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| **ADOPTION DATA CARD** | | | | | | | | | | | **Return to:**  CENTER FOR HEALTH STATISTICS  DEPARTMENT OF HEALTH  P.O. BOX 47814  OLYMPIA, WA 98504-7814 | | | | | | | | | | |
| According to RCW 26.33.300, an Adoption Data Card (DCYF 10-114) must be completed and filed with the clerk of the court on behalf of the petitioner for each individual adopted. No amended birth certificate will be issued until the data card has been completed and filed with the Washington State Department of Health. Data collection will be used to provide statewide adoption statistics. | | | | | | | | | | | | | | | | | | | | | |
| **I. CHILD INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| 1. PLACE OF BIRTH (County/Country/Alien status): | | | | | | | | | | | | | | | 2. STATE: | | | | | | |
| 3. U.S. CITIZEN AT TIME OF PLACEMENT:  Yes  No | | | | 4. DATE OF BIRTH: | | | | | | 5. SEX:  Male  Female | | | | | | | | | | | |
| 6. RACE (Check all that apply):  White  Black or African American  American Indian/Alaska Native  Asian  Native Hawaiian or other Pacific Islander | | | | | | | 7. IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO?  No, not Spanish/Hispanic/Latino  Yes, Cuban  Yes, Mexican/Mexican American/Chicano  Yes, Puerto Rican  Other Spanish/Hispanic/Latino | | | | | | | | | | | | | | |
| 8. DOES THIS CHILD HAVE SPECIAL NEEDS?  Yes  No  Unable to determine | | | | 9. SPECIAL NEEDS BASIS (Check all that apply):  Not applicable  Age  Medical conditions or mental, physical, or emotional disabilities. | | | | | | | | Racial/origin background  Part of Sibling group  Other: | | | | | | | | | |
| 10. MEDICAL CONDITIONS OF MENTAL, PHYSICAL, OR EMOTIONAL DISABILITIES (Check all that apply): | | | | | | | | | | | | | | | | | | | | | |
| Intellectual Disabilities  Visual/hearing impaired | | | | Physical disability  Emotional disability | | | | | Other medical disability: | | | | | | | | | | | | |
| **II. BIRTH PARENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| **MOTHER'S INFORMATION** | | | | | | | **FATHER'S INFORMATION** | | | | | | | | | | | | | | |
| 1. YEAR OF BIRTH: | | | | | | | 1. YEAR OF BIRTH: | | | | | | | | | | | | | | |
| 2. RACE (Check all that apply):  White  Black or African American  American Indian/Alaska Native  Asian  Native Hawaiian or other Pacific Islander | | | | | | | 2. RACE (Check all that apply):  White  Black or African American  American Indian/Alaska Native  Asian  Native Hawaiian or other Pacific Islander | | | | | | | | | | | | | | |
| 3. IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO?  No, not Spanish/Hispanic/Latino  Yes, Cuban  Yes, Mexican/Mexican American/Chicano  Yes, Puerto Rican  Other Spanish/Hispanic/Latino | | | | | | | 3. IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO?  No, not Spanish/Hispanic/Latino  Yes, Cuban  Yes, Mexican/Mexican American/Chicano  Yes, Puerto Rican  Other Spanish/Hispanic/Latino | | | | | | | | | | | | | | |
| 4. MARITAL STATUS AT TIME OF BIRTH:  Married  Single  Unable to determine | | | | | | | 4. MARITAL STATUS AT TIME OF BIRTH:  Married  Single  Unable to determine | | | | | | | | | | | | | | |
| 5. TERMINATION OF PARENTAL RIGHTS (TPR): | | | | | | | 5. TERMINATION OF PARENTAL RIGHTS (TPR): | | | | | | | | | | | | | | |
