DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence

Adoption Assistance Amendment Request – Confirmation of Needs
Physical / Personal Care Characteristics (Birth to 5)

Instructions: This form is to be used to confirm the special care needs of the child identified below and is to be **completed by an appropriate professional (e.g., physician, therapist, school personnel, etc)**. Check the appropriate box in each category that most closely reflects the child's current functioning and / or needs. **If the child's needs or functioning are age appropriate, the first box should be checked.** Sign, date and provide your professional relationship to the child. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Name – Child		Birthdate (mm/dd/yyyy)
Name – Person Completing Form (Print)	Professional Relationship to Child	Affiliation (e.g. school / medical facility, etc.)
SIGNATURE – Person Completing Form	Telephone Number	Date Signed

Check ONE box in each category that best describes the child's current functioning / needs.
If the child's needs or functioning are age appropriate, the first box should be checked.

Child's Overall Development (PAST 30 DAYS)			
☐ Child has no developmental problems. Any concerns are **age appropriate or** this information is unknown to me.	☐ Child has some problems with physical immaturity or there are concerns about **possible** delays and / or low IQ.	☐ Child has developmental delays or mild cognitive disabilities.	☐ Child has severe and pervasive developmental delays or profound cognitive disabilities.

If the child's needs / functioning fall within a shaded box, explain why:

Child's Cognitive Development (PAST 30 DAYS)			
☐ Child shows no evidence of cognitive development problems. Any concerns are **age appropriate or** this information is unknown to me.	☐ Child has some signs that cognitive skills are not appropriate. Child may be unaware of surroundings, challenges in remembering routines and completing tasks such as sorting, recognizing colors.	☐ Child has clear signs that development is not at the expected level. Child may be unable to understand simple routines or tasks.	☐ Child has significant delays in cognitive functioning that are seriously interfering with their functioning. Child is completely reliant on caregiver to function.

If the child's needs / functioning fall within a shaded box, explain why:

Autism Spectrum (PAST 30 DAYS)			
☐ Child's development appears normal in relation to autistic characteristics **or** this information is unknown to me.	☐ Evidence of mild symptoms of an autism spectrum disorder. Child may meet criteria for Aspergers disorder.	☐ Child has been diagnosed by an appropriate professional as having an autism spectrum disorder.	☐ Severe autism. Symptoms are disabling in at least one area of life skills.

If the child's needs / functioning fall within a shaded box, explain why:

PHYSICAL / PERSONAL CARE CHARACTERISTICS (Birth to 5)

Communication (PAST 30 DAYS)

☐ Child's ability to communicate is **age appropriate or** this information is unknown to me.	☐ Child is able to understand others but may have limited ability to express him / her self.	☐ Child has limited abilities to understand others **and** express him / her self.	☐ Child is unable to communicate.

If the child's needs / functioning fall within a shaded box, explain why:

Self Care and Daily Living Skills (PAST 30 DAYS)

☐ Child's self care / daily living skills appear to be **age appropriate or** this information is unknown to me.	☐ Child requires excessive verbal prompting on self care tasks or daily living skills.	☐ Child requires assistance (physical prompting) on multiple self care tasks or complete assistance on one self care task.	☐ Child requires complete assistance on more than one self care task (eating, bathing, dressing, toileting).

If the child's needs / functioning fall within a shaded box, explain why:

Medical Needs (PAST 30 DAYS)

☐ Child is healthy **or** this information is unknown to me / does not apply.	☐ Child has some medical problems that require medical treatment.	☐ Child has chronic illness that requires ongoing medical intervention **(diabetes, severe / uncontrolled asthma, life threatening allergies, HIV)**.	☐ Child has life threatening illness or medical condition. **(active cancer, AIDS, etc)**.

List medical condition (within the last 30 days): ______________________________

If the child's needs / functioning fall within a shaded box, explain why:

Medical Needs – Life Threatening (PAST 30 DAYS)

☐ Child's medical condition has no implications for shortening his / her life **or** this information is unknown to me / does not apply.	☐ Child's medical condition may shorten life, but not until later in adulthood.	☐ Child's medical condition places him / her at some risk of premature death before he / she reaches adulthood.	☐ Child's medical condition places him / her at eminent risk of death.

