WASHINGTON STATE
Department of
Children, Youth, and Families

Child's Medical and Family Background Report Instructions

For every adoption in Washington State, **RCW 26.33.350** requires the adoption facilitator to provide to the prospective adoptive *parents "a complete medical report containing all known and available information concerning the mental, physical, and sensory handicaps of the child."* The report *"shall include any known or available mental or physical health history of the birth parent that needs to be known by the adoptive parent to facilitate proper health care for the child or that will assist the adoptive parent in maximizing the developmental potential of the child."* The information should include the birth family and child's medical history *"including the child's x-rays, examinations, hospitalizations, and immunizations."* A physical exam of the child with a referral to specialists if indicated is also required. **A physical exam of a child must have been completed within one year prior to the adoption finalization.** Reasonable efforts must be made to locate records and information.

RCW 26.33.380 requires that information concerning the birth parents and family be provided to the prospective adoptive parent. This shall include the family and child's social history including *"a chronological history of the circumstances surrounding the adoptive placement and any available psychiatric reports, psychological reports, court reports pertaining to dependency or custody, or school reports."*

Both RCW 26.33.350 and 26.33.380 require that the identities of the birth parents remain confidential if not otherwise known to the adoptive parents. The standardized form (required by law) for completing the information is the **Child's Medical and Family Background Report, DCYF 13-041**.

Available information will vary according to each situation. However, in every adoptive placement the child's case worker is required to ensure that reasonable efforts have been made to gain information required. These efforts must be documented. Information provided to the prospective adoptive parent must also be documented. In each item, the facilitator will need to provide an explanation to the adopting parent when unable to obtain specific information requested. **Do not leave any spaces blank.** Describe the efforts made to obtain the information and the reasons these efforts were not successful.

DCYF 13-041 includes a cover letter, Family Background Section, Child Current Function Section, the Health / Mental Health and Education Summary, Child's Immunization Record, Placement Report and Legal Record**. DCYF 13-041 is not complete without attaching the health/mental health and education summary, placement report, legal record and child's immunization record.**

The adoptive parents must initial receipt of the Health / Mental Health and Education Summary, Child's Immunization Record, Placement Report and Legal Record attachments. The reports should be included in the archived file with the copy of the DCYF 13-041 and in the redacted information provided to the parents. Identifying information of the parents, unless otherwise known to the adoptive parents, should be eliminated from each report provided.

A redacted copy of the child's record as outlined in Practices and Procedures Guide .4330 should be included with the DCYF 13-041. If not included, this **must** be provided to the adoptive parents prior to adoption finalization and receipt of child's record must be documented.

Instructions for Completing the 13-041: The Health / Mental Health and Education Summary, Child's Immunization Record, Placement Report and Legal Record must be attached to this form for completion. Check each box to verify that these reports are attached.

Child's Birth Record: If unavailable, indicate the reason why including efforts made to obtain report.

Adoptive Parents must initial each report to verify that they have received it. Adoptive Parents also initial the confidentiality statement. The adoption facilitator signs and dates the form on page 1 after providing the information and referenced reports to the adoptive family. In the event of an out-of-state adoptive placement, the worker who is providing the information to the adoptive family should be the one to sign the form.

Sections I and II: Sections I through II must be completed by all adoption facilitators and provided to the adoptive parent(s) prior to the adoption of the child.

Sections I and II:

Birth Parents' Background and Family Genetic / Medical History

Items 1 - 9 ..... Self explanatory.

Item 10 - 11 ..... Include the highest grade completed by the parents, and identified learning problems.

Item 12 ..... Self explanatory.

Item 13 ..... Check all items that apply. Use additional sheets if necessary. Be specific except in regards to **blood-borne pathogens**. Do not identify specific blood-borne pathogens on DCYF 13-041. Consult policy for further information on specific disclosure to adoptive family.

Item 14 - 15 ..... Describe birth mother's and birth father's last known medical histories and conditions and child's birth history. Check any substance on the list known to have been used by the birth parent. Provide known information related to the exposure. Use the back side of the form or an additional sheet if necessary.

If the child is over the age 13, he or she must consent to the release of any mental health, sexually transmitted disease, or birth control information. The child must sign the release section on page 4. If the child refuses to sign, please consult with AAG and supervisor.

The adoptive parent(s) sign and date the report on the date the information is provided to them. RCW 26.33.380 requires all adoption facilitators to provide the available information on the child's family and social history to the adoptive parent(s).

The adoptive parents are given another opportunity to request that additional information be sought and are provided information about the adoption support program. Adoptive parents should be encouraged to apply for adoption support for the child. The adoptive parent(s) sign and date the report on the date the information is provided to them.

Child's Current Functioning: Provide a brief description of the child's current functioning and identify significant behavioral, educational, medical and/or mental health issues.

