

Child's Registration

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|--|------------------|--|--|-------------------------------|
| 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 388-27-0145 and 388-27-0150) | | | 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 | |
| DIVISION OF CHILDREN AND FAMILY SERVICES OFFICE OR CHILD PLACING AGENCY NAME | | | | |
| WORKER'S SIGNATURE | | | DATE | |
| DIVISION OF CHILDREN AND FAMILY SERVICES OFFICE OR CHILD PLACING AGENCY ADDRESS | | | | |