

ADOPTION ASSISTANCE AMENDMENT REQUEST

Use of form: This form is used to request an amendment to an existing adoption assistance agreement under s.48.975(4)(b) when the adoptive parent(s) believe there has been a substantial change in the special care needs of the child. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: Wisconsin Statutes, s.48.975(4)(b)1 requires the Department to determine "...whether there has been a substantiated report of abuse or neglect of the child by the adoptive or proposed adoptive parents..." Disclosure of your social security number is voluntary and will be used for verification purposes only. **Complete a separate DCF-F-CFS2092-E for each child for whom you are requesting an adoption assistance amendment.** Confirmation by an appropriate professional must be submitted with this form to support the characteristic(s) identified. Dates on documentation must be within six months of the signing of this form.

SECTION A. CHILD / PARENT INFORMATION

Name – Child (Last, First, MI)	Social Security Number – Child
Birthdate – Child (mm/dd/yyyy)	Date of Adoption (mm/dd/yyyy)

Adoptive Parent 1

Name – List all Legal Names Since Placement of Child		
Address – Mailing (Street, City, State, Zip Code)		
Telephone Number – Daytime	Birthdate (mm/dd/yyyy)	Social Security Number
County(s) of Residence Since Child Placement – Indicate Specific Years		

Yes No Are you aware of any substantiated child abuse or neglect reports involving you and the child?

Comments:

Adoptive Parent 2

Name – List all Legal Names Since Placement of Child		
Address – Mailing (Street, City, State, Zip Code)		
Telephone Number – Daytime	Birthdate (mm/dd/yyyy)	Social Security Number
County(s) of Residence Since Child Placement – Indicate Specific Years		

Yes No Are you aware of any substantiated child abuse or neglect reports involving you and the child?

Comments:

SECTION B. SPECIAL NEEDS / DIFFICULTY OF CARE LEVELS

There are three categories of special needs and three levels of difficulty of care levels in each category. Check "Yes" or "No" if the behavior / feeling reflects that of the child. (Check "No" if behavior / feeling is age-appropriate.)

Emotional Care Needs

Not Applicable – Child does not exhibit unusual emotional characteristics for a child this age.

Minimal

Child must exhibit at least two characteristics which include or correspond in extent or degree with the following to be considered as having emotional care needs at the minimal level.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Demands excessive attention |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Nervous |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. High-strung |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Impulsive |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Displays temper tantrums |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Restless |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Hyperactive |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Short attention span |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Occasionally wets during the night |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Low self-esteem and confidence |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Periodically withdrawn and unresponsive; avoids feelings |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Occasionally whines, argues, swears, manipulates, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Exhibits other characteristics which correspond in extent or degree. If "Yes" – Specify. |

Moderate

Child must exhibit at least two characteristics which include or correspond in extent or degree with the following to be considered as having emotional care needs at the moderate level.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Frequently requires close supervision |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Habitually resistive |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Frequent difficulty in communicating with others; avoids feelings |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Frequent failure to do what is expected |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Responds with apathy to situations |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Difficulty establishing / maintaining relationships; serious attachment problems |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Displays cultural / social conflicts |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Frequently night bed wetter; occasionally soils or both |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Displays over-activity and over-excitedness |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Exhibits other characteristics which correspond in extent or degree. If "Yes" – Specify. |
-

Intensive

Child must exhibit one or more characteristics which include or correspond in extent or degree with the following to be considered as having emotional care needs at the intensive level.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Requires constant and intensive supervision; daily structure |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Infantile / immature personality |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Wets or soils during daytime hours, several times per week |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Severe hyperactivity to the point of frequent destructiveness or sleeplessness |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Chronically withdrawn / depressed / anxious |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Self-injurious; extremely accident prone |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Needs behavioral program(s) requiring parent training |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Bizarre or severely disturbed behavior; destructive |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Has anorexia nervosa or other eating disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Exhibits other characteristics which correspond in extent or degree. If "Yes" – Specify. |

Behavioral Care Needs

- Not Applicable** – Child does not exhibit unusual behavioral characteristics for a child this age to be considered as having behavioral care needs at the minimal level.