| Court ordered TPR date: | | | | |  | | Court ordered TPR date: | | | | | | | | | | |  | | | |
| Date of Voluntary Relinquishment: | | | | |  | | Date of Voluntary Relinquishment: | | | | | | | | | | |  | | | |
| Date of Death: | | | | |  | | Date of Death: | | | | | | | | | | |  | | | |
| **III. PETITIONER(S) INFORMATION** | | | | | | | | | | | | | | | | | | | |
| **PETITIONER 1 INFORMATION** | | | | | | | **PETITIONER 2 INFORMATION** | | | | | | | | | | | | |
| 1. YEAR OF BIRTH: | 2. SEX:  Male  Female | | | | | | 1. YEAR OF BIRTH: | | | | | 2. SEX:  Male  Female | | | | | | | |
| 3. RACE (Check all that apply):  White  Black or African American  American Indian/Alaska Native  Asian  Native Hawaiian or other Pacific Islander | | | | | | | 3. RACE (Check all that apply):  White  Black or African American  American Indian/Alaska Native  Asian  Native Hawaiian or other Pacific Islander | | | | | | | | | | | | |
| 4. IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO?  No, not Spanish/Hispanic/Latino  Yes, Cuban  Yes, Mexican/Mexican American/Chicano  Yes, Puerto Rican  Other Spanish/Hispanic/Latino | | | | | | | 4. IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO?  No, not Spanish/Hispanic/Latino  Yes, Cuban  Yes, Mexican/Mexican American/Chicano  Yes, Puerto Rican  Other Spanish/Hispanic/Latino | | | | | | | | | | | | |
| 5. MARITAL STATUS AT TIME OF BIRTH: | | | | | | | 5. MARITAL STATUS AT TIME OF BIRTH: | | | | | | | | | | | | |
| Married Couple  Unmarried Couple | Single Man  Single Woman | | | | | | Married Couple  Unmarried Couple | | | | | Married Couple  Unmarried Couple | | | | | | | |
| **IV. ADOPTION PLACEMENT INFORMATION** | | | | | | | | | | | | | | | | | | | |
| 1. LOCATION OF AGENCY/  INDIVIDUAL WITH CUSTODY WHEN PETITION FILED:  Within state  Another state  Another country | | 2. AGENCY/INDIVIDUAL WHICH PLACED CHILD FOR ADOPTION:  Public DCYF and private agency PA Name:  Private agencyName:  Public agency  Birth Parent  Independent person  Tribal agency | | | | | | | | | | | 3. CHILD'S RELATIONSHIP TO ADOPTIVE PARENTS:  Stepparent  Other relative of child  Foster Parent of child  Non-related | | | | | | |
| 4. ADOPTION SUPPORT INFORMATION: | | | | | | | | | | | | | | | | YES | | NO | |
| 1. Is there a signed adoption support agreement, if no, skip to number 5? 2. Is monthly maintenance (state or federal) being received?   c. Enter the amount of monthly maintenance: $   1. Is Title XIX/XX medical being received? 2. Is the child I-VE eligible? | | | | | | | | | | | | | | | |  | |  | |
| 5. PLACEMENT INFORMATION (TO BE COMPLETED IF DCYF ADOPTION): | | | | | | | | | | | | | | | | YES | | | NO |
| Was child in state funded foster care prior to adoptive placement?  Was child placed with own (birth) siblings in this adoptive home?  Was child in prior adoptive or pre-adoptive placement? | | | | | | | | | | | | | | | |  | | |  |
| **V. AGENCY OR INDIVIDUAL COMPLETING POST PLACEMENT REPORT (CHECK ONE)** | | | | | | | | | | | | | | | | | | | |
| Department of Children, Youth and Families (DCYF)  Washington Private Child Placement Agency | | | | | Court employee  Other court appointed individual | | | | | | | | | | Report not completed | | | | |
| **IV. INDIVIDUAL COMPLETING FORM** | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| NAME: | TELEPHONE NUMBER: | | | |
| ADDRESS: | | CITY: | STATE: | ZIP CODE: |

