

MAIL TO: PENNSYLVANIA ADOPTION EXCHANGE, P.O. BOX 4469, HARRISBURG, PA 17111-0469 | 1-800-227-0225

<input type="checkbox"/> SWAN ID #	<input type="checkbox"/> DHS #	<input type="checkbox"/> PAE ID #
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CHILD DEMOGRAPHICS

CHILD'S LAST NAME	CHILD'S FIRST NAME	MI	ALIAS (if TPR pending or under appeal - FIRST NAME ONLY)
DATE OF BIRTH	SOCIAL SECURITY # (requested)	GENDER	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
RACE AND ETHNICITY (Check all that apply)			
RACE: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unable to determine			
ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unable to determine			

Siblings (to be placed with child)

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

AGENCY INFORMATION

COUNTY CHILDREN AND YOUTH AGENCY			COUNTY CASEWORKER (Full name)	
MAILING ADDRESS			EMAIL	
CITY	STATE	ZIP CODE	TELEPHONE #	FAX #
			()	()

Child Specific Recruitment Agency (if different from county children and youth agency)

AGENCY NAME			CASEWORKER (Full name)	
MAILING ADDRESS			EMAIL	
CITY	STATE	ZIP CODE	TELEPHONE #	FAX #
			()	()

CHILD'S PRIMARY GOAL

DATE CURRENT GOAL ESTABLISHED	<input type="checkbox"/> Goal under appeal	DATE
<input type="checkbox"/> Reunification <input type="checkbox"/> Adoption <input type="checkbox"/> PLC <input type="checkbox"/> Fit & willing relative <input type="checkbox"/> APPLA		

CHILD'S CONCURRENT GOAL

DATE CURRENT GOAL ESTABLISHED	<input type="checkbox"/> Goal under appeal	DATE
<input type="checkbox"/> Reunification <input type="checkbox"/> Adoption <input type="checkbox"/> PLC <input type="checkbox"/> Fit & willing relative <input type="checkbox"/> APPLA		

CHILD'S STATUSES

Current Placement

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Pre-adoptive home (kinship) | <input type="checkbox"/> Pre-adoptive home (non-kinship) | <input type="checkbox"/> Foster care (kinship) | |
| <input type="checkbox"/> Foster care (non-kinship) | <input type="checkbox"/> Institution | <input type="checkbox"/> Group home | <input type="checkbox"/> Supervised independent living |
| <input type="checkbox"/> Trial home visit | <input type="checkbox"/> Runaway | <input type="checkbox"/> Other _____ | |

DATE CHILD ENTERED PRESENT PLACEMENT

DATE CHILD ENTERED CARE

TPR Status

(Check one)

-
- Parental rights not terminated
-
- Parental rights terminated

DATE MOTHER'S RIGHTS TERMINATED

DATE FATHER'S RIGHTS TERMINATED

PARENTS DECEASED

-
- Mother
-
- Father

DATE(S)

-
- Termination under appeal

DATE APPEALED

Does child have adoptive resource identified? Yes No (PAE will explore match unless goal or TPR is under appeal.)

CYS Case Status

 Closed Date ____ / ____ / ____ **Please check reason below.**

- | | | | |
|--------------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Reunified | <input type="checkbox"/> Finalized | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Living with relative |
| <input type="checkbox"/> Emancipated | <input type="checkbox"/> Deceased | <input type="checkbox"/> Transferred to other agency | <input type="checkbox"/> Runaway* |
| <input type="checkbox"/> Other _____ | | | |

*Runaway may only be indicated if the county agency has been dismissed of responsibility for care and placement.

Photo Status

Child registered with AdoptUSKids? Yes No If No, and child has TPR, PAE will register child on your behalf.If No, and child does not have TPR, would you like PAE to register child on Adopt US Kids? Yes No

Photographs

-
- Photo attached
-
- Photo forthcoming

If no photo, should child's information be placed on website photo album with silhouette? Yes No

Educational Status

Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Gifted | <input type="checkbox"/> Special education | <input type="checkbox"/> Career and technical education |
| <input type="checkbox"/> General education | <input type="checkbox"/> Alternative education | <input type="checkbox"/> Other (explain) _____ |

Special Needs

- | | | |
|--|---|--|
| <input type="checkbox"/> Abuse history | <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Siblings # _____ |
| <input type="checkbox"/> Alcohol exposed infant | <input type="checkbox"/> Multiple placement history | <input type="checkbox"/> Special education student |
| <input type="checkbox"/> Drug exposed infant | <input type="checkbox"/> Neglect history | <input type="checkbox"/> Special medical care |
| <input type="checkbox"/> Emotional disability | <input type="checkbox"/> Physical disability | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Runaway history | |
| <input type="checkbox"/> Mental health diagnosis | <input type="checkbox"/> Sexual abuse history | |

**STOP HERE IF NO MATCHES ARE NEEDED FOR THIS CHILD.
IF MATCHES ARE NEEDED, PLEASE COMPLETE ENTIRE FORM.**

CHARACTERISTICS OF CHILD

Please select the choice that best describes the child.

