**Ohio Department of Job and Family Services**

**CHILD CHARACTERISTICS CHECKLIST FOR FOSTER CARE AND/OR ADOPTION**

**(Required for use with the JFS 01673)**

|  |  |  |
| --- | --- | --- |
| **Name of Applicant #1: *(First and Last)*** | **Name of Applicant #2: *(First and Last)*** | **Date completed or updated:** |
|       |       |      /     /      |
| **Address of Applicant(s): *(Street Number and Name)*** | **City:** | **State:** | **Zip:** | **Applicant’s Phone Number:** |
|       |       |       |       | (     )      -      |

|  |  |
| --- | --- |
| **Name of Representing Agency and/or Agent:** | **Representative’s Phone #:** |
|       | (     )      -      |
| **Address of Representative and/or Agent:** | **City:** | **State:** | **Zip:** | **Representative’s Fax #:** |
|       |       |       |       | (     )      -      |

|  |
| --- |
| **Instructions: Please print. Use the list below to let us know the type of child(ren) you would like to foster and/or adopt. Place an X in the appropriate box. If characteristics would be different for foster care than adoption, place an “A” for adoption and an “F” for foster care.** |

|  | **Willing to Consider** | **Unwilling** **to Consider** |  |  | **Willing to Consider** | **Unwilling** **to Consider** |
| --- | --- | --- | --- | --- | --- | --- |
| **Gender/Sex of Child** |  | **Race/Ethnicity/Language of Child** |
| Female |  |  |  | American Indian or Alaskan Native |  |  |
| Male |  |  |  | Black or African American |  |  |
| **Age of Child** |  | White |  |  |
| Newborn/Under Age 1 |  |       |  | Asian |       |       |
| 1 Year Old |       |       |  | Native Hawaiian or Other Pacific Islander |  |  |
| 2 Years Old |       |       |  | Biracial (2 races above selected) |       |       |
| 3 Years Old |       |       |  | Multiracial (3 or more Races selected) |  |  |
| 4 Years Old |       |       |  | Unable to determine (deserted child or safe haven  |       |       |
| 5 Years Old |       |       |  | baby) |  |  |
| 6 Years Old |       |       |  | Hispanic or Latino |       |       |
| 7 Years Old |       |       |  | **Placement History** |
| 8 Years Old  |       |       |  | Child’s 1st placement. No known behavior  |       |       |
| 9 Years Old |       |       |  | problem |  |  |
| 10 Years Old |       |       |  | Child’s 1st placement. Agency has no  |       |       |
| 11 Years Old |       |       |  | information on child |  |  |
| 12 Years Old |       |       |  | Child now in residential treatment |       |       |
| 13 Years Old |       |       |  | Child has had previous foster placement(s) |  |  |
| 14 Years Old |       |       |  | Child has had previous adoptive placement(s) |  |  |
| 15 Years Old |       |       |  | **Birth History** |
| 16 Years Old |       |       |  | Low birth weight or premature |  |  |
| 17 Years Old |       |       |  | Fetal Alcohol Syndrome |  |  |
| Over age 17 |       |       |  | Fetal Alcohol Effects |  |  |
| **Number of Children/Siblings** |  | Positive Toxicology Screen at Birth |  |  |
| 1 |       |       |  | Pre-Natal Drug Exposure |  |  |
| 2 |       |       |  | Drug Addiction at Birth |  |  |
| 3 |       |       |  | **Developmental** |
| 4 |       |       | Mental Retardation: Mild |  |  |
| 5 or More |       |       |  | Mental Retardation: Moderate |  |  |
| Teen Parent with Child |       |       |  | Mental Retardation: Severe/Profound |  |  |

|  |
| --- |
| **Developmental (Continued)** |
| Failure to Thrive |       |       |
| Speech Problems: Mild |       |       |
| Speech Problems: Moderate |       |       |
| Speech Problems: Severe |       |       |
| Hearing Impairment/Not Deaf: Mild |       |       |
| Hearing Impairment/Not Deaf: Moderate |       |       |
