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 | | | |