HEALTH

	YES	NO	UNKNOWN
1. Does child have significant health issues?			
2. Does child have allergies or asthma? (may require treatment)			
3. Is child hyperactive? (may require treatment)			
4. Does child have speech problems? (may require treatment)			
5. Does child have hearing problems? (may require treatment)			
6. Is child legally deaf?			
7. Does child have vision problems? (may require treatment)			
8. Is child legally blind?			
9. Does child have dental problems? (may require treatment)			
10. Does child have orthopedic problems? (special shoes, braces, etc.)			
11. Does child have seizures?			
12. Does child have other health concerns?			

EDUCATION

	YES	NO	UNKNOWN
13. Is child a high achiever in school?			
14. Does child achieve at grade level in regular classes?			
15. Does child achieve below grade level in regular classes?			
16. Is child in special education classes?			
17. Does child have a learning disability?			
18. Does child need classes for the emotionally or behaviorally handicapped?			
19. Does child need tutoring in one or more subjects?			
20. Does child have serious behavior problems in school?			

CHARACTERISTICS AND BEHAVIORS

	YES	NO	UNKNOWN
21. Is child generally quiet and shy?			
22. Is child generally outgoing and noisy?			
23. Does child have emotional issues that require therapy?			
24. Does child tend to reject father figures?			
25. Does child tend to reject mother figures?			
26. Does child have difficulty relating to others and relating to other children?			
27. Does child frequently wet the bed?			
28. Does child frequently soil him/herself?			
29. Does child masturbate frequently or openly?			
30. Does child have poor social skills?			
31. Does child have problem with lying?			
32. Does child have problem with stealing?			
33. Does child frequently start physical fights with other children?			
34. Does child abuse animals?			
35. Is child destructive with clothing, toys, etc.?			
36. Does child use foul or bad language?			
37. Does child have frequent temper tantrums?			
38. Does child have difficulty accepting and obeying rules?			
39. Does child exhibit inappropriate sexual behavior?			
40. Does child have a history of running away?			
41. Does child have a history of playing with matches, setting fires?			

CONNECTIONS AND HISTORY

	YES	NO	UNKNOWN
42. Does child have strong ties to birth family?			
43. Does child have strong ties to foster family?			
44. Is continued contact with siblings desirable?			
45. Does child have a previous adoption disruption?			
46. Was child sexually abused?			
47. Was child physically abused?			
48. Was child exposed to promiscuous sexual behavior?			
49. Was child conceived by rape?			
50. Was child conceived as a result of prostitution?			
51. Are one or both parents addicted to alcohol?			
52. Are one or both parents dependent on substances other than alcohol?			
53. Do one or both parents have a criminal record?			
54. Are one or both parents intellectually disabled?			
55. Do one or both parents have a mental illness?			
56. Does agency lack information about one or both parents?			

CONTACT WITH BIRTH FAMILY

	YES	NO	UNKNOWN
57. Is child in contact with birth parents?			
58. Is child in contact with siblings?			
59. Is child in contact with extended birth family?			
60. Is child in contact with former foster family?			

SIGNATURE OF REPRESENTATIVE FROM AGENCY WITH LEGAL CUSTODY OF THE CHILD

I certify that the information submitted is accurate and complete to the best of my knowledge and belief and is submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

 REPRESENTATIVE OF AGENCY WITH LEGAL CUSTODY OF CHILD

 DATE

INITIAL REGISTRATION SHOULD BE COMPLETED BY THE COUNTY OF CUSTODY**PHOTO INFORMATION**

Please include a high-quality photograph that will be used for family recruitment. DO NOT send photos printed from desktop printers as these do not reproduce well when scanned. Please frame the child's face against a plain background.

If this is an update for a registered child: please include the PAE ID number.

If sending a digital photograph by email: please use the child's name and PAE ID number as the file name. In the email, include the child's date of birth, agency contact person and their telephone number. File size of digital photos should be between 0.5-1 MB in JPEG format.

If sending a hard copy photograph: DO NOT use staples on the child's image.

NARRATIVE INFORMATION FOR PUBLIC WEBSITE AND RECRUITMENT (Minimum of 125 words, strength-based description.):

ADDITIONAL INFORMATION THAT MAY BE SHARED WITH APPROVED FAMILIES INTERESTED IN THIS CHILD: