DEPARTMENT OF CHILDREN AND FAMILIES

Division of Safety and Permanence

Child Description for Adoption Recruitment

Use of form: Use of this form is a requirement to request a Special Needs Adoption Program recruitment for children who are currently placed in out-of-home care and an adoptive resource is needed for the child. A completed Child-Specific Recruitment Consent, DCF-F-5057, <https://dcf.wisconsin.gov/forms> must accompany this form if photos are going to be used. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: Complete all sections below

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | Date | |
| Name – Child (First Name Only) | | | Gender  Male  Female | | Age (years/months) | |
| Race (Check all that apply)  African American  Asian  Hispanic  Native American  Pacific Islander  White | | | | | Ethnicity | |
| ICWA Status  Yes  No | | | | Indian Tribe | | |
| Date of Removal | Reason(s) for Removal (Check all that apply)  Physical Abuse  Sexual Abuse  Emotional Damage/Abuse  Neglect  Unborn Child Abuse  Delinquency  Developmental Disability  AODA  Physical Handicap  Behavioral Issues  Emotional Disturbance  Other | | | | | |
| Legal Status |
| County of Jurisdiction | Current Placement Setting | | | | | |
| Number of siblings to be placed together | | | | Names – Siblings (First Names Only) | | |
| Is this child Photolisted?  Yes  No Link: | | | | | | |
| A. Child Specific Information | | | | | | |
| Strengths (What does the child do well?): | | | | | | |
| Interests/Hobbies: | | | | | | |
| Likes/Dislikes: | | | | | | |
| Sibling relationships and expected frequency of sibling contact pre and post adoption: | | | | | | |
| Important connections the child would like to maintain pre and post adoption: | | | | | | |
| Physical Health and Medical Strengths and Needs: | | | | | | |
| Behavioral Health Strengths and Needs: | | | | | | |
| Educational Strengths and Needs: | | | | | | |
| Child’s feelings about adoption: | | | | | | |
| Type of family child is looking for: | | | | | | |
| B. Information for Workers Only | | | | | | |
| WISACWIS Case ID Number | | | | Name – Casehead (Last, First, MI) | | |
| Level of Need (Child) | | | | | | |
| Diagnoses | | | | | | |
| Medications | | | | | | |
| Types of Services Provided – Child | | | | | | |
| Provider Characteristics (Check all that Apply)  ADD/ADHD requiring medication  AIDS Infection or HIV Positive  AODA  Adoption Only  At least one parent stays home  Attachment  Autism  Behavioral difficulties in school  Bilingual capacity  Chronic school issues  Cognitive delays  Communicable diseases  Concurrent  Crisis respite  Cruelty to animals  Delinquency history  Depression  Developmental delays  Drug affected infant  Emergency placements  Emotionally abused  Enuresis/Encopresis  Fire setting  Food/Eating issues  Gang involved  History of making false allegations  History of running away  Hyperactivity  Infant  LGBTQ  Legal risk | | | | Limited life expectancy  Medically needy/fragile/complex  Mental health issues  Neglected  Personal care needs  Physically abused  Physically aggressive  Pregnant/parenting  Previous foster family contact post-adoption  Psychiatric hospitalization history  Psychotic  Requires oxygen  Requires Smoke and pet dander free home  Requires special diet  Ritually abused  Self-injurious  Severe respiratory problems  Sexual behaviors  Sexually abused  Sibling group  Significant asthma or allergies  Significant hearing loss or is deaf  Significant impaired vision or blind  Sleeping issues  Suicidal/Homicidal  Supervised family interaction  Teens  Transports long distance  Wheelchair accessible  Witness to violence community or family  Works closely with birth parents | | |
| C. Contact Information | | | | | | |
| Worker Name | | | | Permanency Consultant Name | | |
| Agency Name | | Telephone Number | | Agency Name | | Telephone Number |
| Email Address | | | | Email Address | | |