

# CHILD REGISTRATION / UPDATE FORM (CY130)

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

<input type="checkbox"/> SWAN #		<input type="checkbox"/> DHS #		<input type="checkbox"/> PAE #	
CHILD DEMOGRAPHICS					
CHILD'S NAME					
LAST	FIRST	MI	ALIAS (if TPR pending or under appeal – FIRST NAME ONLY)		
DATE OF BIRTH		SOCIAL SECURITY # (Requested)		GENDER	
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE AND ETHNICITY - Check all that apply					
<b>RACE:</b> <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <b>ETHNICITY HISPANIC:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO					
SIBLINGS – To be placed with child					
<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>		
AGENCY INFORMATION					
COUNTY CHILDREN AND YOUTH AGENCY				COUNTY CASEWORKER (Full name)	
MAILING ADDRESS				E-MAIL	
CITY	STATE	ZIP	TELEPHONE # (     )	FAX #	
CHILD SPECIFIC RECRUITMENT AGENCY, if different from county children and youth agency					
AGENCY NAME				CASEWORKER (Full name)	
MAILING ADDRESS				E-MAIL	
CITY	STATE	ZIP	TELEPHONE # (     )	FAX #	
CHILD'S GOAL					
DATE CURRENT GOAL ESTABLISHED	DATE	<input type="checkbox"/> GOAL UNDER APPEAL		DATE	
<input type="checkbox"/> REUNIFICATION <input type="checkbox"/> ADOPTION <input type="checkbox"/> PLC <input type="checkbox"/> FIT & WILLING RELATIVE <input type="checkbox"/> APPLA					
CHILD'S STATUSES					
TPR STATUS					
(CHECK ONE)	<input type="checkbox"/> PARENTAL RIGHTS NOT TERMINATED	<input type="checkbox"/> PARENTAL RIGHTS TERMINATED	DATE MOTHER'S RIGHTS TERMINATED	DATE FATHER'S RIGHTS TERMINATED	
PARENTS DECEASED	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER		DATE(S)		
<input type="checkbox"/> TERMINATION UNDER APPEAL	DATE APPEALED				

## CHILD'S STATUSES

### CYS CASE STATUS

- CLOSED DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Please check reason below
- FINALIZED  REACHED MAJORITY / EMANCIPATED  DECEASED  OTHER \_\_\_\_\_
- REUNIFIED  LIVING WITH OTHER RELATIVE  GUARDIANSHIP  TRANSFER TO OTHER AGENCY  RUNAWAY

### CURRENT PLACEMENT

- PRE-ADOPTIVE HOME  FOSTER CARE (non-kinship)  FOSTER CARE (kinship)  RESIDENTIAL FACILITY
- OTHER \_\_\_\_\_

DATE CHILD ENTERED PRESENT PLACEMENT	DATE	DATE CHILD ENTERED CARE	DATE
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**DOES CHILD HAVE ADOPTIVE RESOURCE IDENTIFIED?**  YES  NO (PAE will explore match unless goal or TPR is under appeal)

### PHOTO STATUS

CHILD REGISTERED WITH ADOPTUSKIDS?  YES  NO If NO and child has TPR, PAE will register child on your behalf.  
 If NO and child does not have TPR, would you like PAE to register child on AdoptUsKids?  YES  NO

### PHOTOGRAPHS

- PHOTO ATTACHED  PHOTO FORTHCOMING  N/A REQUESTING SEARS FORM
- IF NO PHOTO, SHOULD CHILD'S INFORMATION BE PLACED ON WEB SITE PHOTO ALBUM WITH SILHOUETTE?  YES  NO

PAE USE ONLY:	DATE PHOTO RECEIVED	DATE	<input type="checkbox"/> E-MAIL <input type="checkbox"/> U.S. MAIL
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### EDUCATIONAL STATUS

CHECK ALL THAT APPLY

- GIFTED  SPECIAL EDUCATION  CAREER AND TECHNICAL EDUCATION
- GENERAL EDUCATION  ALTERNATIVE EDUCATION  OTHER (EXPLAIN) \_\_\_\_\_

