

## PARENTING INTEREST SURVEY SPECIAL NEEDS ADOPTION

**Use of form:** Completion of this form is voluntary but the information must be provided to begin the special needs adoption process. The purpose of this form is to help people interested in becoming the parent of a child with special needs document their initial eligibility for the program, examine a range of children's special needs and specify those needs which they may consider for an adoptive placement. Responses will be used to determine which families are selected to continue into the next phase of the screening process. Personal information you provide may be used for secondary purposes [Privacy Law s.15.04(1)(m), Wisconsin Statutes]. **If there are any questions about this form or assistance is needed in completing the form, contact the adoption staff at the nearest regional office.**

Name – <b>Screening Participant 1</b> (Last, First, MI)		Birthdate
Address (Street, City, State, Zip Code)		County
Telephone Number – Daytime <input type="checkbox"/> Home <input type="checkbox"/> Cell	Telephone Number – Alternate Daytime <input type="checkbox"/> Work <input type="checkbox"/> Cell	
email Address	<input type="checkbox"/> Yes <input type="checkbox"/> No Indian tribal enrollment, membership or affiliation If "Yes, tribal name:	
Source of Income <input type="checkbox"/> Job <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Retirement	Name – Employer	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been arrested? If "Yes", specify. (e.g., misdemeanor, felony, conviction and dates)		

Directions to your home:

Name – <b>Screening Participant 2</b> (Last, First, MI)		Birthdate
Address (Street, City, State, Zip Code)		County
Telephone Number – Daytime <input type="checkbox"/> Home <input type="checkbox"/> Cell	Telephone Number – Alternate Daytime <input type="checkbox"/> Work <input type="checkbox"/> Cell	
email Address	<input type="checkbox"/> Yes <input type="checkbox"/> No Indian tribal enrollment, membership or affiliation If "Yes, tribal name:	
Source of Income <input type="checkbox"/> Job <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Retirement	Name – Employer	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been arrested? If "Yes", specify. (e.g., misdemeanor, felony, conviction and dates)		

Directions to your home:

**I. HOUSEHOLD COMPOSITION**

This section documents the likelihood that you could accept the placement of one or more children in addition to your current family responsibilities.

**A. Children currently in your home – List.**

Name – Child (Last, First, MI)	Age in Years	Gender: M = Male F = Female	Relationship B = Birth A = Adopted F = Foster Child R = Relative O = Other	Special Needs E = Emotional B = Behavioral P = Physical
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**B. Other children not in your home – List.**

Name – Child (Last, First, MI)	Age in Years	Gender: M = Male F = Female	Relationship B = Birth A = Adopted F = Foster Child R = Relative O = Other	Special Needs E = Emotional B = Behavioral P = Physical
1.				
2.				
3.				
4.				

**C. Other persons in your home for whom you provide daily care – List.**

Name	Age	Relationship	Needs
1.			
2.			
3.			

**D. Other persons residing in your home – List.**

Name	Age	Relationship
1.		
2.		
3.		

**II. ELIGIBILITY**

**An adoptive home in Wisconsin must be licensed as a foster home until the adoption is completed in court.** The department will review the information provided here to determine if you are likely to meet the eligibility criteria in DCF 51.07(8). This criteria includes: foster home licensing rules, financial, health, family functioning and marital status. Further eligibility information and documentation will be required if you are selected into the next phase of the screening process.

**A. Licensing Knowledge and Experience**

Check appropriate answer for each item below.

**Yes**   **No**

   1. Are you currently licensed foster parent(s) in Wisconsin? If "Yes", what agency?

**A. Licensing Knowledge and Experience (continued)**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you or any household member ever been denied, revoked, or asked to relinquish a foster home license by any agency, public or private? If "Yes", explain.
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you or any adult household member been previously denied in the adoption home study process with this or another agency or have received an unfavorable recommendation from any foster care or adoption agency. If "Yes", explain.
		4. What, if any, trainings have you had to help you prepare for parenting a child with Special Needs?

**B. Program Requirements**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever applied to another adoption agency? If "Yes", where?
<input type="checkbox"/>	<input type="checkbox"/>	2. Are you currently working with another agency? If "Yes", what agency?
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you or any household member have an illness or disability that is likely to threaten the health of a child or interfere with your family's capacity to provide care and physically, mentally, and emotionally raise a child to 18 years of age?
<input type="checkbox"/>	<input type="checkbox"/>	4. Does your family have a stable income sufficient to meet your family's obligation without reliance on basic maintenance payments received for the care of foster / adoptive children in your home?
		5. Current Relationship Status
		<input type="checkbox"/> Married. Number of years:
		<input type="checkbox"/> Unmarried. Number of years in a committed relationship:
		<input type="checkbox"/> Divorced. Year:
		<input type="checkbox"/> Widowed. Year:
		<input type="checkbox"/> Single

**III. CHARACTERISTICS OF CHILD(REN) DESIRED FOR ADOPTION**

Carefully read each description in the next sections and check one of the columns which best applies to you and your family.

**A. Physical Care Needs**

This section will include physical / medical conditions affecting the child which may impact the child and family's lifestyle. The children with these characteristics require intensive care and ongoing medical treatment, therapies and / or surgeries so they may be able to be supported in their placements.

