Child’s Registration

<table>
<thead>
<tr>
<th>CHILD’S LEGAL NAME (LAST, FIRST, MIDDLE)</th>
<th>BIRTH DATE</th>
<th>SEX</th>
<th>INTERPRETIVE SERVICES NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Male ☐ Female</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RACE</th>
<th>ETHNICITY</th>
</tr>
</thead>
</table>

ADOPTIVE FAMILY’S NAME (PLEASE PRINT OR TYPE)

<table>
<thead>
<tr>
<th>Legal Status</th>
<th>TERMINATION DATE</th>
<th>DEATH</th>
<th>DECREE NUMBER</th>
<th>COUNTY AND STATE JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. CHILD’S CURRENT LEVEL OF FUNCTIONING

B. PLAN

- ☐ Relative adoption
- ☐ Foster / adoptive home
- ☐ Foster parent adoption
- ☐ Adoptive home

<table>
<thead>
<tr>
<th>DATE CHILD ENTERED FOSTER CARE</th>
<th>DATE OF CURRENT PLACEMENT</th>
</tr>
</thead>
</table>

TOTAL NUMBER PLACEMENTS

CURRENT FOSTER CARE PAYMENTS

C. Reasonable efforts or against best interest to search for placement (WAC 388-27-0145 and 388-27-0150)

- ☐ Child registered for 3 months with WARE without finding an adoptive family.
- ☐ A documented formal search was conducted without finding a family who would adopt the child without adoption support.
- ☐ Selected prospective adoptive family is unable to adopt without assistance from the adoption support program.
- ☐ Not in best interest of the child to search for a family due to circumstances of current placement.

D. SPECIAL NEEDS CONDITIONS OF THE CHILD (CHECK ALL THAT APPLY)

- ☐ 1. Race
- ☐ 2. Age (6+ years)
- ☐ 3. Sibling group
- ☐ 4. Emotional / mental health
- ☐ 5. Physical disability
- ☐ 6. Intellectual disability
- ☐ 7. Other diagnosed condition
- ☐ 8. Visually / hearing impaired

COMMENTS

☐ Approved for Adoption Support.
☐ Not Approved for Adoption Support.

PROGRAM MANAGER’S SIGNATURE

DATE

WORKER’S NAME

TELEPHONE NUMBER

DIVISION OF CHILDREN AND FAMILY SERVICES OFFICE OR CHILD PLACING AGENCY NAME

WORKER’S SIGNATURE

DATE

DIVISION OF CHILDREN AND FAMILY SERVICES OFFICE OR CHILD PLACING AGENCY ADDRESS