### 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         |  |

**STOP HERE IF NO MATCHES ARE NEEDED FOR THIS CHILD  
 IF MATCHES ARE NEEDED, PLEASE COMPLETE ENTIRE FORM**

## CHARACTERISTICS OF CHILD

PLEASE SELECT THE CHOICE THAT BEST DESCRIBES THE CHILD

### HEALTH

	YES	NO	UNKNOWN
1. Does child have significant health issues?			
2. Does child have allergies or asthma? (may require treatment)			
3. Is child hyperactive? (may require treatment)			
4. Does child have speech problems? (may require treatment)			
5. Does child have hearing problems? (may require treatment)			
6. Is child legally deaf?			
7. Does child have vision problems? (may require treatment)			
8. Is child legally blind?			
9. Does child have dental problems? (may require treatment)			
10. Does child have orthopedic problems (special shoes, braces, etc)			
11. Does child have seizures?			
12. Does child have other health concerns? _____			

<b>EDUCATION</b>			
	YES	NO	UNKNOWN
13. Is child a high achiever in school?			
14. Does child achieve at grade level in regular classes?			
15. Does child achieve below grade level in regular classes?			
16. Is child in special education classes?			
17. Does child have a learning disability?			
18. Does child need classes for the emotionally or behaviorally handicapped?			
19. Does child need tutoring in one or more subjects?			
20. Does child have serious behavior problems in school?			
<b>CHARACTERISTICS and BEHAVIORS</b>			
21. Is child generally quiet and shy?			
22. Is child generally outgoing and noisy?			
23. Does child have emotional issues that requires therapy?			
24. Does child tend to reject father figures?			
25. Does child tend to reject mother figures?			
26. Does child have difficulty relating to others and relating to other children?			
27. Does child frequently wet the bed?			
28. Does child frequently soil him/herself?			
29. Does child masturbate frequently or openly?			
30. Does child have poor social skills?			
31. Does child have problem with lying?			
32. Does child have problem with stealing?			
33. Does child frequently start physical fights with other children?			
34. Does child abuse animals?			
35. Is child destructive with clothing, toys, etc.?			
36. Does child use foul or bad language?			
37. Does child have frequent temper tantrums?			
38. Does child have difficulty accepting and obeying rules?			
39. Does child exhibit inappropriate sexual behavior?			
40. Does child have a history of running away?			
41. Does child have history of playing with matches, setting fires?			
<b>CONNECTIONS and HISTORY</b>			
42. Does child have strong ties to birth family?			
43. Does child have strong ties to foster family?			
44. Is continued contact with siblings desirable?			
45. Does child have a previous adoption disruption?			
46. Was child sexually abused?			
47. Was child physically abused?			
48. Was child exposed to promiscuous sexual behavior?			
49. Was child conceived by rape?			
50. Was child conceived as a result of prostitution?			
51. Are one or both parents addicted to alcohol?			
52. Are one or both parents dependent on substances other than alcohol?			
53. Do one or both parents have a criminal record?			
54. Are one or both parents mentally retarded?			
55. Do one or both parents have a mental illness?			
56. Does agency lack information about one or both parents?			
<b>CONTACT WITH BIRTH FAMILY</b>			
57. Is child in contact with birth parents?			
58. Is child in contact with siblings?			
59. Is child in contact with extended birth family?			
60. Is child in contact with former foster family?			

**SIGNATURE OF REPRESENTATIVE FROM AGENCY WITH LEGAL CUSTODY OF THE CHILD.**

I certify that the information submitted is accurate and complete to the best of my knowledge and belief and is submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

REPRESENTATIVE OF AGENCY WITH LEGAL CUSTODY OF CHILD

DATE

**INITIAL REGISTRATION SHOULD BE COMPLETED BY THE COUNTY OF CUSTODY**

**PHOTO INFORMATION**

Please include a high-quality color photograph that will be used for family recruitment. DO NOT send photos printed from desktop printers as these do not reproduce well when scanned. Please frame the child's face against a plain background.

**If this is an update for a registered child**, please include the PAE ID number.

**If sending a digital photograph by e-mail:** Please use the child's name and PAE number as the filename. In the e-mail include the child's date of birth, agency contact person and their telephone number. File size of digital photos should be between .5-1 MB.

**If sending a hardcopy photograph:** DO NOT use staples on the child's image.

NARRATIVE INFORMATION FOR PUBLIC WEB SITE AND RECRUITMENT (Minimum 125 words, strength-based description)

ADDITIONAL INFORMATION THAT MAY BE SHARED WITH APPROVED FAMILIES INTERESTED IN THIS CHILD