| Hearing Impairment/Not Deaf: Severe |       |       |
| Deaf |       |       |
| Visually Impaired/Not Blind: Mild |       |       |
| Visually Impaired/Not Blind: Moderate |       |       |
| Visually Impaired/Not Blind: Severe |       |       |
| Blind |       |       |
| Orthopedic Impairment: Requires Special Shoes |       |       |
| Orthopedic Impairment: Requires Other Treatment |       |       |
| Orthopedic Impairment: Requires Leg Braces |       |       |
| **Dental Problems** |
| Tooth Decay |       |       |
| Missing Permanent Teeth |       |       |
| Crowded/Missing Teeth |       |       |
| Overbite |       |       |
| Under Bite |       |       |
| Orthodontic Problems |       |       |
| Surgery |       |       |
| Other Dental Problems |       |       |
| **Allergies and Respiratory Problems** |
| Allergies: Food |       |       |
| Allergies: Drugs |       |       |
| Allergies: Environmental |       |       |
| Asthma: No Treatment Required |       |       |
| Asthma: Treatment Required |       |       |
| **Other Medical Conditions** |
| Attention Deficit Hyperactivity Disorder |       |       |
| Attention Deficit Disorder (ADD) |       |       |
| Juvenile Arthritis |       |       |
| AIDS |       |       |
| HIV |       |       |
| Cancer: In Remission |       |       |
| Cancer: Requires Treatment |       |       |
| Cerebral Palsy: Mild |       |       |
| Cerebral Palsy: Moderate |       |       |
| Cerebral Palsy: Severe |       |       |
| Cleft lip/palate: May Require Surgery |       |       |
| Cleft lip/palate: Already Corrected |       |       |
| Cystic Fibrosis: Mild |       |       |
| Cystic Fibrosis: Moderate |       |       |
| Cystic Fibrosis: Severe |       |       |
| Diabetes: Insulin Dependent |       |       |
| Diabetes: Non-Insulin Dependent |       |       |
| Down’s Syndrome |  |  |
| Heart Disorder: Minor (may need surgery) |  |  |
| Heart Disorder: Major (may need surgery) |       |       |
| Hemophilia  |       |       |
| Hepatitis  |       |       |
| Family history of Huntington’s Disease |       |       |
| Hydrocephaly |       |       |
| **Other Medical Conditions (Continued)** |
| Lead Poisoning |  |  |
| Lice |  |  |
| Chronic Liver Disease |  |  |
| Macrocephalic |  |  |
| Microcephalic |  |  |
| Missing Limb(s) |  |  |
| Muscular Dystrophy |  |  |
| Neurofibromatosis |  |  |
| Currently Pregnant |  |  |
| Previous Pregnancy(ies) |  |  |
| Seizures |  |  |
| Seizure Disorder |  |  |
| Epilepsy |  |  |
| History of Sexually Transmitted Disease |  |  |
| Currently has Sexually Transmitted Disease |  |  |
| Sickle Cell Disease |  |  |
| Sickle Cell Trait |  |  |
| Spina Bifida |  |  |
| Tuberous Sclerosis |  |  |
| Tuberculosis |  |  |
| Previous Medical Hospitalizations |  |  |
| Previous Surgeries |  |  |
| **Medication** |
| Daily Medication Required |  |  |
| **Requires Specialized Care** |
| Non-Ambulatory |  |  |
| Physically Disabled |  |  |
| Physical Therapy: Short-term |  |  |
| Physical Therapy: Long-term |  |  |
| Occupational Therapy: Short-term |  |  |
| Occupational Therapy: Long-term |  |  |
| Requires Intermittent Medical Treatment and Evaluation |  |  |
| **Requires Specialized In-Home Care** |
| Tracheotomy |  |  |
| Naso-gastric tube |  |  |
| Gastric Tube |  |  |
| Apnea Monitor |  |  |
| Nebulizer |  |  |
| Lifelong Medical Treatment Required |  |  |
| Lifelong Supervision Required |  |  |
| **Limited Life Expectancy** |
| Limited Life Expectancy due to Chronic Illness/Disabling Condition |  |  |
| Terminally Ill (Life Expectancy < 1 Year) |  |  |
| **Sleeping Problems** |
| Sleep Apnea |  |  |
| Nightmares |  |  |
| Afraid of Sleeping in the Dark |  |  |
| Afraid of the Dark |  |  |
| Sleep Walking |  |  |
| Bedwetting (Enuresis – over 5 years of age, at night) |  |  |