If the child's needs / functioning fall within a shaded box, explain why:

PHYSICAL / PERSONAL CARE CHARACTERISTICS (Birth to 5)

Medical Needs – Chronicity (PAST 30 DAYS)			
☐ Child is expected to fully recover from his / her condition within the next 6 months **or** this information is unknown to me **/** does not apply.	☐ Child is expected to fully recover from his / her condition after at least 6 months but less than 2 years.	☐ Child is expected to fully recover from his / her condition but not within the next 2 years.	☐ Child's medical condition is expected to continue throughout his / her lifetime.

If the child's needs / functioning fall within a shaded box, explain why:

Medical Needs – Diagnostic Complexity (PAST 30 DAYS)			
☐ Child's medical diagnoses are clear and correct **or** this information is unknown to me / does not apply.	☐ Some evidence exists to say that the child's symptoms are complex and the diagnosis may not be entirely accurate.	☐ There is substantial concern about the accuracy of the child's medical diagnoses due to the complexity of symptoms.	☐ It is currently not possible to accurately diagnose the child's medical conditions.

If the child's needs / functioning fall within a shaded box, explain why:

Medical Needs – Emotional Response (PAST 30 DAYS)			
☐ Child is coping well with his / her medical condition **or** this information is unknown to me / does not apply.	☐ Child is experiencing some emotions related to the medical condition, but these are not affecting other areas of life.	☐ Child's emotional response to his / her condition is interfering with treatment and other areas of life.	☐ Child is having severe emotional response to his / her condition that is interfering with treatment and functioning.

If the child's needs / functioning fall within a shaded box, explain why:

Medical Needs – Impairment in Functioning (PAST 30 DAYS)			
☐ Child's medical condition is not interfering with his / her functioning in other life domains **or** this information is unknown to me / does not apply.	☐ Child's medical condition is having a limited impact on functioning in one other life domain (self care, social interaction, communication, etc).	☐ Child's medical condition is interfering with functioning in more than one life domain or is disabling in at least one domain.	☐ Child's medical condition has disabled him / her in all other life domains.

If the child's needs / functioning fall within a shaded box, explain why:

PHYSICAL / PERSONAL CARE CHARACTERISTICS (Birth to 5)

Medical Needs – Treatment Involvement (PAST 30 DAYS)			
☐ Child and family are actively involved in treatment **or** this is not applicable **or** this information is unknown to me / does not apply.	☐ Child and / or family are generally involved in treatment but may struggle to stay consistent.	☐ Child and / or family are generally uninvolved although they are sometimes compliant with recommendations.	☐ Child and / or family are currently resistant to all efforts to provide medical treatment.

If the child's needs / functioning fall within a shaded box, explain why:

Medical Needs – Intensity of Treatment (PAST 30 DAYS)			
☐ Child's medical treatment involves taking daily medications or visiting a medical professional no more than weekly, **or** this information is unknown to me / does not apply.	☐ Childs medical treatment involves taking multiple medications or visiting a medical professional multiple times per week.	☐ Child's treatment is daily but non-invasive. Treatment can be administered by a caregiver.	☐ Child's medical treatment is daily and invasive and requires either a medical professional or trained caregiver to administer.

If the child's needs / functioning fall within a shaded box, explain why:

Medical Needs – Organizational Complexity (PAST 30 DAYS)			
☐ All medical care is provided by a single medical professional **or** this information is unknown to me / does not apply.	☐ Child's medical care is generally provided by a coordinated team medical professionals who work for the same organization.	☐ Child's medical care requires collaboration of multiple professionals who work for more than one organization.	☐ Child's medical care requires the collaboration of multiple professionals who work for more than one organization and are not able to communicate effectively.

