

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 baby)		
5 Years Old			Hispanic or Latino		
6 Years Old			Placement History		
7 Years Old			Child's 1 st placement. No known behavior problem		
8 Years Old			Child's 1 st placement. Agency has no information on child		
9 Years Old			Child now in residential treatment		
10 Years Old			Child has had previous foster placement(s)		
11 Years Old			Child has had previous adoptive placement(s)		
12 Years Old			Birth History		
13 Years Old			Low birth weight or premature		
14 Years Old			Fetal Alcohol Syndrome		
15 Years Old			Fetal Alcohol Effects		
16 Years Old			Positive Toxicology Screen at Birth		
17 Years Old			Pre-Natal Drug Exposure		
Over age 17			Drug Addiction at Birth		
Number of Children/Siblings			Developmental		
1			Mental Retardation: Mild		
2			Mental Retardation: Moderate		
3			Mental Retardation: Severe/Profound		
4					
5 or More					
Teen Parent with Child					

Child Characteristics Checklist for Foster Care And/Or Adoption – (Continued) Page 2 of 6

Willing to Consider	Unwilling to Consider
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Willing to Consider	Unwilling to Consider
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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		

Child Characteristics Checklist for Foster Care And/Or Adoption – (Continued) Page 3 of 6

Willing to Consider	Unwilling to Consider
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Willing to Consider	Unwilling to Consider
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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		

Child Characteristics Checklist for Foster Care And/Or Adoption – (Continued) Page 4 of 6

Willing to Consider	Unwilling to Consider
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Willing to Consider	Unwilling to Consider
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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		

Child Characteristics Checklist for Foster Care And/Or Adoption – (Continued) Page 5 of 6

Willing to Consider	Unwilling to Consider
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Willing to Consider	Unwilling to Consider
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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		

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:		
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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		

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		
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Depression		
Bi-Polar Disorder		
Schizophrenia		
Borderline personality disorder		
Other personality disorder		
Intermittent Explosive disorder		

Language		
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Albanian		
American Sign Language		
Arabic		
Bengali		
Cambodian		
Chinese		
Creole		
Dutch		
English		
Farsi		

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** _____