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|  | ***Name of Family Inquiring About Child:***  ***Phone:***  ***Address: Email Address:*** | | | | ***Name of Agency:***  ***Phone:***  ***Address:***  ***Email address:*** | |  |
|  | ***KAPE ID#***  ***Child’s Name***  ***\*Please note families may only inquire on one child at a time unless the child is part of a sibling group being placed together.*** | | | | ***Name of Family’s’ Worker: Phone:***  ***Email*** | |  |
|  | **Household Members** | Age | Gender | **Biological/Adopted/Foster** | | **Comments** |  |
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|  | **Current Placements** |  |  |  | |  |  |
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| **Check the sex and age of a child that you are wanting to adopt**  Males Age 0-5 Males Ages 6-10 Males 11-15  Males Ages 16-18 Females 0-5 Females 6-10  Females 11-15 Females 16-18 Sibling group, how many children  Willing for child to have contact with sibling’s None phone Letters Email Social Media Visits Other  **Check child’s history that you are willing to accept/consider**  **\_\_\_\_\_\_\_\_**Alcohol Abuse in family History of Multiple Placements  Schizophrenia in Birth Family Drug Abuse in family Mental Illness in Birth Family  Physical Abuse Sexual Abuse of child Alcohol Abuse by child | | | | | | | |

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| Drug Abuse by child Failure to Thrive Developmental Delays in Birth Family  Premature Birth History of neglect Domestic Violence  Intellectual Disability in birth family Tobacco use by child Other (list)  **Comments for any items checked above:** | | | | | |
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| **Indicate on the lines below the conditions and levels that you are willing to accept/consider (M=Mild; MOD=Moderate; S=Severe), leave** | | | | | |
| **the line blank if you are not willing to accept/consider a child with that condition.**  When making your selections please take into consideration the following guidelines.   * **Mild** = Needs little to no specialized support; challenge is manageable with minimal intervention. * **Moderate** = Needs ongoing support, assistance, or accommodations but can function in this area with help. * **Severe** = Needs intensive, frequent, or constant support; challenge significantly impacts daily life.   You may also review the Kentucky Adoption Profile Exchange (KAPE) Youth NeedsTipsheet for more detailed information. | | | | | |
| **DISABILITIES:** | | | | | |
| Amputee | Deaf-Profound Hearing Loss | | Irritable Bowel Syndrome | | Seizure Disorder |
| Anemia/Blood Disorder | Dwarfism | | Kidney Disease | | Sickle Cell |
| Asthma | Encopresis | | Life Threatening Viral Infection | | Enuresis |
| Microcephaly | Speech Disorder | | Sickle Cell Trait | | Epilepsy |
| Muscular Dystrophy | Terminal Illness | | Fetal Alcohol Syndrome | | Blindness-Permanent |
| Fetal Alcohol Spectrum Disorder | Paralysis-Partial | | Paraplegic | | Scoliosis |
| Neurofibromatosis | Spina Bifida | | Cancer | | Blindness-Permanent |
| Fetal Alcohol Spectrum Disorder | Tourette Syndrome | | Paralysis-Quadriplegic | | Total Parlaysis |
| Hydrocephalus | Cerebral Palsy | | Hearing Loss-Partial | | Respiratory Problems |
| Heart Defect | Craniofacial Anomalies | | Heart Defect | | Rheumatoid Arthritis |
| Cystic Fibrosis | Wheel Chair needed | | Leg Braces Needed | | Hearing Impaired |
| Vision Impaired | Speech Impaired | | Mobility Impairment | | Requires Wheelchair |
| Requires walker/braces, etc. | Missing or abnormal limbs | | Requires Prosthetic Devices | | Partial Paralysis |
| Other (list) | | | | | |
| **Comments for any items checked above including your ability to meet these needs:** | | | | | |
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| **Self Care**  Needs assistance with feeding  Needs assistance with brushing teeth | | Needs assistance with bathing  Needs assistance general hygiene | | Needs assistance with Dressing  Needs assistance with daily living activities | |