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| **THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE** |
| SIGNATURE: |
| **VII. COURT INFORMATION (TO BE COMPLETED BY THE COURT)** |

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| --- | --- | --- | --- | --- |
| PETITION NUMBER: | DATE PETITION FILED: | FINAL DECREE GRANTED: | COUNTY: | COUNTY CODE: |
| COURT CLERK OR DESIGNEE’S SIGNATURE: | | | | |

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| **This form is available for down load from the DCYF Intranet site: in Microsoft Word for electronic fill and on the DCYF Internet site: n both Microsoft Word, for electronic fill and PDF, read only.** |

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| **ADOPTION DATA CARD INSTRUCTIONS** | | |
| Why information is needed and legal authority:  According to RCW 26.33.300, an Adoption Data Card (DCYF 10-114) must be completed and filed with the clerk of the court on behalf of the petitioner for each individual adopted. Under the federal requirements of the Adoption and Foster Care Analysis and Reporting System (AFCARS), the State must report on all adoptions which occurred since October 1, 1994, and in whose adoption Title IV-B/IV-C agency has had any involvement. AFCARS reports on all other adoptions are encouraged but are voluntary. Reports on the following adoptions are mandated:  a. All children adopted who had been in foster care under the responsibility and care of the Department of Children, Youth, and Families (DCYF) and who were subsequently adopted whether special needs or not and whether subsidies are provided or not.  b. All special needs children who were adopted in the State of Washington, whether or not they were in the public foster care system prior to their adoption and for whom non-recurring expenses were reimbursed.  c. All children adopted for whom an adoption assistance payment or service is being provided based on arrangements made by or through DCYF. | | |
| **SECTION I. CHILD INFORMATION** | | |
| Item 1 - 5 Item 6 | Self-explanatory.  In general, a person’s race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. | |
| White:  Black or African American:  American Indian/Alaskan Native:  Asian:  Native Hawaiian or other Pacific Islander: | | a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  a person whose ancestry is any of the black racial groups of Africa.  a person having origins in any of the original peoples of North or South America (including Central American) and who maintains tribal affiliation or community attachment.  a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| Item 7  Item 8  Item 9  Item 10  Item 11  Item 12 | Self- explanatory  Use the State definition of special needs as it pertains to a child eligible for an adoption subsidy.  Check the factor or condition for categorization as special needs. Check all that apply.  Check the factor or condition as defined by the State and clinically diagnosed by a qualified professional. Check all that apply.  Date child was placed with adoptive family, either on foster or adoptive basis.  Date child was placed in foster care following most recent removal from birth family. | |
| **SECTIONS II. BIRTH PARENT INFORMATION** | | |
| Item 1  Item 2  Item 3 Item 4 Item 5 | Enter the year of birth for each birth parent. If the exact year of birth is unknown, enter an estimated year of birth.  Race: see instructions and definitions under SECTION I., Item 6.  Self-explanatory  Self-explanatory  Enter the month, date, and year of termination of parental rights (TPR), voluntary relinquishment or death of birth mother or father. | |
| SECTIONS III. PETITIONERS INFORMATION | | |
| Item 1  Item 2  Item 3 Item 4 Item 5 | Enter the year of birth for each petitioner. If the exact year of birth is unknown, enter an estimated year of birth.  Self-explanatory  Race: see instructions and definitions under SECTION I, Item 6.  Self-explanatory  Self- explanatory | |

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| **SECTION IV. ADOPTION PLACEMENT INFORMATION** | | |
| Item 1 | Indicate the location of the individual or agency that had custody or responsibility for the child at the time of initiation of adoption proceedings. | |
| Item 2 | Indicate the individual or agency which placed the child for adoption. | |
| Public agency:  Private agency:  Public DCYF & Private Agency:  Birth parent:  Independent Person:  Tribal agency: | | a unit of State or local government.  a for-profit or non-profit agency or institution.  a DCYF agency and a private agency.  the parent(s) placed the child directly with the adoptive parent(s).  a doctor, a lawyer, or some other individual.  a unit within one of the Federally recognized Indian Tribes or Indian Tribal Organization. |
| Item 3 | Indicate the prior relationship(s) the child had with the adoptive parent(s). | |
| Item 4 (a)  (b)  (c)  (d)  (e) | Enter “yes,” if this child was adopted with a signed adoption support agreement;  If a monthly financial payment is being paid mark yes;  Enter the amount of the monthly maintenance;  If the child is eligible for medical services under Title XIX or XX (state or federal) mark yes;  If the adoption support claimed by the state is reimbursement under Title IV-E mark yes. (ask adoption support program manager if you don’t know the answer). | |
| Item 5 | Self-explanatory | |
| **SECTION V AND VI.**  **AGENCY OR INDIVIDUAL COMPLETING POST PLACEMENT REPORT AND INDIVIDUAL COMPLETING DATA CARD** | | |
| All items are self-explanatory. | | |
| **SECTION VII COURT INFORMATION** | | |
| All items are self-explanatory. | | |
| This form is available for down load from the DCYF Intranet site: in Microsoft Word for electronic fill and on the DCYF Internet site: in both Microsoft Word, for electronic fill and PDF, read only. | | |