

Iowa Department of Human Services
Future Needs Adoption Subsidy Professional Documentation

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|--------------|------|
| Child's Name | Date |
|--------------|------|

The child named above is at risk of having special needs in the future and is at risk due to:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Exposure to illegal drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment/bonding issues |
| <input type="checkbox"/> | <input type="checkbox"/> | Effects of trauma, abuse and/or neglect |
| <input type="checkbox"/> | <input type="checkbox"/> | Parental and/or family history of mental health diagnoses and/or Intellectual Disability |
| <input type="checkbox"/> | <input type="checkbox"/> | Removal from biological parental care |
| <input type="checkbox"/> | <input type="checkbox"/> | Family history of developmental delays |
| <input type="checkbox"/> | <input type="checkbox"/> | Emotional or behavioral disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | Intellectual Disability |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical disability and /or medical diagnosis |

This child is at risk to develop due to the factors identified above.

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|-------------------------|--------------|
| Specialist Name (Print) | Phone Number |
| Signature | Title |
| Specialist Address | |