



Waiting Child Enrollment

Please type information in boxes. Use "Tab" button to move through the form. This form will be used to list the child on the RRTS contractor website and to register the child on AdoptUsKids.

Child Detail		
First name:	Middle name:	Last name:
Birth date:	Sex:	Form completed on:
Race: (check all that apply) <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other:		
TPR date:	County jurisdiction:	FACS Exchange #: C00
Is this child part of a sibling group? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, will child be adopted with siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list siblings:		
Current placement: <input type="checkbox"/> Foster home <input type="checkbox"/> Relative <input type="checkbox"/> PMIC <input type="checkbox"/> Residential treatment <input type="checkbox"/> Youth shelter <input type="checkbox"/> Other:		
# of years in care:	# of adoption disruptions:	# of placements:
Are there significant relationships the child needs to maintain? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with whom?		
Is it necessary that the child's adoptive family reside in Iowa? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why? If no, which other states would you consider? <input type="checkbox"/> All states <input type="checkbox"/> Only states bordering Iowa <input type="checkbox"/> Other (states you would consider):		
Is child allergic to smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which pets?		
Is there subsidy available for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		

Worker Detail

DHS worker:		DHS local office:	
Street address:		City:	Zip:
Phone #:	Fax #:	E-mail:	
How would you like to be contacted by interested families? (Example: Families should contact me by phone only)			
How and by when are you planning to contact approved families that inquire about this child?			

Photo Detail

Studio name:		Photographer:
City:	Date:	Time:

Recruitment Authorization

Please give permission for promoting this child in the following ways:							
Newsletter:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Web site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Television:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Newspaper:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
List media restrictions (location, etc.):							
Can this child be registered on the AdoptUsKids web site? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, complete form 470-4155, AdoptUsKids Waiver.							

Type of Family

Family type: (Preference for family composition. Check all that apply.)							
<input type="checkbox"/> No preference	<input type="checkbox"/> Couple	<input type="checkbox"/> Single female	<input type="checkbox"/> Single male				
Other children:							
<input type="checkbox"/> No preference	<input type="checkbox"/> No other children	<input type="checkbox"/> Must be youngest	<input type="checkbox"/> Must be oldest				
<input type="checkbox"/> Female siblings only	<input type="checkbox"/> Male siblings only	<input type="checkbox"/> Must have other children					

Risk Factors

<input type="checkbox"/> Alcohol exposed in utero	<input type="checkbox"/> History of multiple placements	<input type="checkbox"/> Premature birth
<input type="checkbox"/> Drug exposed in utero	<input type="checkbox"/> Mental illness in birth family	<input type="checkbox"/> Schizophrenia in birth family
<input type="checkbox"/> Failure to thrive	<input type="checkbox"/> Mental retardation in family	<input type="checkbox"/> Sexual abuse
<input type="checkbox"/> History of abuse and neglect	<input type="checkbox"/> Other:	

Physical/Medical Disabilities

<input type="checkbox"/> Allergies	<input type="checkbox"/> Encopresis	<input type="checkbox"/> Respiratory problems
<input type="checkbox"/> Asthma	<input type="checkbox"/> Enuresis	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> ADD	<input type="checkbox"/> Fetal alcohol syndrome	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADHD	<input type="checkbox"/> Hearing loss – partial	<input type="checkbox"/> Sickle cell trait
<input type="checkbox"/> Blindness	<input type="checkbox"/> Heart defect	<input type="checkbox"/> Speech disorder
<input type="checkbox"/> Cerebral palsy	<input type="checkbox"/> Hydrocephalus	<input type="checkbox"/> Tourette syndrome
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Microcephaly	<input type="checkbox"/> Visually impaired
<input type="checkbox"/> Deafness	<input type="checkbox"/> Muscular dystrophy	
<input type="checkbox"/> Other:		

Current overall level of physical or medical disabilities:

None Mild Moderate Severe

Emotional Disabilities

<input type="checkbox"/> Adjustment disorder	<input type="checkbox"/> Generalized anxiety disorder	<input type="checkbox"/> Psychosis
<input type="checkbox"/> Attachment disorder	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Reactive attachment disorder
<input type="checkbox"/> Attention deficit disorder	<input type="checkbox"/> Loss issues	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Obsessive compulsive disorder	<input type="checkbox"/> Separation anxiety disorder
<input type="checkbox"/> Conduct disorder	<input type="checkbox"/> Oppositional defiant disorder	<input type="checkbox"/> Takes psychiatric medication
<input type="checkbox"/> Depression	<input type="checkbox"/> Post traumatic stress disorder	
<input type="checkbox"/> Other:		

Current overall level of emotional disabilities:

None Mild Moderate Severe

Learning Disabilities

<input type="checkbox"/> Central auditory processing disorder	<input type="checkbox"/> Motor skills disorder
<input type="checkbox"/> Developmental articulation disorder	<input type="checkbox"/> Non-specific learning disorder
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Receptive language disability
<input type="checkbox"/> Expressive language disorder	<input type="checkbox"/> Other:

Current overall level of learning disabilities:

None Mild Moderate Severe

Developmental Disabilities

<input type="checkbox"/> Asperger's syndrome	<input type="checkbox"/> Mental retardation – cause not specified
<input type="checkbox"/> Autism	<input type="checkbox"/> Mental retardation – genetic
<input type="checkbox"/> Down's syndrome	<input type="checkbox"/> Pervasive developmental disorder
<input type="checkbox"/> Drug exposed	<input type="checkbox"/> Shaken baby syndrome
<input type="checkbox"/> Other:	

Current overall level of developmental disabilities:

None Mild Moderate Severe

Behavioral Disabilities

<input type="checkbox"/> Cruelty to animals	<input type="checkbox"/> Oppositional behavior
<input type="checkbox"/> Damage to property	<input type="checkbox"/> Physically acting out towards adults
<input type="checkbox"/> Fire setting	<input type="checkbox"/> Physically acting out towards peers
<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Playing with matches
<input type="checkbox"/> Inability to sustain attention	<input type="checkbox"/> Running away
<input type="checkbox"/> Inappropriate interactions with strangers	<input type="checkbox"/> Sexually acting out with peers
<input type="checkbox"/> Lack of awareness of others	<input type="checkbox"/> Sexually provocative behavior
<input type="checkbox"/> Lying	<input type="checkbox"/> Stealing
<input type="checkbox"/> Masturbating in public	<input type="checkbox"/> Other:

Current overall level of behavioral disabilities:

None Mild Moderate Severe

Biography Information

This child enjoys (hobbies, sports, animals, church, outdoors, etc.):

Describe this child's personality:

This child excels at:

This child requires help with:

Describe how this child is doing in school:

What positive comments do you or others (foster parent, teacher, social worker) have about this child?

Describe characteristics that the adoptive family should have:

What type of family does this child want?

What activities would this child like to do with the adoptive family?

What is the most important thing this child wants people to know about the child?

Additional information to share about child:

Send the completed form by email (preferred), mail or fax to:

Western Service Area:

Lutheran Services in Iowa
Attn: Jackie Steele
205 South 7th St
Denison, IA 51442
Email: fosteradopt@isiowa.org

Northern, Eastern, Cedar Rapids, and Des Moines Service Areas:

Four Oaks Family Connections
Attn: Carol Digmann
1924 D Street SW
Cedar Rapids, IA 52404
Email: adoption@fouroaks.org
Fax: 844-692-1777 or 712-263-6061
Phone: 1-844-380-2534 (option 4) or 1-844-574-7787