syndrome HIV Positive Hearing Loss - Partial Heart Defect Heart Murmur Hydrocephalus Hyperactivity Hypertension Kidney Disease Macrocephalus Medically Fragile Microcephalus Missing Limb(s) Motor Skills Disorder Multiple Sclerosis Muscular Dystrophy Non-Ambulatory Non-Verbal On Medication (list on right) Paralysis Phenylketonuria (PKU)] PICA Quadriplegia Scoliosis Seizure Disorder Sexually Transmitted Disease Shaken Baby Syndrome Sickle Cell Anemia Sickle Cell Trait Speech Disorder Spina Bifida Terminal Illness Tourette's Syndrome

PHYSICAL DISABILITIES cont'd

Total Care Required Tracheotomy Tube Feeding Visual Impairment
BEHAVIORAL
Compulsive Lying Cruelty to Animals Defiant Behavior Fire Starter Hyperactivity / Unable to Sustain Attention Inappropriate Interaction with Strangers Inappropriate Masturbation Lack of Awareness of Others Physically Aggressive to Adults Physically Aggressive to Peers Property Damage Run Away Self Abusive Sexually Acting Out With Peers Sexually Acting Out With Peers Sexually Acting Out With Peers Sexually Acting Out With Peers
Sexually Provocative Behavior Stealing
Temper Tantrums

RISK FACTORS

None
Alcohol Exposed
Domestic Violence in Birth Family
Drug Exposed
HIV Exposed
Lead Poisoning
Mental Illness in Birth Family
Mental Retardation in Birth Family
Neglected
Physically Abused
Premature Birth
Schizophrenia in Birth Family
Sexually Abused
Shaken Baby Syndrome

OVERALL FUNCTIONING

1 = None	2 = Mild
3 = Moderate	4 = Severe

Emotional	
Learning	_
Developmental	
Physical/Medical	
Behavioral	

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.)

FAMILY AGENCY INFORMATION (ALL SIGNATURES REQUIRED)

Social Worker/Agency Representative

Name of Agency

Address of Agency

Telephone Number

Zip Code

referrals to county departments of social services with waiting children on my (our) behalf. I (we) understand that these referrals may include but are not limited to giving my (our) name(s) and information, including a copy of my (our) approved preplacement assessment, to county departments of social services.

I (we) give consent to NC Kids to make

Signature of Prospective Adoptive Parent #1

Signature of Prospective Adoptive Parent #2

Signature of Agency Representative

Fax Number

City

E-Mail Address

PHOTO

You are welcome to send a clear family picture or family photo book with this form. **DO NOT fax photos.** Digital pictures are acceptable. Place jpeg on disk and submit with application or email to:

nc.kids@dhhs.nc.gov

Photos may also be mailed.