

CHILD REGISTRATION/UPDATE FORM

Mail To:
PENNSYLVANIA ADOPTION EXCHANGE
 P.O. Box 4469
 Harrisburg, PA 17111-0469
 800-227-0225

New Registration

Update

(P.A.E. Use Only)	
PAE I.D. #	
REGISTRATION UPDATE	
ORIGINAL PAE I.D. #	

COUNTY OF CUSTODY

AGENCY FULL NAME				CONTACT PERSON:	
MAILING ADDRESS				EMAIL:	
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER	

REGISTERING AGENCY, if Different from County of Custody

AGENCY FULL NAME				CONTACT PERSON:	
MAILING ADDRESS				EMAIL:	
CITY	STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER	

CHILD INFORMATION

CHILD'S NAME (First, Last)		ALIAS (if TPR Pending or Under Appeal) - FIRST NAME ONLY			
DATE OF BIRTH	SOCIAL SECURITY NUMBER			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
CHECK ALL THAT APPLY RACE/ETHNICITY:	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	<input type="checkbox"/> BLACK/AFRICAN AMERICAN	<input type="checkbox"/> WHITE	ETHNICITY: HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> ASIAN	<input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER			

CHILD'S STATUS (Please check appropriate status)

<input type="checkbox"/> CHILD'S STATUS IS CLOSED PLEASE CHECK APPROPRIATE BOX BELOW TO NOTE REASON FOR CLOSED STATUS. <input type="checkbox"/> CHILD IS DECEASED <input type="checkbox"/> CHILD IS WITHDRAWN <input type="checkbox"/> CHILD REACHED AGE OF MAJORITY <input type="checkbox"/> FINALIZATION OCCURRED		<input type="checkbox"/> CHILD'S STATUS IS ACTIVE PLEASE EXPLORE MATCHES FOR THIS CHILD.	
<input type="checkbox"/> CHILD'S STATUS IS HOLD . PLEASE SUSPEND MATCHING ACTIVITY. PLEASE CHECK APPROPRIATE BOX BELOW TO NOTE REASON FOR HOLD STATUS.			
PENDING PERMANENCY PLACEMENT FOR THE CHILD. TYPE OF PERMANENCY PLACEMENT: <input type="checkbox"/> ADOPTION <input type="checkbox"/> PLC <input type="checkbox"/> ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT <input type="checkbox"/> REUNIFICATION <input type="checkbox"/> FIT AND WILLING RELATIVE		SUSPEND MATCHING ACTIVITY: <input type="checkbox"/> CYS REVIEWING SEVERAL PROFILES. DO NOT WANT TO CONSIDER OTHER PROFILES AT THIS TIME. <input type="checkbox"/> CHILD EXHIBITING PROBLEM BEHAVIOR. SUSPEND MATCHING ACTIVITY <input type="checkbox"/> CHILD JUST ADMITTED TO RTF OR HOSPITALIZATION. SUSPEND MATCHING ACTIVITY. <input type="checkbox"/> OTHER: _____	

SIBLINGS TO BE PLACED WITH CHILD

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

LEGAL STATUS (Please check appropriate status)

TPR IS COMPLETE		TPR IS PENDING	
<input type="checkbox"/> MOTHER	DATE	<input type="checkbox"/> MOTHER	ANTICIPATED RESOLUTION DATE
<input type="checkbox"/> FATHER	DATE	<input type="checkbox"/> FATHER	ANTICIPATED RESOLUTION DATE
TPR TO OCCUR UPON IDENTIFICATION OF A PERMANENT RESOURCE		TPR UNDER APPEAL	
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH		<input type="checkbox"/> MOTHER	ANTICIPATED RESOLUTION DATE
		<input type="checkbox"/> FATHER	ANTICIPATED RESOLUTION DATE

BIRTH PARENT(S) DECEASED

<input type="checkbox"/> MOTHER	DATE: _____	<input type="checkbox"/> FATHER	DATE: _____
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RECRUITMENT SERVICES

1. Has child been registered with TRAC? YES NO 2. Has child been registered with AdoptUsKids? YES NO
If NO and child has TPR, PAE will register on your behalf on these websites/exchanges.
3. If NO and child does not have TPR, would you like PAE to register child on these websites: TRAC YES NO AdoptUsKids YES NO
If YES, be sure to provide a high quality color photograph.
4. Photographic Submission Status: PICTURE ATTACHED PICTURE FORTHCOMING N/A REQUESTING SEARS FORM
 EMAIL U.S. POSTAL SERVICE
5. If no photo, do you want this child's information to appear in the website Photo Album with an illustration of an age appropriate toy? YES NO

