



THIS IS **my** STORY



Washington State Department of
CHILDREN, YOUTH & FAMILIES





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ALL ABOUT **me**

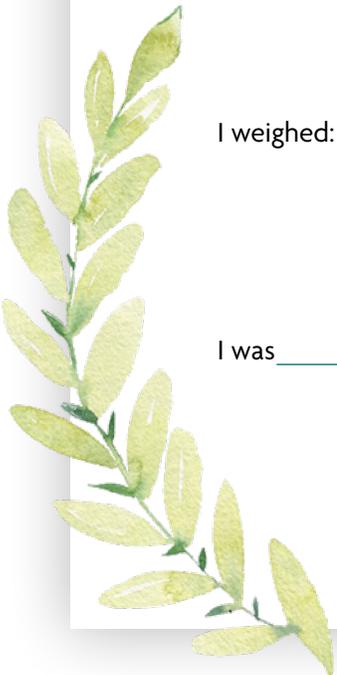
My birth name:

I was born on _____

In _____

I weighed: _____ and was _____ long.

I was _____ years old when I first came into foster care.





ALL ABOUT **me**

I am (enter height) _____

I weigh _____

I have _____ eyes, and _____ hair.

My hair is _____ (long/short/shaved/curly/straight)

My favorite sport is: _____

My favorite food is: _____

My favorite past-time: _____

My favorite book is: _____

My favorite toy is: _____

My favorite subject in school is: _____

One of the things that I am most proud of is: _____

My wish is: _____

What makes me sad is: _____

What makes me happy is: _____





childhood ILLNESSES

ILLNESS	DATE(S)	AGE/OTHER
Chickenpox		
Ear Infection(s)		
Measles		
Tonsillitis		
COVID-19		



immunization RECORD

VACCINE	DATE(S)
Hepatitis B DTaP (Diphtheria, Tetanus, Pertussis)	
Hib (Haemophilus Influenza Type B)	
Polio PCV (Pneumococcal Conjugate)	
MMR (Measles, Mumps, Rubella)	
Varicella (Chickenpox)	
COVID-19	

For individual vaccine requirements, please visit: <https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization#reqs>



my FIRST HOME

I lived there with: _____

When I moved in: _____

The home was in: _____

Some of my favorite memories are: _____





baby FIRSTS

(Put in DATE and/or AGE)

First smile: _____

First Rolled over: _____

Laughed: _____

First time I slept through the night: _____

First crawled: _____

First tooth: _____

First time I stood up: _____

My first step: _____

Walked with help: _____

Walked by myself: _____

My first word: _____

My first phrase: _____

First time I walked alone: _____

First time I used the potty: _____



my FIRST FAMILY TREE

Paternal Grandfather

Birth Year

Birth Place

Maternal Grandfather

Birth Year

Birth Place

Paternal Grandmother

Birth Year

Birth Place

Maternal Grandmother

Birth Year

Birth Place

First Father

Birth Year

Birth Place

First Mother

Birth Year

Birth Place

Your Name

Birth Year

Birth Place

My Siblings



my FIRST SIBLINGS

Name: _____

Age: _____

Birth Year: _____

Where they live: _____

Name: _____

Age: _____

Birth Year: _____

Where they live: _____

Name: _____

Age: _____

Birth Year: _____

Where they live: _____

Name: _____

Age: _____

Birth Year: _____

Where they live: _____

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Name: _____

Age: _____

Birth Year: _____

Where they live: _____



first mom INFORMATION

My first mom was born _____ in _____
(YEAR)

(City,State,Country) _____

Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____

Her heritage: _____

She was raised _____

The highest grade completed: _____

Her favorite color: _____ Her favorite food: _____

Hobbies: _____

My happiest memory of her: _____

What I remember of my first mom: _____

Other: _____



first dad INFORMATION

My first dad was born _____ in _____
(YEAR)

(City,State,Country) _____

Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____

His heritage: _____

He was raised _____

The highest grade completed: _____

His favorite color: _____ His favorite food: _____

Hobbies: _____

My happiest memory of him: _____

What I remember of my first dad: _____

Other: _____

first family HEALTH

CONDITION/ILLNESS	WHO	ANY INFORMATION
Allergies		
Asthma		
Attention Deficit Issues		
Birth Defects		
Visual Problems		
Hearing Problems		
Heart Problems		
Skin Problems		
High Blood Pressure		
Arthritis		
Learning Disability		
Diabetes		
Cancer		
Mental Health Issues		
FAS/FAE		
Genetic Disorders		
Blood Disorders		
Weight Problem		



places OF WORSHIP

Places of Worship Attended: _____

Important Events: _____

Godparents: _____

Religious Camps: _____

Religious/Coming of Age Blessings:

(e.g., baptism, confirmation, quinceanera bar and bat mitzvahs, Holy Communion, etc.)

