

EXCHANGE REFERRAL OF FAMILY

| | | | | |
|-----------------|---------------------|----------|--------|----------|
| Exchange Number | Registration Dates: | Original | Review | Revision |
|-----------------|---------------------|----------|--------|----------|

I. Adult(s) in the Home**Applicants**

| | | | | | | |
|-----------|-------|----|-----------|-----|------|------------------|
| Last Name | First | MI | Birthdate | Sex | Race | Co. of Residence |
| Last Name | First | MI | Birthdate | Sex | Race | Licensed |

Other

| | | | | | | |
|-----------|-------|----|-----------|-----|------|---|
| Last Name | First | MI | Birthdate | Sex | Race | Foster Home <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------|-------|----|-----------|-----|------|---|

II. Children in the Home

| Birthdate | Sex | Race | Adopted/Foster | Birthdate | Sex | Race | Adopted/Foster |
|-----------|-----|------|----------------|-----------|-----|------|----------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

III. Characteristics the Family Will Consider

| No. of Children | Race | Sex | Mental Retardation | Medical/Physical Conditions | Behavior/Emotional Problems |
|------------------------------------|--|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Male | <input type="checkbox"/> Mild | <input type="checkbox"/> Mild | <input type="checkbox"/> Mild |
| <input type="checkbox"/> 2 | <input type="checkbox"/> Black | <input type="checkbox"/> Female | <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> 3 | <input type="checkbox"/> Hispanic | | <input type="checkbox"/> Severe | <input type="checkbox"/> Severe | <input type="checkbox"/> Severe |
| <input type="checkbox"/> 4 | <input type="checkbox"/> Asian | | <input type="checkbox"/> Profound | <input type="checkbox"/> At risk | <input type="checkbox"/> At risk |
| <input type="checkbox"/> 5 | <input type="checkbox"/> American Indian | | <input type="checkbox"/> At risk | | |
| <input type="checkbox"/> 6 or more | <input type="checkbox"/> Biracial | | | | |

Age range: _____ to _____ Termination of Parental Rights on Appeal Yes NoContact with Relatives: Yes No Possibly**IV. Description of Family**

Provide a brief narrative of the family's life style, interests, strengths, and unique characteristics.

V. Worker Information

| | | |
|--|-------------------------|---------------|
| Name | Telephone Number () | Worker Number |
| County/Agency Name and Mailing Address | | |