

Send completed form with a copy of the child's Pre-adoptive Summary and a digital picture to:

NC Kids -NC Division of Social Services
820 S. Boylan Ave., 2445 Mail Service Center
Raleigh, NC 27699-2445
Fax: 877-625-4374 (Toll Free)
NC.Kids@dhhs.nc.gov

New Registration Date: _____

Updated Registration Date: _____

Profile Attached
 Digital Picture Included

NC KIDS CHILD REGISTRATION FORM

Use this form to register **legally free** children (for **Legal Risk** children, use DSS-5225). Please type. ALL INFORMATION MUST BE COMPLETED. **Incomplete Registration Packet will be returned and delay your registration.** If any item is not applicable, write N/A. ***To complete this form use the DSS 1820 instructions**

CHILD'S INFORMATION

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Gender Female Male

SIS #: _____

*Race: _____

*Ethnicity: _____

ICWA compliant? Yes No N/A

EDUCATION

Not in School Preschool Special Education

Ungraded School Attending Special Resource Classes

Grade (check one):

K 1 2 3 4 5 6 7 8 9 10 11 12

SIBLING INFORMATION

T=To be placed together S=To be placed separately

Children	T	S	Date of Birth
Name	<input type="checkbox"/>	<input type="checkbox"/>	
SIS#			
Name	<input type="checkbox"/>	<input type="checkbox"/>	
SIS#			
Name	<input type="checkbox"/>	<input type="checkbox"/>	
SIS#			
Name	<input type="checkbox"/>	<input type="checkbox"/>	
SIS#			
Name	<input type="checkbox"/>	<input type="checkbox"/>	
SIS#			

If separated, what is the recommended frequency of contact?

None Daily
 Weekly Monthly
 Yearly Other

Are there any other important connections to maintain? _____

If yes, what type and frequency of contact is expected? _____

FAMILY PREFERENCES

I. Family Type (check all that apply)

Single Parent-Female Male/Female
 Single Parent-Male Female/Female
 LGBTQ supportive family Male/Male

II. Sibling Preferences (check all that apply)

Female siblings only Must be youngest
 Male siblings only Must be oldest
 No other children
 Would benefit from other children in the home

PLACEMENT HISTORY

Date Entered Foster Care _____

Date Legally Free (Mother) _____

Date Legally Free (Father) _____

Number of Placements _____

Current Placement Date _____

Current Placement Type _____

No. of Adoption Disruptions _____

No. of Adoption Dissolutions _____

ADOPTION ASSISTANCE	Yes	No
Monthly Cash Payment	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Vendor	<input type="checkbox"/>	<input type="checkbox"/>
Non-Recurring Expenses Reimbursement	<input type="checkbox"/>	<input type="checkbox"/>
Special Children Adoption Incentive Fund	<input type="checkbox"/>	<input type="checkbox"/>
HIV+ Supplement	<input type="checkbox"/>	<input type="checkbox"/>
County Supplemental Adoption Assistance Payment	<input type="checkbox"/>	<input type="checkbox"/>
Post Adoption Services	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ASSISTANCE OFFERED	Yes	No
Purchase of Out-of State Adoption Service above \$1800 If yes, up to amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Transportation for child to visit prospective family If yes, up to amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Transportation for prospective family to visit child If yes, up to amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL NEEDS INFORMATION

Must be current diagnoses only. Must be documented in case file and child profile.

Please do not include past diagnoses that are not on a current clinical evaluation. Please check all that apply.

EMOTIONAL DISABILITIES

- None
- Adjustment Disorder
- Anxiety Disorder
- Anorexia
- Attachment Disorder
- Bi-Polar Disorder
- Borderline Personality Disorder
- Bulimia
- Conduct Disorder
- Depression
- 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
- Other _____

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
- Other _____

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 _____

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
- Other _____

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 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
- Other _____

OVERALL FUNCTIONING

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

Emotional	
Learning	
Developmental	
Physical/Medical	
Behavioral	

1) Please help us write a profile for this child by providing an answer in each of the following categories. This child's FAVORITE:

School Subjects	Afterschool Clubs	Sports to Play	Toys/Games	Hobbies or Activities	Vacation Spot/ Family Outing	Movie or TV Show	Foods to Eat	Music or Music Group

2) Please provide additional details about this child's special needs from Page 2 (for example; severity, frequency, date of last known incident, and/or how they impact child's relationships/behaviors) or any other information that will help us recruit their forever family.

3) Please list all medications that the child is taking:

4) What things other than therapy and medication contribute to this child's success?

5) Describe the child's relationship with peers, family, friends, teachers and others (be as detailed as possible).

6) What does the child want to be when he/she grows up? What dreams do they have for the future?

7) Please gather specific quotes from foster parents, teachers or other adults involved with this child. What do they like best about this child? What does this child need help with? Please specify who offered the quote.

8) To help us recruit for this child, please list three (or more) specific adjectives that describes his/her special and distinctive personality:

9) What are the child's feelings about adoption and the kind of family he/she wants?

Continued from page 3

10) What qualities are you seeking in a forever family for this child?

PROFILE

One copy of the child's Pre-Adoptive Summary **MUST** be submitted along with this registration form.

PHOTO

One copy of a high quality picture of this child or sibling group **MUST** be submitted along with this registration form. School portraits or 35 mm photos are acceptable. Digital pictures are preferred. **DO NOT** fax photos. Place jpeg on disk and submit with registration or email to your NC Kids Program Consultant or

nc.kids@dhhs.nc.gov

I give permission to NC Kids to use the Pre-Adoptive Summary and picture of this child in recruitment efforts to find an adoptive family. I agree to review ALL families referred to me from NCKids and understand that all approved families referred to my agency must be considered as possible placement resources, regardless of location, nationality, or race of family, unless the child's permanency plan indicates otherwise and is pre-approved by the state office.

I give permission for NCKids to use the information in this registration packet for recruitment through the NCKids and AdoptUSKids websites. I also give permission for NCKids use the information in the registration packet for the following additional recruitment efforts: (MUST CHECK A LEAST ONE (1) RECRUITMENT EFFORT)

- Additional Websites
- Fostering Perspectives
- NC Heart Gallery
- Recruitment Events
- Television
- Other _____
- Newspapers, newsletters, magazines, brochures, radio, and other print material

I agree to notify NCKids of the suitability of all families referred from NCKids within 30 days after receipt of referral(s).

Contact Person: _____

Agency Name: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Social Worker: _____
(if different than above)

Telephone: _____ Fax: _____

E-mail: _____

Signature: _____ **Date:** _____