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| **DEPARTMENT OF CHILDREN AND FAMILIES**  Division of Safety and Permanence |

**Subsidized Guardianship Amendment Request – Confirmation of Needs**

**Emotional Characteristics**

**Use of form:** This confirms the special care needs of the child identified below. The Confirmation of Needs form is to be completed by an appropriate professional (e.g., physician, therapist, psychologist, school personnel, etc.). Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** Indicate the characteristic(s) listed below that reflect the special care needs **that are not age appropriate**. Sign, date and provide your professional relationship to the child.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name – Child | | | | Birthdate (mm/dd/yyyy) | |
| Name – Person Completing Form (print) | Professional Relationship to Child | | Affiliation – (e.g., school / day care / medical facility)  Name: | | |
| **SIGNATURE** – Person Completing Form | | Telephone Number | | | Date Signed (mm/dd/yyyy) |

**(Check all that ARE NOT age appropriate that the above-named child exhibits.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Demands excessive attention |  |  | Wet or defecate in clothing during daytime hours | | |
|  |  |  |  | several times a week | | |
|  | Frequently requires close supervision |  |  |  | | |
|  |  |  |  | Low self-esteem and confidence | | |
|  | Requires constant and intensive supervision |  |  |  | | |
|  |  |  |  | Chronically withdrawn / depressed / anxious | | |
|  | Requires daily structure |  |  |  | | |
|  |  |  |  | Periodically withdrawn and unresponsive; avoids | | |
|  | Displays over-activity and over-excitedness |  |  | feelings | | |
|  |  |  |  |  | | |
|  | Nervous |  |  | Occasionally whines, argues, swears, manipulates, | | |
|  |  |  |  | etc. | | |
|  | High-strung |  |  |  | | |
|  |  |  |  | Frequent difficulty in communicating with others; | | |
|  | Impulsive |  |  | avoids feelings | | |
|  |  |  |  |  | | |
|  | Habitually resistive |  |  | Frequent failure to do what is expected | | |
|  |  |  |  |  | | |
|  | Infantile / immature personality |  |  | Responds with apathy to situations | | |
|  |  |  |  |  | | |
|  | Frequent temper tantrums lasting |  |  | Difficulty establishing / maintaining relationships | | |
|  | over 10 minutes |  |  |  | | |
|  |  |  |  | Serious attachment problems | | |
|  | Frequent temper tantrums lasting over 20 |  |  |  | | |
|  | minutes |  |  | Displays cultural / social conflicts | | |
|  |  |  |  |  | | |
|  | Frequent temper tantrums lasting over 30 |  |  | Self-injurious; extremely accident prone | | |
|  | minutes |  |  |  | | |
|  |  |  |  | Needs behavioral program(s) requiring parent | | |
|  | Restless |  |  | training. Explain: | |  |
|  |  |  |  |  | | |
|  | Hyperactive |  |  |  | | |
|  |  |  |  | Involved in a behavioral management program | | |
|  | Short attention span |  |  |  | | |
|  |  |  |  | Bizarre or severely disturbed behavior; destructive | | |
|  | Severe hyperactivity to the point of frequent |  |  |  | | |
|  | destructiveness or sleeplessness |  |  | Has anorexia nervosa or other eating disorders | | |
|  |  |  |  | Explain: |  | |
|  |  |  |  |  |  | |

**NOTE: Additional characteristics are listed on the reverse side of this page.**

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Occasionally wets during the night | |  |  |  |
|  |  | |  |  |  |
|  | Frequent night bed wetter – occasionally soils | |  |  |  |
|  | or both | |  |  |  |
|  |  |  | | | |
|  | Other characteristic(s) – Specify: |  | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |

Return completed form to: Agency Fillable

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