| Soils the Bed |  |  |
| **Dietary or Eating Problems** |
| Special Dietary Needs |  |  |
| Bulimia |  |  |
| Anorexia |  |  |
| Pica |  |  |
| Hoarding Food |  |  |
| Over Eating |  |  |
| **Mental/Emotional Health** |
| Requires or is currently in counseling/therapy |  |  |
| Refuses counseling/therapy or medication |  |  |
| Previous psychiatric hospitalization |  |  |
| **Has Mental Health Diagnosis** |
| Adjustment Disorder |  |  |
| Autism or Asperger Syndrome |  |  |
| Bi-Polar Disorder |  |  |
| Conduct Disorder |  |  |
| Depression |  |  |
| Intermittent Explosive Disorder |  |  |
| Oppositional Defiant Disorder |  |  |
| Schizophrenia or Other Psychotic Disorder |  |  |
| Reactive Attachment Disorder |  |  |
| Post Traumatic Stress Disorder |  |  |
| Requires medication for psychiatric disorder/ mental health problem |  |  |
| **Education/Preschool Child** |
| Requires Early Intervention Services for Developmental Delay |  |  |
| Attends Head Start |  |  |
| Attends Therapeutic Head Start |  |  |
| **Education/School Age Child** |
| High Achiever |  |  |
| Achieves at grade level in regular classes |  |  |
| Achieves below grade level in regular classes |  |  |
| Child struggles with school |  |  |
| Child has repeated grade |  |  |
| Cognitive Functioning: Above Average |  |  |
| Cognitive Functioning: Average |  |  |
| Cognitive Functioning: Below Average |  |  |
| Has Behavior Problems in School: Occasionally |  |  |
| Has Behavior Problems in School: Frequently |  |  |
| Academic Problems: Occasionally |  |  |
| Academic Problems: Frequently |  |  |
| Needs Tutoring in One or More Subjects |  |  |
| Child May Require Educational Testing |  |  |
| Truancy |  |  |
| Suspension(s) |  |  |
| Expulsion(s) |  |  |
| Academically behind due to poor attendance |  |  |
| Child is involved in after school activities |  |  |
| Child is in alternative school for emotional, developmental, psychological, or behavior problems |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Special Education – Classes for** |
| Cognitive disability (Developmental Handicap/DH) |  |  |
| Emotional Disturbance (Severe Emotional Disability, SBH) |  |  |
| Specific Learning Disability (Dyslexia, etc.) |  |  |
| Hearing Impairment/Deafness |  |  |
| Speech or Language Impairment |  |  |
| Visual Impairment/Blindness |  |  |
| Orthopedic Impairment |  |  |
| Autism |  |  |
| Traumatic Brain Injury |  |  |
| Deaf-blind |  |  |
| Other Health Impairment |  |  |
| Multiple Disabilities (2 or more of the above) |  |  |
| **Temperament and Personality** |
| Shy |  |  |
| Energetic |  |  |
| Sweet |  |  |
| Withdrawn/Tunes Out |  |  |
| Quiet |  |  |
| Responsible |  |  |
| Bold |  |  |
| Respectful/Courteous |  |  |
| Timid |  |  |
| Anxious |  |  |
| Honest |  |  |
| Positive Attitude |  |  |
| Resourceful |  |  |
| Outgoing and Social |  |  |
| Pleasant |  |  |
| Calm/Laid Back |  |  |
| Eager to Please |  |  |
| Reserved |  |  |
| Active |  |  |
| Overactive |  |  |
| Boisterous |  |  |
| Bossy |  |  |
| Attention Seeking |  |  |
| Compulsive |  |  |
| **Behaviors and Characteristics** |
| Head Banging |  |  |
| Rocking |  |  |
| Tendency to Reject Father Figures |  |  |
| Tendency to Reject Mother Figures |  |  |
| Follows Adult Directions |  |  |
| Tendency to Form Superficial Relationships |  |  |
| Difficulty in Attaching |  |  |
| Not Affectionate |  |  |
| Fearful |  |  |
| Overly Dependent |  |  |
| Manipulative |  |  |
| Stubborn |  |  |
| Defiant |  |  |
| Difficulty Making Friends and Relating with other Children |  |  |
| **Behaviors and Characteristics (Continued)** |
| Wets During the Day |  |  |
| Soils Him/Herself During the Day |  |  |
| Temper Tantrum: Mild |  |  |
| Temper Tantrum: Moderate |  |  |