Other: _____





other ACTIVITIES

Sports: _____

Music Lessons: _____

Things I'm Good At: _____





my FOSTER FAMILY

I moved in on: _____

The home was located in: _____

I lived there with: _____

Some of my favorite memories are: _____

I moved from here on: _____





my FOSTER FAMILY

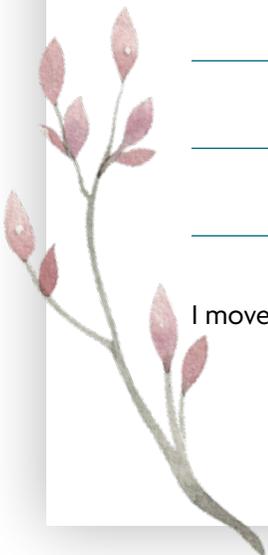
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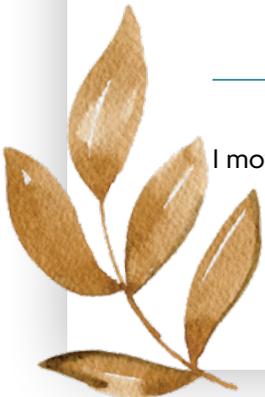
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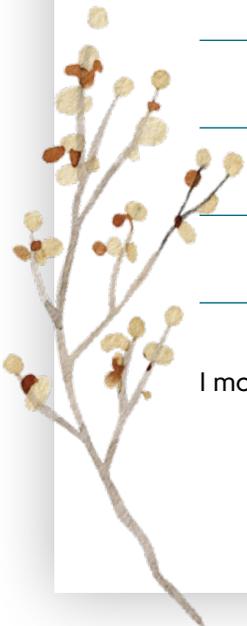
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I moved from here on: _____





my FOSTER FAMILY

I moved in on: _____

The home was located in: _____

I lived there with: _____

Some of my favorite memories are: _____

I moved from here on: _____





my ADOPTION

the day we became a family

Date of finalization: _____

Place: _____

Name of judge: _____

Who attended my adoption finalization: _____

What happened at the hearing? _____

What did I do after the hearing? _____

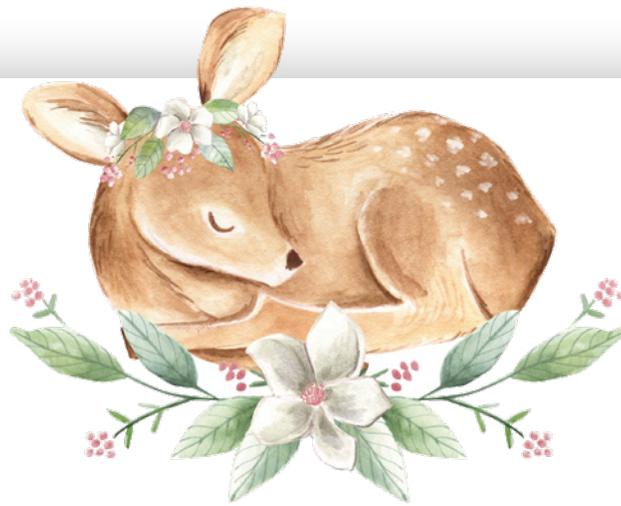
Gifts I received: _____

What was special about this day? _____

my ADOPTIVE FAMILY TREE

The diagram is a stylized tree with a central trunk and many branches. Each branch ends in a circular node. The nodes are arranged as follows:

- Top left: Parent's Dad, Birth Year, Birth Place
- Top right: Parent's Dad, Birth Year, Birth Place
- Middle left: Parent's Mom, Birth Year, Birth Place
- Middle right: Parent's Mom, Birth Year, Birth Place
- Lower middle left: Parent, Birth Year, Birth Place
- Lower middle right: Parent, Birth Year, Birth Place
- Bottom center: Your Name, Birth Year, Birth Place
- Bottom: My Siblings (with four horizontal lines for names)



FIRSTS WITH **my** NEW FAMILY

First time we spent the night together: _____

The first meal we had together: _____

The first movie we saw together: _____

The first book read together: _____

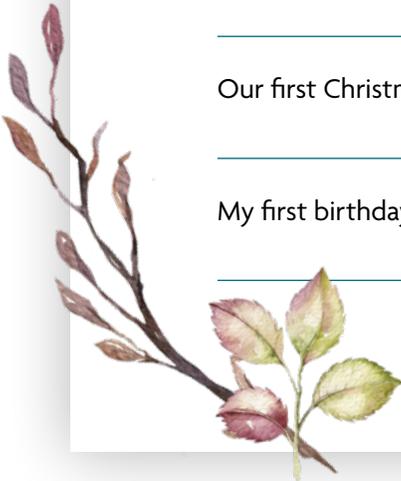
The first cry together: _____

My first present: _____

First time I called them mom & dad: _____

Our first Christmas together: _____

My first birthday together: _____





___ BIRTHDAY

What I did on my birthday:

Who was there?

