#### Determination of High Risk Status for Adoption Assistance

**Use of form:** This form is used to determine a child’s high risk status for the purposes of applying for Adoption Assistance. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** This form shall be completed first by the child’s medical provider. If the medical provider is unable or unwilling to provide an opinion regarding the child’s risk of developing moderate to intensive needs in the future, the agency may complete the second half of the form and provide documentation that indicates the child is at high risk.

For the purposes of adoption assistance eligibility, a child is at high risk if there is evidence suggesting they are likely to develop moderate or intensive emotional, behavioral, or physical care needs in the future.

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| **PRE-ADOPTIVE CHILD INFORMATION** |
| Full Birth Name (Last, First, MI)      | Birthdate (mm/dd/yyyy)      |
| **MEDICAL PROVIDER RISK DETERMINATION** |
| **This section shall only be completed by the child’s medical provider.** |
| Based on your knowledge of medical conditions and of the child, the child’s history, and/or the child’s birth parents, please provide your opinion on the child’s risk of developing moderate or intensive care needs in the future: |
| [ ]  The child is at high risk of developing moderate or intensive care needs in the future due to (check all that apply): |
| [ ]  Either or both the child’s birth parents have a medical diagnosis or medical history which place the child at greater risk of developing moderate or intensive care needs. This includes any physical, mental, or developmental condition believed to have a hereditary component. |
| *Explanation/Comments:*       |
| [ ]  The child’s birth mother received inappropriate prenatal care which could later result in the child developing moderate or intensive care needs. |
| *Explanation/Comments:*       |
| [ ]  The child experienced neglect in the first three years of life or sustained physical injury or physical disease that could have a long-term effect on physical, emotional, or intellectual development. |
| *Explanation/Comments:*       |
| [ ]  The birth mother used harmful drugs or alcohol during pregnancy which could later result in the child developing moderate or intensive care needs. |
| *Explanation/Comments:*       |
| [ ]  I cannot provide an opinion regarding the child’s risk of developing moderate or intensive care needs at this time due to unfamiliarity with the child, child’s history, or the child’s birth parents. |
| *Explanation/Comments:*       |
|  |  |  |       |  |
|  | **SIGNATURE** – Medical Provider |  | Date Signed |  |
|  |  |  |  |  |
|  | **PRINTED FULL NAME**—Medical Provider |  |  |  |
| **AGENCY RISK DETERMINATION** |
| **This section shall only be completed by the agency professional when a medical provider is unable or unwilling to give an opinion regarding the child’s risk of developing moderate or intensive care needs in the future.** |
| [ ]  There is documentation in law enforcement record, social or human services records, court records, medical records, educational records, county agency, tribal agency, or department contract agency records that indicates the child is at a high risk of developing moderate or intensive care needs in the future. The record is attached and provides evidence of the following (check all that apply): |
| [ ]  Either or both the child’s birth parents have a medical diagnosis or medical history which place the child at greater risk of developing moderate or intensive care needs. This includes any physical, mental, or developmental condition believed to have a hereditary component. |
| [ ]  The child’s birth mother received inappropriate prenatal care which could later result in the child developing moderate or intensive care needs. |
| [ ]  The child experienced neglect in the first three years of life or sustained physical injury or physical disease that could have a long-term effect on physical, emotional, or intellectual development. |
| [ ]  The birth mother used harmful drugs or alcohol during pregnancy which could later result in the child developing moderate or intensive care needs. |
| [ ]  The child has experienced four or more placements with extended family or foster homes that could affect the normal attachment process. |
| *Explanation/Comments:*       |
|  |  |  |       |  |
|  | **SIGNATURE** – Representative of Supervising Agency |  | Date Signed |  |