Minimal

Child must exhibit at least two characteristics which include or correspond in extent or degree with the following.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Disappears or runs away occasionally for short periods of time with intention of returning |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Occasionally skips classes or exhibits behavior affecting class achievement; requiring make-up and occasional parent / school contact; extra help with homework |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Occasionally uses sexual acting out, masturbation, inappropriate sexual language |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Occasionally experiments with alcohol, drugs or both |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Infrequent hostile conflicts with parents, community, authority figures |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Occasional problems with stealing, petty theft, vandalism, destroying property |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Occasional inappropriate behavior with peers; infrequent conflicts with friends |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Occasional aggressive behavior toward people; i.e., biting, scratching, throwing objects at another, sexual aggressiveness |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Exhibits other characteristics which correspond in extent or degree. If "Yes – Specify. |
-

Moderate

Child must exhibit at least two characteristics which include or correspond in extent or degree with the following to be considered as having behavioral care needs at the moderate level.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Frequently runs away or disappears for longer periods of time requiring encouragement to return |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Frequently truant or exhibits behavior affecting class achievement; creates disturbance in the classroom; requires extra help with schoolwork from parents; frequent contact between parents and school |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Frequently exhibits sexual activity harmful to others; disruptive to family and community |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Frequently uses alcohol or drugs or both |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Occasionally involved in non-violent crimes / property which may bring contact with police / authorities; i.e., burglary |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Frequent aggressive behavior toward people; i.e., biting, scratching, throwing objects at another, sexual aggression |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Frequent self-abusive behavior; i.e., head banging, eye poking, kicking self, biting self |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Exhibits other characteristics which correspond in extent or degree. If "Yes" – Specify. |

Intensive

Child must exhibit one or more severe characteristics which include or correspond in extent or degree with the following to be considered as having behavioral care needs at the intensive level.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Runs away for long periods of time (eight or more times per year and five or more days at a time), returning only as a result of initiative of others |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Habitually creates disturbance in the classroom or on the school bus, habitually truant; requires daily parent / school contact |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Exhibits sexual deviancy; i.e., that of a violent or unconsenting nature with others |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Habitually uses alcohol or drugs or both |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Repeated and uncontrollable social behavior resulting in delinquency status; i.e., property offenses; assault, arson |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Daily aggressive behavior; i.e., biting, scratching, throwing objects |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Constant self-abusive behavior; i.e., head banging, eye poking, kicking self, biting self |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Severe eating disorders; eats inappropriate items |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Exhibits other characteristics which correspond in extent or degree. If "Yes", – Specify. |

Physical and Personal Care Needs

Not Applicable – Child does not exhibit unusual physical or personal characteristics for a child this age.

Minimal

Child must exhibit one or more characteristics which include or correspond in extent or degree with the following to be considered as having physical and personal care needs at the minimal level.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Needs some help putting on braces or prosthetic devices and help with buttons or laces, but is basically self-caring and able to maintain own physical assisting devices |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Seizures, motor dysfunctions, controlled by medication |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Requires therapy for gross or fine motor skills |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Requires special diet preparation / supervision |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Exhibits other characteristics which correspond in extent or degree. If "Yes" – Specify. |

Moderate

Child must exhibit one or more characteristics which include or correspond in extent or degree with the following to be considered as having needs at the moderate level.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Requires help with dressing, bathing and general toilet needs, including maintenance procedures; i.e., diapering and applying catheters; requires help of a person or a device to walk or get around |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Needs assistance to care and maintain physical assistance devices |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Exhibits eating, feeding problems; i.e., excessive intake, extreme messiness, extremely slow eating; requires help, supervision or both |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Requires tube or gavage feeding |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Requires frequent special care to prevent or remedy serious skin conditions; i.e., bedsores, severe eczema |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Requires daily administration of medication, preparation of special diets, prescribed physical therapies; i.e., for vision, hearing, speech, gross or fine motor skills, 1 or 2 hours per day |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Exhibits other characteristics which correspond in extent or degree. If "Yes" – Specify. |
-

Intensive

Child must exhibit one or more characteristics which include or correspond in extent or degree with the following to be considered as having needs at the intensive level.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Non-ambulatory |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Uncontrollable seizures |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Need appliances for drainage, colostomy, aspiration, suctioning, mist tent, etc |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Impaired vision, speech, or hearing functions requiring parent training |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Requires home administration of daily prescribed exercise routines to improve or maintain gross or fine motor skills |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Requires prevention procedures; i.e., daily irrigation |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Requires excessive cleaning / laundry and control of body waste |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Orthotics care at this level demands excessive amount of time, care, and responsibility |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Requires intensive prescribed physical therapy up to 2-3 hours per day |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Exhibits other characteristics which correspond in extent or degree. If "Yes" – Specify. |

Describe child's daily care requirements which differ from the usual care needs for a child of the same age. Attach additional page if necessary.

Describe child's current difficulty-of-care level. Attach school, medical, psychological or other evaluations that document the child's current special care needs and / or attach signed "Confirmation of Needs" form, CFS-2159.

SECTION C. AUTHORIZATION

I declare that all information provided on this form is accurate to the best of my knowledge and reflects the special needs of the child listed on page 1.

SIGNATURE – Adoptive Parent 1

Date Signed

SIGNATURE – Adoptive Parent 2

Date Signed

Questions regarding completion of this form should be directed to (608) 266-1142.

Return completed form to: Adoption Assistance
DCF/DSP – Suite 101
P.O. Box 8916
Madison, WI 53708-8916