Gifts:

___ BIRTHDAY

What I did on my birthday:

Who was there?

Gifts:





___ BIRTHDAY

What I did on my birthday: _____

Who was there? _____

Gifts: _____

___ BIRTHDAY

What I did on my birthday: _____

Who was there? _____

Gifts: _____





___ BIRTHDAY

What I did on my birthday: _____

Who was there? _____

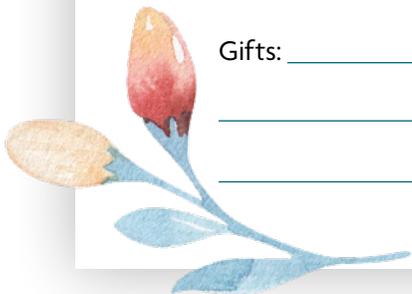
Gifts: _____

___ BIRTHDAY

What I did on my birthday: _____

Who was there? _____

Gifts: _____





___ BIRTHDAY

What I did on my birthday: _____

Who was there? _____

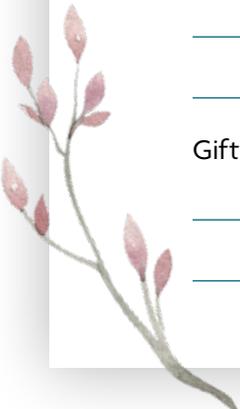
Gifts: _____

___ BIRTHDAY

What I did on my birthday: _____

Who was there? _____

Gifts: _____





___ BIRTHDAY

What I did on my birthday: _____

Who was there? _____

Gifts: _____

___ BIRTHDAY

What I did on my birthday: _____

Who was there? _____

Gifts: _____





___ BIRTHDAY

What I did on my birthday: _____

Who was there? _____

Gifts: _____

___ BIRTHDAY

What I did on my birthday: _____

Who was there? _____

Gifts: _____





___ GRADE

Teacher: _____

School Name & Location: _____

My Friends: _____

My Favorite Activity: _____

Other: _____

___ GRADE

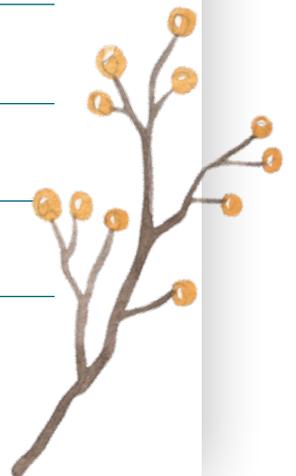
Teacher: _____

School Name & Location: _____

My Friends: _____

My Favorite Activity: _____

Other: _____





___ GRADE

Teacher: _____

School Name & Location: _____

My Friends: _____

My Favorite Activity: _____

Other: _____

___ GRADE

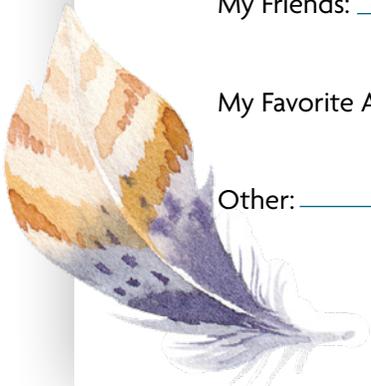
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School Name & Location: _____

My Friends: _____

My Favorite Activity: _____

Other: _____





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Other: _____





___ GRADE

Teacher: _____

School Name & Location: _____

My Friends: _____

My Favorite Activity: _____

Other: _____

___ GRADE

Teacher: _____

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My Friends: _____

My Favorite Activity: _____

Other: _____





___ GRADE

Teacher: _____

School Name & Location: _____

My Friends: _____

My Favorite Activity: _____

Other: _____

___ GRADE

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School Name & Location: _____

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___ GRADE

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My Favorite Activity: _____

Other: _____

___ GRADE

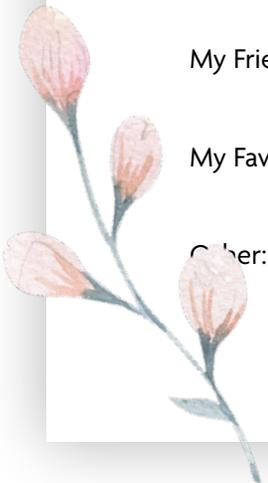
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School Name & Location: _____

My Friends: _____

My Favorite Activity: _____

Other: _____





___ GRADE

Teacher: _____

School Name & Location: _____

My Friends: _____

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Other: _____

___ GRADE

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