If the child's needs / functioning fall within a shaded box, explain why:

Physical Needs (PAST 30 DAYS)			
☐ Child has no physical limitations. Any concerns are **age appropriate or** this information is unknown to me.	☐ Child has some physical condition that places mild limitations on activities (hearing, vision impairment).	☐ Child has physical condition that notably impacts activities (blindness, deafness or significant motor difficulties).	☐ Child has severe physical limitations due to multiple physical conditions.

If the child's needs / functioning fall within a shaded box, explain why:

PHYSICAL / PERSONAL CARE CHARACTERISTICS (Birth to 5)

Dental Needs (PAST 30 DAYS)			
☐ No evidence of any dental health needs **or** this information is unknown to me.	☐ Child may have some dental health needs but they are not clearly known at this time.	☐ Dental health is interfering with functioning in at least one life domain (eating, social interaction, etc.).	☐ Child has serious dental health needs that require intensive and / or extended treatment / intervention.

If the child's needs / functioning fall within a shaded box, explain why:

Daily Functioning (PAST 30 DAYS)			
☐ Child has **age appropriate** self care skills. No indication of deficits or this information is unknown to me.	☐ Child has minor indications of problems in self care compared to same age peers, but is generally self reliant.	☐ Child demonstrates moderate or routine problems in self care skills and relies on others for help more than is expected for his / her age group.	☐ Child has severe or constant problems in self care skills and relies on others for help much more than is expected for his / her age group.

If the child's needs / functioning fall within a shaded box, explain why:

Motor (PAST 30 DAYS)			
☐ No evidence of fine or gross motor development problems. Any concerns are **age appropriate or** this information is unknown to me.	☐ Child has some indicators that motor skills are challenging and there may be some concern that there is a delay.	☐ Child has either fine or gross motor skill delays.	☐ Child has significant delays in fine or gross motor development or both. Delay causes impairment in functioning.

If the child's needs / functioning fall within a shaded box, explain why:

Communication (PAST 30 DAYS)			
☐ No evidence of communication problems exists. Any concerns are **age appropriate or** this information is unknown to me.	☐ Child has a history of communication problems but currently is not experiencing problems.	☐ Child has difficulty understanding or expressing self through language / gestures which interfere with functioning, including trouble interpreting facial gestures or initiating gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversations or carry out 2-3 step commands.	☐ Child has serious communication difficulties and is unable to communicate in any way including pointing and grunting.

If the child's needs / functioning fall within a shaded box, explain why:

PHYSICAL / PERSONAL CARE CHARACTERISTICS (Birth to 5)

Failure to Thrive (PAST 30 DAYS)

☐ No evidence of failure to thrive **or** this information is unknown to me.	☐ Child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems.	☐ Child is experiencing problems in their ability to maintain weight or growth. Child may be below the 5th percentile for age and sex and may weigh less than 80% of their ideal weight for age, have depressed weight for height.	☐ Child may have one or more of the symptoms listed and is currently at serious medical risk.

If the child's needs / functioning fall within a shaded box, explain why:

Labor and Delivery

☐ Child and biological mother had a normal labor and delivery **or** this information is unknown to me.	☐ Child or mother had some mild problems during delivery, but child does not appear affected by problems.	☐ Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother.	☐ Child had severe problems during delivery that have resulted in long term implications for development.

If the child's needs / functioning fall within a shaded box, explain why:

Parent / Sibling Exposure

☐ Child's parents have no developmental disabilities. The child has no siblings or existing siblings are not experiencing any developmental or behavioral problems **or** this information is unknown to me.	☐ Child's parents have no developmental disabilities. Child has siblings who are experiencing some mild developmental or behavioral problems.	☐ Child's parents have no developmental disabilities. Child has a sibling who is experiencing a significant developmental or behavioral problem.	☐ One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems.

If the child's needs / functioning fall within a shaded box, explain why:

Return completed form to:

DCF/DSP/BPOHC
Adoption Assistance Amendment Program
212 East Washington Avenue, Suite 101
P.O. Box 8916
Madison, WI 53708-8916

Or fax to: 608-422-7170