Distribution

Original..... Retained by the Agency / Facilitator in the Child's Legally Free File
Copy..... Provided to the Adoptive Family

WASHINGTON STATE
Department of
Children, Youth, and Families

Child's Medical and Family Background Report

Date:

To: **Adoptive Family's Name and Address**

From: **Worker's Name, Worker's Phone Number, Worker's Email Address**

RE: **Child's First Name, Child's Date of Birth**

The information included in this report is limited by the availability of health and education records. **This form includes the Family Background Information**. The attached USB /paper copy (circle one) contains:

_____ Adoptive Parent Initials _____ Adoptive Parent Initials ☐ Health / Mental Health and Education Summary

_____ Adoptive Parent Initials _____ Adoptive Parent Initials ☐ Child's Immunization record

_____ Adoptive Parent Initials _____ Adoptive Parent Initials ☐ Child's Birth Records. If not available, why:

_____ Adoptive Parent Initials _____ Adoptive Parent Initials ☐ Placement Record

_____ Adoptive Parent Initials _____ Adoptive Parent Initials ☐ Legal Record

_____ Adoptive Parent Initials _____ Adoptive Parent Initials ☐ Documentation of efforts to obtain medical information

_____ Adoptive Parent Initials _____ Adoptive Parent Initials ☐ Redacted Copy of Child's File per Policy 4330 Adoption Process

If redacted copy of disclosure information from the child's file is not provided with this form, it must be provided prior to adoption finalization.

I / We understand that we are receiving records which are confidential under the Revised Code of Washington (RCW) 74.04.060, RCW 42.56.210, RCW 42.56.230, and RCW 26.33.340 which state the Department's information about the biological parent(s), extended family, or the services provided to them will be kept strictly confidential. I/We agree to only disclose this confidential information to persons protected by confidentiality, such as physicians and therapists who may request information for the treatment purposes of the named child.

_____ Adoptive Parent's Initials _____ Adoptive Parent's Initials

FACILITATOR'S SIGNATURE	DATE	PRINTED NAME

Family Background

The information in this document and any attached reports shall not disclose any identifying information on the birth parents. Each item must be addressed; and, if information is unavailable or unknown, please indicate.

Section I. Birth Mother's Background and Family Genetic / Medical History				
1. YEAR OF BIRTH	2. RACE			3. RELIGION
4. HEIGHT	5. WEIGHT	6. EYE COLOR	7. HAIR COLOR	8. ETHNICITY
9. ☐ Left handed ☐ Right handed	10. HIGHEST GRADE ACHIEVED	11. LEARNING PROBLEMS		
12. HOBBIES / INTERESTS / PROFESSION				

Please remember to give as complete a medical history for the child as possible. Indicate if the birth mother, grandparents, siblings, or other extended family members (blood relatives) have had or now have any of the medical conditions listed below. Where appropriate give age at onset, treatment, medication, etc.

13. MEDICAL CONDITION (SPECIFY CONDITION)	BIRTH MOTHER	AGE AT ONSET, TREATMENT, MEDICATION (IF APPLICABLE)	FAMILY MEMBER	RELATIONSHIP TO BIRTH MOTHER	AGE AT ONSET, TREATMENT, MEDICATION (IF APPLICABLE)
Alcoholism and/or drug addiction	☐		☐		
Allergic reaction (e.g., food, drugs)	☐		☐		
Arthritis	☐		☐		
Asthma	☐		☐		
Birth defects	☐		☐		
Blood-borne pathogen	☐		☐		
Blood disorders (e.g., hemophilia, sickle cell anemia)	☐		☐		
Cancer; type:	☐		☐		
Cardiovascular (e.g., high blood pressure, heart attack, stroke)	☐		☐		
Developmental disability	☐		☐		
Gynecological problems / history (e.g., spontaneous abortion, miscarriage, still birth, neonatal death)	☐		☐		
Hearing problem	☐		☐		
Heart defects	☐		☐		
Hormonal disorder (e.g., diabetes, thyroid)	☐		☐		
Learning disability (e.g., neurological, organic brain dysfunction)	☐		☐		
Muscle disorder (e.g., muscular dystrophy, multiple sclerosis, cerebral palsy, spina bifida)	☐		☐		
Psychiatric disorder (e.g., severe depression, schizophrenia, bipolar)	☐		☐		

Respiratory disorder	☐		☐		
Seizure disorder	☐		☐		
Known inheritable diseases	☐		☐		
Visual problems	☐		☐		
FAS / FAE	☐		☐		
ADD / ADHD	☐		☐		
Blood Type	☐		☐		
Other medical condition (specify):	☐		☐		

14. a. Describe birth mother's last known health status

14. b. Include both the current and historic use of toxic environmental substances and/or controlled substances. Check all that apply:

☐ Alcohol ☐ Amphetamines ☐ Cocaine ☐ Heroin ☐ Marijuana ☐ Tobacco ☐ Tranquilizer

☐ Other (specify):

