Child Description for Adoption Recruitment

Use of form: Use of this form is a requirement to request a Special Needs Adoption Program recruitment for children who are currently placed in out-of-home care and an adoptive resource is needed for the child. A completed Child-Specific Recruitment Consent, DCF-F-5057, <https://dcf.wisconsin.gov/forms> must accompany this form if photos are going to be used. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: Complete all sections below

|  |  |
| --- | --- |
|  | Date      |
| Name – Child (First Name Only)      | Gender      | Age (years/months)      |
| Race(s)      | Ethnicity      |
| ICWA Status      | Indian Tribe      |
| Date of Removal      | County of Jurisdiction      | Legal Status      |
| Reason(s) for Removal      |
| Current Placement Setting      |
| Number of siblings to be placed together      | Names – Siblings (First Names Only)      |
| Is this child Photolisted?       |
| A. Child Specific Information |
| Strengths (What does the child do well?):      |
| Interests/Hobbies:      |
| Likes/Dislikes:      |
| Sibling relationships and expected frequency of sibling contact pre and post adoption:      |
| Important connections the child would like to maintain pre and post adoption:      |
| Physical Health and Medical Strengths and Needs:      |
| Behavioral Health Strengths and Needs:      |
| Educational Strengths and Needs:      |
| Child’s feelings about adoption:      |
| Type of family child is looking for:      |
| B. Information for Workers Only |
|  |
| eWISACWIS Case ID Number      | Name – Casehead (Last, First, MI)      |
| Level of Need (Child)      |
| Diagnoses      |
| Medications      |
| Types of Services Provided – Child      |
| Provider Characteristics      |
| C. Contact Information |
| Worker Name      | Permanency Consultant Name      |
| Agency Name      | Telephone Number      | Agency Name      | Telephone Number      |
| Email Address      | Email Address      |