**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:** |
|  | |  |  |  | (     )      - |

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

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| **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 |  |  |

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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 | |  | |  |
| **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 | |  | |  |
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| **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 |  |  |

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| **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** |  |