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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State_Seal3 | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **Child’s Registration** | | | | | | | |
| CHILD’S LEGAL NAME (LAST, FIRST, MIDDLE) | | | | | BIRTH DATE | | | SEX  Male  Female |
| RACE | | ETHNICITY | | | INTERPRETIVE SERVICES NEEDED  Yes  No | | | |
| ADOPTIVE FAMILY’S NAME (PLEASE PRINT OR TYPE) | | | | | | | | |
| **Legal Status** | | | | | | | | |
|  | | TERMINATION DATE | | DEATH | DECREE NUMBER | | COUNTY AND STATE JURISDICTION | |
| Mother | |  | |  |  | |  | |
| Father | |  | |  |  | |  | |
| Other (specify): | |  | |  |  | |  | |
| 1. CHILD’S CURRENT LEVEL OF FUNCTIONING | | | | | | | | |
|  | | | | | | | | |
| 1. PLAN   Relative adoption  Foster / adoptive home  Foster parent adoption  Adoptive home | | DATE CHILD ENTERED FOSTER CARE | | | DATE OF CURRENT PLACEMENT | | | |
| TOTAL NUMBER PLACEMENTS | | | CURRENT FOSTER CARE PAYMENTS | | | |
| C. Reasonable efforts or against best interest to search for placement (WAC 110-27-0145 and 110-27-0150) | | | | | D. SPECIAL NEEDS CONDITIONS OF THE CHILD (CHECK ALL THAT APPLY)  1. Race  2. Age (6+ years)  3. Sibling group  4. Emotional / mental health  5. Physical disability  6. Intellectual disability  7. Other diagnosed condition  8. Visually / hearing impaired | | | |
| Child registered for 3 months with WARE without finding an adoptive family.  A documented formal search was conducted without finding a family who would adopt the child without adoption support.  Selected prospective adoptive family is unable to adopt without assistance from the adoption support program.  Not in best interest of the child to search for a family due to circumstances of current placement. | | | | |
| COMMENTS | | | | | | | | |
|  | | | | | | | | |
| **Approved** for Adoption Support.  **Not Approved** for Adoption Support. | | | PROGRAM MANAGER’S SIGNATURE DATE | | | | | |
| WORKER’S NAME | | | | | | TELEPHONE NUMBER | | |
| DCYF OR CHILD PLACING AGENCY NAME | | | | | | | | |
| WORKER’S SIGNATURE | | | | | | DATE | | |
| DCYF OR CHILD PLACING AGENCY ADDRESS | | | | | | | | |