Child's Characteristics	Will Consider	Open to Discussion	Not a Match for Our Family
Unknown medical / developmental history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown medical / developmental history for birth parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total care with ADL's (activities for daily living), dressing, feeding, bathing and toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance with ADL's, dressing, feeding, bathing and toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent soiling and wetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extensive medical attention required; i.e., physical therapy / exercise, Birth-3 services, feeding tubes, tracheotomy care, orthotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminal illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV / AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies / Asthma / Nebulizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires a smoke free / pet free environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe diabetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs leg braces, prosthesis, wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscular dystrophy, cerebral palsy, seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac problems causing reduced activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Child's Characteristics (continued)</b>	<b>Will Consider</b>	<b>Open to Discussion</b>	<b>Not a Match for Our Family</b>
Medically fragile infant / child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impaired requiring signing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision impaired / blind requiring assistance with service animal / Braille, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating disorder / Anorexia / Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Alcohol Syndrome / Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effects of pre-natal drug exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premature birth requiring extensive follow-up with medical personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech disorder requiring ongoing therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical deformities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Emotional / Behavioral Special Needs**

This section will include characteristics relating to behavioral / emotional conditions which may require intensive supervision by the family. Children who come into our program are most often victims of trauma and multiple placements. They have experienced numerous losses and are in the midst of trying to find ways to cope with the grief they are experiencing. Long-term counseling and specialized parenting may be required in order to support the child in his / her placement. Many children will require a coordinated services team in order to best meet his / her needs.

<b>Child's Characteristics</b>	<b>Will Consider</b>	<b>Open to Discussion</b>	<b>Not a Match for Our Family</b>
Hyperactivity (ADD / ADHD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disabilities which interfere with learning and school performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severely withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disruptive in classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disrespectful to teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires special education plan (IEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Truancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School phobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low motivation for learning and school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talented and gifted child requiring specialized educational program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor socialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoards food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stool smearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares / sleep disorders / night terrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head banging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-harming / cutting behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim of trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unresolved issues of grief and loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple previous placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol / drug abuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator of physical / sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child with psychiatric diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent delinquent acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang related behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Emotional / Behavioral Special Needs (continued)**

<b>Child's Characteristics</b>	<b>Will Consider</b>	<b>Open to Discussion</b>	<b>Not a Match for Our Family</b>
Extreme behavior (fire starting, abuse of animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment issues:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Ambivalent attachment to birth mother / father / sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Indiscriminate affection with strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cannot seek comfort when frightened / hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lack of warm and affectionate gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Intense anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Excessively bossy / controlling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Excessive dependence on attachment figure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Unable to connect with primary attachment figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Temperament Characteristics</b>			
Poor response to change / difficulty with transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Special Needs / Special Considerations</b>			
Need to maintain birth family / sibling connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for connections to other significant individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for placement with siblings / siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placement in home community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placement with a stay at home parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placement with a single parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placement in a two parent home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special accommodations for a physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of behaviors associated with gender confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of gay and lesbian child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retain ties with religion / culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific requirement for placement regarding other children in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child who falls under the Indian Child Welfare Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent who is bilingual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Sexualized Behaviors</b>			
Compulsive or public masturbation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually seductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual victimization of other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually precocious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explicit sexual language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early sexual experimentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unusual knowledge of or interest in sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexualized behaviors with animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. Potential Risk Factors Related to Family History**

These items refer to circumstances related to potential birth family health risk factors that may influence the child's normal behavior and development.

<b>Child's Characteristics</b>	<b>Will Consider</b>	<b>Open to Discussion</b>	<b>Not a Match for Our Family</b>
One or both parents diagnosed with mental illness and risk to child is unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One or both parents cognitively delayed to the degree that it impairs their protective capacities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One or both parents has a history of alcohol and drug abuse which has significantly impaired their ability to protect their child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child was conceived as a result of rape or incest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genetic predisposition for psychiatric disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genetic predisposition for medical disorder / inheritable disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nothing known about family of origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What type of child are you interested in adopting?

What are your reasons for wanting to adopt a child with special needs?

How many children are you interested in adopting?

One child  Two siblings  Three siblings  Four or more siblings

What gender are you interested in adopting?

Boys only  Girls only  Either sex

What is the youngest age of a child you are interested in?

What is the oldest age of a child you are interested in?

#### **IV. LEGAL RISK PLACEMENTS**

**The Department of Children and Families (DCF) facilitates the adoptions of more than 700 children with special needs every year. These children are referred to DCF through the county child welfare system. The majority of these children are ultimately adopted by their foster care family. Many of them are placed "legal risk", which means the child is not legally free for adoption when placed and may in fact be returned to the birth family.**

**Read the following scenario and answer the questions below:**

You are an approved adoptive family. You had accepted a legal risk placement of a child about a year ago. At the time of placement the county worker and your adoption worker explained that the birth parents were not completing their court ordered conditions and the county planned to file a petition to terminate parental rights. However, since the child's placement in your home the birth parents have been working diligently on their conditions and the child is now going to be reunited with the birth family.

1. How will you help to prepare this child to go home to his or her family?

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2. How will you prepare yourself and your family to cope with this child being returned to his or her birth family?

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3. How comfortable are you in working directly with the child's birth parents?

- 
- Yes  No Are you willing to consider placement of a child if the termination of parental rights has not occurred?  
 Yes  No Are you willing to consider placement of a child if the termination of parental rights has occurred but may be appealed?  
 Yes  No Are you willing to have contact with significant relatives of the child including the birth parents?  
 Yes  No Are you willing to work with the county child welfare program during the legal risk placement of a child?

## SIGNATURES

These responses are accurate to the best of my / our knowledge.

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**SIGNATURE** – Screening Participant 1

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Date Signed

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**SIGNATURE** – Screening Participant 2

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Date Signed

RETURN FORM TO: DEPARTMENT OF CHILDREN AND FAMILIES  
DIVISION OF SAFETY AND PERMANENCE  
BUREAU OF PERMANENCY AND OUT-OF-HOME CARE  
SPECIAL NEEDS ADOPTION PROGRAM  
PO BOX 8916  
MADISON WI 53708-8916