SPECIAL NEEDS

- | | | |
|--|---|--|
| <input type="checkbox"/> ABUSE HISTORY | <input type="checkbox"/> MENTAL RETARDATION DIAGNOSIS | <input type="checkbox"/> SIBLINGS: # _____ |
| <input type="checkbox"/> ALCOHOL EXPOSED INFANT | <input type="checkbox"/> MULTIPLE PLACEMENT HISTORY | <input type="checkbox"/> SPECIAL EDUCATION STUDENT |
| <input type="checkbox"/> DRUG EXPOSED INFANT | <input type="checkbox"/> NEGLECT HISTORY | <input type="checkbox"/> SPECIAL MEDICAL CARE |
| <input type="checkbox"/> EMOTIONAL DISABILITY | <input type="checkbox"/> PHYSICAL DISABILITY | <input type="checkbox"/> OTHER. SPECIFY: _____ |
| <input type="checkbox"/> HIV | <input type="checkbox"/> RUNAWAY HISTORY | |
| <input type="checkbox"/> MENTAL HEALTH DIAGNOSIS | <input type="checkbox"/> SEXUAL ABUSE HISTORY | |

PRESENT PLACEMENT

- FOSTER HOME RESIDENTIAL FACILITY INPATIENT HOSPITALIZATION
 KINSHIP FOSTER HOME

DATE CHILD ENTERED PRESENT PLACEMENT _____ DATE CHILD ENTERED CARE _____

EDUCATIONAL STATUS (Check all that apply)

- GIFTED SPECIAL EDUCATION CAREER and TECHNICAL EDUCATION
 GENERAL EDUCATION ALTERNATIVE EDUCATION OTHER (EXPLAIN) _____

STOP HERE IF NO MATCHES ARE TO BE EXPLORED FOR THIS CHILD

If matches are to be explored, please complete the entire form.

CHILD CHARACTERISTICS (Please place an "X" in the appropriate box that describes the child best)

HEALTH

	Present/Presenting	In past history but not currently displayed	Unknown if in child's history	Not applicable
1. Does the child have any significant health problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child have allergies or asthma? (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the child display hyperactivity? (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the child have speech problems? (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the child have hearing problems? (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the child legally deaf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the child have vision problems? (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the child legally blind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the child have dental problems? (may require treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the child have orthopedic problems? (special shoes, leg braces, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the child have a seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the child have any other health concerns? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

1. Is the child considered a high achiever at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the child achieving on grade level in regular classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the child achieving below grade level in regular classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the child receive special education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the child have a learning disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the child need classes for the emotionally or behaviorally handicapped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the child need tutoring in one or more subjects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the child have serious behavior problems at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHARACTERISTICS and BEHAVIORS

	Present/Presenting	In past history but not currently displayed	Unknown if in child's history	Not applicable
1. Is the child generally quiet and shy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the child generally outgoing and noisy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the child have emotional issues requiring therapy at present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the child have a tendency to reject father figures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the child have a tendency to reject mother figures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the child have difficulty making friends and relating with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the child frequently wet the bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the child wet during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the child frequently soil him/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the child masturbate frequently and/or openly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the child have poor social skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the child have a problem with lying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the child have a problem with stealing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the child have a problem with frequently starting physical fights with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the child tend to abuse animals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the child tend to be destructive of clothing, toys, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the child frequently use language you would consider foul or bad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the child have frequent temper tantrums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Does the child have difficulty accepting and obeying rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does the child have a history of inappropriate sexual behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Does the child have a history of running away?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the child have a history of playing with matches, setting fires?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILD CONNECTEDNESS and HISTORY

1. Does the child have strong ties to birth family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child have strong ties to foster family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the child need to have continued contact with siblings in adoptive placement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the child have a previous adoption disruption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the child been sexually abused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the child been physically abused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the child been exposed to promiscuous sexual behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Was the child conceived as a result of rape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the child conceived as a result of prostitution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do one or both of the child's parents have an alcohol addiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do one or both of the child's parents have a chemical dependency, other than alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do one or both of the child's parents have a criminal record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do one or both of the child's parents have mental retardation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do one or both of the child's parents have mental illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Agency has no information on one or both parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILD'S STATUS REGARDING CONTACT WITH BIRTH FAMILY

1. Child is in contact with birth parents:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Child is in contact with siblings:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Child is in contact with extended birth family:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Child is in contact with former foster family:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