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| Others (list)  **Comments for any items checked above including your ability to meet these needs:** |
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| **Mental Health**  Adjustment Disorder Generalized Anxiety Disorder Reactive Attachment Disorder  Anorexia Loss Issues Schizophrenic Affective Disorder  Attachment Disorder Obsessive Compulsive Disorder Schizophrenia  Bipolar Disorder Oppositional Defiant Disorder Separation Anxiety Disorder  Conduct Disorder Post Traumatic Stress Disorder Takes Psychiatric Medication  Depression Psychosis ADHD  ADD Mental Health Interventions Eating Disorders  Others (list)  **Comments for any items checked above including your ability to meet these needs:** |
|  |
| **Behaviors**  Cruelty to Animals Inappropriate Interactions with Strangers Runs Away  Damages Property Lack of Awareness of Others Sexually Active  Sexually Acts out with Peers Sexually Provocative Behaviors Displays Oppositional Behavior  Lying Sexually Inappropriate Bed wetting  History of grooming/Abuse Bed-Wetting Defiant in classroom  Truancy Aggression in classroom Disruptive in classroom  Requires specific seating arrangement Fire Setting Masturbates in Public  History of Playing with Matches Physically Acts Out Towards Adults Unable to Sustain Attention  Hyperactive Physically acts out towards Peers Destructive tendencies  Stealing Physical Aggression Verbal Aggression  Others (list) |

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| **Comments for any items checked above including your ability to meet these needs:** |
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| **Other**  Asperger’s Syndrome Mental Retardation-Genetic Drug Exposed in Utero  Autism Pervasive Developmental Disorder Learning Disability  Down Syndrome Shaken Baby Syndrome Dyslexia  Central Auditory Processing Disorder Developmental Articulation Disorder IEP/Type  Motor Skills Disorder Non-Specific Learning Disorder Receptive Language Disorder  Functioning below grade level Intellectual Disability Other (list)  **Comments for any items checked above including your ability to meet these needs:** |
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**Please answer the questions below. You can attach additional sheets if necessary**

1. Please describe any changes in your family including any fostering situations that have taken place since your last home study.
2. Have any children disrupted from your home? If so, what were the circumstances? What did you learn from that experience?
3. Have you experienced any adoption dis-solutions or voluntary Termination of Parental Rights? If so, please provide details. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. If you work outside the home, what are your plans for childcare, including summer break? Does your work schedule allow you to attend medical and/or therapy appointments with the child(ren)?
5. When thinking about your previous ratings are there any needs or behaviors that are a “hard no”? Does length of time since the need/issue, child’s progress in that area, etc. impact your feelings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Please describe your experience working with children who have been neglected or abused, displayed needs including but not limited to educational delays, attachment issues, aggression, sexualized behaviors, and AWOL risk.
7. Are you willing to care for a child who has a serious medical condition (Rx. Diabetic, heart condition, weight problems)?
8. Are you open to adopting a child who identifies as transgender, bisexual, homosexual or identifies himself or herself as non-heterosexual? List all of the identities that you are comfortable parenting.
9. Would you be willing to accommodate a child who wishes to have contact (visits/calls) with an individual with whom they have a previous relationship, e.g., sibling/grandparent, friends, former foster parents?
10. Would you be willing to accept a child who has a contagious disease?
11. Are you willing to adopt a child, who has a child? Both children would live with you, but you would only be able to adopt the child that is the parent. Are you willing to assist your adopted child in raising and being a successful parent to their child?
12. Are you willing to adopt a child that engages in self-harming behaviors? Suicidal? Homicidal? Explain the behaviors that a child can display that you can accept and manage

**We would love to hear about your family from you in your own words. You can send us a family narrative and photos about your family’s hobbies, interests, talents, strengths, pets, community, etc., by email as attachments or you can include the information below. This section is optional, but we really hope to hear from you about your family.**

**Completed By: Date:**