



Child's Registration

CHILD'S LEGAL NAME (LAST, FIRST, MIDDLE)		BIRTH DATE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
RACE	ETHNICITY	INTERPRETIVE SERVICES NEEDED <input type="checkbox"/> Yes <input type="checkbox"/> No		
ADOPTIVE FAMILY'S NAME (PLEASE PRINT OR TYPE)				
Legal Status				
	TERMINATION DATE	DEATH	DECREE NUMBER	COUNTY AND STATE JURISDICTION
Mother				
Father				
Other (specify):				
A. CHILD'S CURRENT LEVEL OF FUNCTIONING				
B. PLAN <input type="checkbox"/> Relative adoption <input type="checkbox"/> Foster / adoptive home <input type="checkbox"/> Foster parent adoption <input type="checkbox"/> 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)	
<input type="checkbox"/> Child registered for 3 months with WARE without finding an adoptive family. <input type="checkbox"/> A documented formal search was conducted without finding a family who would adopt the child without adoption support. <input type="checkbox"/> Selected prospective adoptive family is unable to adopt without assistance from the adoption support program. <input type="checkbox"/> Not in best interest of the child to search for a family due to circumstances of current placement.			<input type="checkbox"/> 1. Race <input type="checkbox"/> 2. Age (6+ years) <input type="checkbox"/> 3. Sibling group <input type="checkbox"/> 4. Emotional / mental health <input type="checkbox"/> 5. Physical disability <input type="checkbox"/> 6. Intellectual disability <input type="checkbox"/> 7. Other diagnosed condition <input type="checkbox"/> 8. Visually / hearing impaired	
COMMENTS				
<input type="checkbox"/> Approved for Adoption Support. <input type="checkbox"/> 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				