



Section 1: Completed by Applicant	
Qaybta 1: Waxaa Buuxiyey Codsadaha	
MEDICAL PROVIDER NAME MAGACA BIXIYAHA ADEEGGA CAAFIMAADKA	
PHONE NUMBER LAMBARKA TELEFOONKA	FAX NUMBER LAMBARKA FAKISKA
ADDRESS OR NAME AND LOCATION OF MEDICAL OFFICE/PRACTICE/CLINIC CINWAANKA AMA MAGACA IYO GOOBTA XAFIISKA CAAFIMAADKA/XIRFADDA/BUKAAN-EEGTADA	
NAME OF APPLICANT MAGACA CODSADAHA	DATE OF BIRTH TAARIIKHDA DHALASHADA
<p>I hereby authorize my medical provider to release my medical history information including, but not limited to, information on the issues I have checked below. This information is required as part of a home study for foster care and/or adoption. This release of information is valid for one year from the date of my signature.</p> <p>NOTE: Be sure to check each line <u>and</u> sign.</p> <p><input type="checkbox"/> mental health <input type="checkbox"/> sexual and/or physical abuse <input type="checkbox"/> alcohol and drug concerns <input type="checkbox"/> domestic violence</p> <p>Waxaan halkan ugu oggolaanayaa bixiyaha adeegeyga caafimaadka in uu siidaayo macluumaadkeyga taariikhda caafimaadka oo ay ku jirto, laakiinse aysan ku xaddidnayn, macluumaadka ku saabsan arrimaha aan hoos ku calaamadeeyay. Macluumaadkan ayaa loo baahan yahay sida qayb ka mid ah daraasada guriga ee loogu talagalay daryeelka korinta iyo/ama korsashada.</p> <p>Macluumaadkan siideynta wuxuu sax yahay muddo hal sano ah laga bilaabo taariikhda saxiixeyga.</p> <p>OGOW: Hubso in aad calaamadeyso xariiq kasta <u>iy</u> in aad saxiixdo.</p> <p><input type="checkbox"/> caafimaadka dhimirka <input type="checkbox"/> xadgudub galmo iyo/ama jireed <input type="checkbox"/> walaacyada khamriga iyo daroogada <input type="checkbox"/> tacaddiga qoyska dhexdiisa ka dhex dhaca</p>	
SIGNATURE OF APPLICANT SAXIIXA CODSADAHA	DATE TAARIIKHDA
Section 2: Completed by LD/CPA Staff	
Qaybta 2: Waxaa Buuxiyey Shaqaalaha LD/CPA	
LICENSOR NAME MAGACA SHATI-BIXIYAHA	LICENSING DIVISION OFFICE MAILING ADDRESS AND FAX NUMBER LAMBARKA FAKISKA IYO CINWAANKA BOOSTADA EE XAFIISKA QAYBTA SHATI-BIXINTA
Section 3: Completed by Medical Provider. Return to local Licensing Division office listed in Section 2.	
Qaybta 3: Waxaa Buuxiyay Bixiyaha Adeegga Caafimaadka. Ku soo celi xafiiska Qaybta Shati-bixinta ee lagu qorey Qaybta 2aad.	
DATE OF MOST RECENT PHYSICAL EXAMINATION (MUST BE WITHIN 12 MONTHS OF APPLICATION) TAARIIKHDA BAARITAANKA JIREED EE UGU DAMBEEYAY (WAA IN AY NOQOTAA 12 BILOOD GUDAHOODA EE KA-DIB CODSIGA)	DATE FIRST SEEN BY PROVIDER TAARIIKHDA MARKII UGU HORREYSAY UU ARKEY BIXIYAHA

CHRONIC / FREQUENT MEDICAL ISSUES (INCLUDING SIGNIFICANT PAST MEDICAL HISTORY)
ARRIMAHA CAAFIMAADKA EE SOO NOQNOQDA / BA'AN (OO AY KU JIRAAN TAARIKHDA CAAFIMAADKA HORE EE MUGGA LEH)

CURRENT MEDICAL DIAGNOSIS
BAARITAANKA CAAFIMAADKA HADDA

CURRENT MEDICATIONS: PLEASE STATE THE PURPOSE OF THE MEDICATION, ANTICIPATED SIDE EFFECTS AND CONCERNS IF THE MEDICATION IS NOT TAKEN, AND HOW IT AFFECTS DAILY FUNCTIONING
DAAWOYINKA HADDA: FADLAN SHEEG UJEEDDADA DAAWADA, WAXYEELOYINKA SOO RAACA EE LA FILAYEY IYO WALAACYADA HADDII DAAWADA AANAN LA QAADAN, IYO SIDA AY U SAAMEYNAYSO SHAQEYNTA MAALINLAHA AH

PROGNOSIS
SAADAALIN

PLEASE DESCRIBE HOW ANY MEDICAL CONDITION AFFECTS THE CARE OF ADDITIONAL CHILDREN
FADLAN SHARRAX SIDA XAALAD CAAFIMAAD KASTA AY U SAAMEYSO DARYEELKA CARRUURTA DHEERAADKA AH

COMMENTS/ IMPRESSIONS: IS THE APPLICANT CAPABLE OF CARING FOR AN ADDITIONAL CHILD OR CHILDREN?
FAALLOOYIN/ ARAGTIYO: CODSADHA MA AWOODAA IN UU DARYEELO CARRUUR AMA CUNUG DHEERAAD AH?

SPECIALIST REFERRED TO (IF APPLICABLE)
TAKHASUSLAHA LOO GUDBIYEY (HADDII AY KHUSEYSO)

FAX NUMBER OF SPECIALIST (IF APPLICABLE)
LAMBARKA FAKISKA EE TAKHASUSLAHA (HADDII AY KHUSEYSO)

REASON FOR REFERRAL (IF APPLICABLE)
SABABTA GUDBINTA (HADDII AY KHUSEYSO)

MEDICAL PROVIDER SIGNATURE
SAXIIXA ADEEG-BIXIYAHA CAAFIMAADKA

MEDICAL PROVIDER NAME MAGACA BIXIYAHA ADEEGGA CAAFIMAADKA	SIGNATURE SAXIIXA	DATE TAARIKHDA
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