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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 |