| Temper Tantrum: Severe |  |  |
| Poor Social Skills |  |  |
| Child can be Disruptive in Social Settings |  |  |
| Difficulty Accepting and Obeying Rules |  |  |
| Masturbation: Occasionally |  |  |
| Masturbation: Frequently |  |  |
| Masturbation: Past |  |  |
| Masturbation: Private |  |  |
| Masturbation: Public |  |  |
| Biting |  |  |
| Lying |  |  |
| Stealing |  |  |
| Frequently starts physical fights with other children |  |  |
| Physically aggressive toward other children |  |  |
| Physically aggressive toward adults |  |  |
| Gang Involvement (Past) |  |  |
| Gang Involvement (Present) |  |  |
| Self-abusive, Self-harming |  |  |
| Suicidal thoughts or attempts |  |  |
| Poor Anger Management |  |  |
| **Substance Use and Abuse** |
| Smokes Cigarettes |  |  |
| Chews Tobacco |  |  |
| Alcohol Use |  |  |
| Alcohol Abuse |  |  |
| Marijuana |  |  |
| Other Substance Abuse Problem |  |  |
| Requires or has completed treatment program for substance abuse |  |  |
| **Other Behaviors** |
| Runaway: Occasionally |  |  |
| Runaway: Frequently |  |  |
| Runaway: Past |  |  |
| Breaks Curfew |  |  |
| Tendency to Abuse Animals |  |  |
| Destructive of: Clothing, Toys |  |  |
| Destructive of: Household Property |  |  |
| Destructive of: School or other Public Property |  |  |
| Uses Foul Language |  |  |
| Involved in Negative or Deviant Groups or Activity |  |  |
| Child obsessed with guns, knives, explosives, or other destructive devices or themes |  |  |
| Currently plays with matches/lighters |  |  |
| Fire Setting |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Sexual Behavior** |
| Sexually Active |  |  |
| Seductive |  |  |
| History of Inappropriate Sexual Behavior |  |  |
| Child Involved in Prostitution |  |  |
| Known Sexual Predator |  |  |
| Sexual Offender (juvenile adjudication) |  |  |
| Sexual perpetrator who has successfully completed treatment |  |  |
| Child at risk for offending sexual behavior |  |  |
| Child has initiated sexual behavior toward other children or adults |  |  |
| Sexually Acting Out Behavior |  |  |
| Child has an alternative sexual orientation |  |  |
| **Juvenile Court Involvement** |
| Unruly Adjudication |  |  |
| Theft: Past conviction or Current Charges |  |  |
| Breaking Curfew: Past Conviction or current Charges |  |  |
| Domestic Violence: Past Conviction or Current Charges |  |  |
| Cruelty to Animals: Past Conviction or Current Charges |  |  |
| Crime using a Weapon: Past Conviction or Current Charges |  |  |
| Other Delinquency Adjudications |  |  |
| Previously Incarcerated |  |  |
| Currently Incarcerated |  |  |
| Registered Sex Offender |  |  |
| Court order for Restitution |  |  |
| Court order for Child Support |  |  |
| Child is on Probation |  |  |
| Child is on Parole |  |  |
| Child has participated in Court Diversion Program(s) |  |  |
| Child has had serious on-going involvement with Juvenile Court for delinquent/assaulting Behaviors |  |  |
| **Current or Previous Charge or Conviction(s)** |
| Aggravated Murder |  |  |
| Murder |  |  |
| Involuntary Manslaughter |  |  |
| Felonious Assault |  |  |
| Aggravated Assault |  |  |
| Assault |  |  |
| Rape |  |  |
| Sexual Battery |  |  |
| Gross sexual imposition |  |  |
| Conspiracy to commit aggravated murder or murder |  |  |
| Use or possession of a firearm or body armor in an offense that would be considered a felony |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Family History** |
| Child has strong ties to birth family |  |  |
| Child needs continued contact with parents |  |  |
| Child needs continued contact with siblings |  |  |
| Child needs continued contact with other relatives |  |  |
| Child has strong ties to foster family and needs continued contact |  |  |
