

## Adoption Placement-Child Disclosure Form

The information contained in this document shall not include any information that may identify the biological parents or the relatives of the child. Please arrange for a legal consult with your principal or staff attorney if you have any questions concerning the information that you may disclose to prospective adoptive parent

Area Office: \_\_\_\_\_

Address: \_\_\_\_\_

Meeting Date : \_\_\_\_\_

### **Child:**

1. Name:  
(Use the child's first name only at the first meeting with the pre-adoptive family)
2. Child's DOB \_\_\_\_\_
3. Link Number: \_\_\_\_\_
4. Current type of residence (foster care, relative care, etc. - do not include the specific address of where the child is residing): \_\_\_\_\_  
\_\_\_\_\_
5. Birth Information: \_\_\_\_\_  
(Any complications, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
6. Personality: (Give description of child's present functioning in his/her environment, strengths/weaknesses', behaviors & habits.)  
\_\_\_\_\_  
\_\_\_\_\_

6a. Any relevant information regarding the child's cultural, religious, sexual orientation, disability or other identity issues:

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7. Medical Information: (Developmental history/mental health history, DSM diagnosis, psychiatric hospitalizations and current status/known allergies or special needs.)

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7a. Medication History: (If any.)

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8. Education: (All regular education information should be given OR special education status and why. Include special considerations/programs/needs/testing result.)

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9. Siblings: (Relationships/contact now & for future, visitation, etc. Provide the information in general terms. For example, the child has a sister who resides with the mother. The child enjoys visiting with his sister on a weekly basis)

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10. Extended family/special people in child's life (other than biological parents): (Identify relatives in general terms. For example, state that there is a grandfather or aunt that the child has a special relationship with. Do not include information that could identify the relatives of the child)

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11. Placement History : (do not provide any identifying addresses of the parents or relatives)

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**Child's Trauma/Child Protective Service History:**

1. Reason child came into DCF care: \_\_\_\_\_

2. Early Parenting notes: \_\_\_\_\_

**Legal:**

1. Current legal status: \_\_\_\_\_

2. Legal risk discussion, if applicable: (Possible referral to child attorney may be given.) \_\_\_\_\_

\_\_\_\_\_

3. Open Adoption: (If applicable, give parameters of any agreement, legal or otherwise, or expectations of, give CAFAP information)

\_\_\_\_\_

\_\_\_\_\_

4. Standing Court Orders, if applicable: \_\_\_\_\_

5. Citizenship and/or Immigration issues pending, if applicable:

\_\_\_\_\_

\_\_\_\_\_

6. Current visitation & transportation arrangements:

\_\_\_\_\_

\_\_\_\_\_

**Subsidy:**

1. Medical and why:

\_\_\_\_\_

\_\_\_\_\_

2: Financial/What are the certified special needs criteria:

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3. Other services currently identified: (What will be provided and by whom)

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Pertinent Genetic Parent Information:

This section shall not include any information that would identify the biological parents. The histories should address the issues without providing identifying information. Discussion of extended family members should be in general terms. (For example, the child has two siblings, one brother and one sister residing with the maternal grandmother.)

1. Discussion of DCF337-338 (these forms should be completed ahead of the meeting and brought to the meeting.) (Medical, psychiatric, substance abuse diagnosis and history.):

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2. Family History: (Other children of these parents, half siblings and include grandparents.)

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3. Education History:

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4. Extended family information, if known :

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**Resource Check List:**

1. Please list resources that are available in the community to help new adoptive parents :

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2. List what trainings might be helpful/available to adoptive parents:

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**Meeting Participants:**

1. Social Worker: \_\_\_\_\_
2. Supervisor or Program Supervisor: \_\_\_\_\_
3. Pre-Adoptive Parent #1: \_\_\_\_\_
4. Pre-Adoptive Parent #2: \_\_\_\_\_
5. FASU Support SW or Private Agency SW: \_\_\_\_\_
6. Foster Parents: \_\_\_\_\_
7. Others: \_\_\_\_\_

Your signature indicates that you have reviewed and discussed the above information regarding the child/children you are planning to adopt.

**Signatures:**

Pre-adoptive Parent: #1: \_\_\_\_\_ Date

Pre-adoptive Parent #2: \_\_\_\_\_ Date

Social Worker: \_\_\_\_\_ Date

FASU Worker: \_\_\_\_\_ Date