15. Description of Child's Birth history:

A. Did mother have prenatal care? ☐ Yes ☐ Report included in attached disclosure ☐ No ☐ Unknown

B. Check if the child was exposed to any of the following substances prenatally: ☐ Tobacco ☐ Alcohol

☐ Illegal drugs (specify):

☐ Prescription drugs (specify):

Describe frequency of use and when during gestation:

☐ Other toxic substances (specify):

C. Were there unusual circumstances noted during labor and delivery? ☐ Yes ☐ No ☐ Unknown

If yes, explain:

Section II. Birth Father's Background and Family Genetic / Medical History

1. YEAR OF BIRTH	2. RACE			3. RELIGION
4. HEIGHT	5. WEIGHT	6. EYE COLOR	7. HAIR COLOR	8. ETHNICITY
9. ☐ Left handed ☐ Right handed	10. HIGHEST GRADE ACHIEVED	11. LEARNING PROBLEMS		

12. HOBBIES / INTERESTS / PROFESSION

Please remember to give as complete a medical history for the child as possible. Indicate if the birth father, grandparents, siblings, or other extended family members (blood relatives) have had or now have any of the medical conditions listed below. Where appropriate give age at onset, treatment, medication, etc.

13. MEDICAL CONDITION (SPECIFY CONDITION)	BIRTH FATHER	AGE AT ONSET, TREATMENT, MEDICATION (IF APPLICABLE)	FAMILY MEMBER	RELATIONSHIP TO BIRTH FATHER	AGE AT ONSET, TREATMENT, MEDICATION (IF APPLICABLE)
Alcoholism and/or drug addiction	☐		☐		
Allergic reaction (e.g., food, drugs)	☐		☐		
Arthritis	☐		☐		
Asthma	☐		☐		
Birth defects	☐		☐		
Blood-borne pathogen	☐		☐		
Blood disorders (e.g., hemophilia, sickle cell anemia)	☐		☐		
Cancer; type:	☐		☐		
Cardiovascular (e.g., high blood pressure, heart attack, stroke)	☐		☐		
Developmental disability	☐		☐		
Gynecological problems / history (e.g., spontaneous abortion, miscarriage, still birth, neonatal death)	☐		☐		
Hearing problem	☐		☐		
Heart defects	☐		☐		
Hormonal disorder (e.g., diabetes, thyroid)	☐		☐		
Learning disability (e.g., neurological, organic brain dysfunction)	☐		☐		
Muscle disorder (e.g., muscular dystrophy, multiple sclerosis, cerebral palsy, spina bifida)	☐		☐		
Psychiatric disorder (e.g., severe depression, schizophrenia, bipolar)	☐		☐		
Respiratory disorder	☐		☐		
Seizure disorder	☐		☐		
Known inheritable diseases	☐		☐		
Visual problems	☐		☐		
FAS / FAE	☐		☐		
ADD / ADHD	☐		☐		
Blood Type	☐		☐		
Other medical condition (specify):	☐		☐		
Other medical condition (specify):					

14. a. Describe birth father's last known health status

14. b. Include both the current and historic use of toxic environmental substances and/or controlled substances. Check all that apply:

☐ Alcohol ☐ Amphetamines ☐ Cocaine ☐ Heroin ☐ Marijuana ☐ Tobacco ☐ Tranquilizer

☐ Other (specify):

Child's Current Functioning

Please provide a brief description of the child's current functioning in the home. Include any significant issues.

I, the undersigned, am over age 13 and consent to the release of the following information: ☐ HIV status; ☐ mental health counseling history and diagnoses; ☐ current mental health treatment; ☐ birth control; and ☐ other, as specified:

CHILD'S SIGNATURE	DATE	FACILITATOR'S SIGNATURE	DATE

I / we the undersigned adopting parent(s) have received the medical and educational information and attached reports as listed concerning my / our adoptive child. I / we have reviewed the information with the case worker and have had an opportunity to consult with a doctor of our choice regarding this information. We have had the opportunity to ask that additional information be sought by the case worker. I / we understand it is difficult to predict the behavior and/or emotional issues of abused and/or neglected children. I / we understand that given the nature of out-of-home placement, there may be physical, emotional, medical, sexual, or other behavioral issues or strengths that have not yet been discovered or that have not yet manifested. I / we accept this child for adoptive placement into our family. It is my / our intention to adopt this child.

ADOPTIVE PARENT'S SIGNATURE	DATE	ADOPTIVE PARENT'S SIGNATURE	DATE

I / we the undersigned adopting parent(s) state that I/we have had the opportunity to review this child's record and request additional information. I/we have been informed of the availability of the Adoption Support Program and choose to ☐ apply. ☐ not apply. I / we have received the above listed child's family and social history information concerning my/our adoptive child. I/we have reviewed this information with the social worker and have had the opportunity to consult with appropriate professional(s) of our choice. It is our intention to proceed with the adoption of this child. We accept this child for adoptive placement into our family.

ADOPTIVE PARENT'S SIGNATURE	DATE	ADOPTIVE PARENT'S SIGNATURE	DATE