| Child has strong ties to a non-related significant other and needs continued contact |  |  |
| Sexually Abused: Indirect |  |  |
| Sexually Abused: Direct |  |  |
| Physically Abused |  |  |
| Psychologically or emotionally abused |  |  |
| Child victim of physical neglect |  |  |
| Child victim of emotional neglect |  |  |
| Child exposed to domestic violence |  |  |
| Child conceived as a result of rape |  |  |
| Child conceived as a result of prostitution |  |  |
| Child conceived as a result of incest |  |  |
| Incest Family History |  |  |
| Criminal Records |  |  |
| **History of One or Both Parents** |
| Child exposed to mental illness by other than family member |  |  |
| One or both parents have mental retardation |  |  |
| Family history of domestic violence |  |  |
| Child exposed to domestic violence by other than family member |  |  |
| One or both parents have alcohol addiction |  |  |
| One or both parents have drug addiction |  |  |
| Mother used alcohol during pregnancy |  |  |
| Mother used drugs during pregnancy |  |  |
| Agency has no information about the birth father |  |  |
| Agency has no information about either parent (‘safe haven’ baby) |  |  |
| One or both parents have criminal record |  |  |
| **One or Both Parents have Diagnosed Mental Illness** |
| Depression |  |  |
| Bi-Polar Disorder |  |  |
| Schizophrenia |  |  |
| Borderline personality disorder |  |  |
| Other personality disorder |  |  |
| Intermittent Explosive disorder |  |  |
| **Language** |
| Albanian |  |  |
| American Sign Language |  |  |
| Arabic |  |  |
| Bengali |  |  |
| Cambodian |  |  |
| Chinese |  |  |
| Creole |  |  |
| Dutch |  |  |
| English |  |  |
| Farsi |  |  |
| **Language (Continued)** |
| French |  |  |
| German |  |  |
| Greek |  |  |
| Hindi |  |  |
| Hmong |  |  |
| Hungarian |  |  |
| Indonesian |  |  |
| Italian |  |  |
| Japanese |  |  |
| Korean |  |  |
| Laotian |  |  |
| Latvian |  |  |
| Lithuanian |  |  |
| Non-English Speaking (language) |  |  |
| Other Indo European |  |  |
| Other Language |  |  |
| Polish |  |  |
| Portuguese |  |  |
| Russian |  |  |
| Serbian |  |  |
| Spanish |  |  |
| Spanish/English Bilingual |  |  |
| Tagalog |  |  |
| Thai |  |  |
| Unknown |  |  |
| Vietnamese |  |  |
| **Foster/Adoptive Parent Involvement with Birth Family – Foster/Adoptive Parent is Willing To:** |
| Meet Birth Parents |  |  |
| Have contact with Birth Parents through Agency or Intermediary |  |  |
| Send letters to Birth Parent |  |  |
| Receive letters from Birth Parents |  |  |
| Send videos to Birth Parents |  |  |
| Receive videos from Birth Parents |  |  |
| Have phone contact between Adults |  |  |
| Have child continue visits with siblings |  |  |
| Have child continue visits with extended relatives in birth family |  |  |
| Receive birth parents’ name, address, phone number, etc. |  |  |
| Give Birth Parents the foster caregiver’s OR adoptive parent’s first name |  |  |
| Give Birth Parents foster/adoptive family identifying information |  |  |

|  |
| --- |
| **Adoptive/Foster Parent Statement of Understanding****I/we understand that I/we will not be considered for matching with any child with a characteristic outside the criteria noted on this checklist. I/we understand that the agency will place children based on characteristics known to the agency at the time of placement. I/we also understand that I/we may revise this checklist at any time by contacting my/our adoption or foster home worker.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Adoptive/Foster Parent’s Signature** |  | **Date** |  |
| **Adoptive/Foster Parent’s Signature** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessor’s Signature** |  | **Date** |  |
| **Supervisor’s Signature** |  | **Date** |  |