Child Information
(Complete one for each adopted child in the home)

Date:_____

Completed by:_____

Child's Full Legal Name:_____

Date of Birth: _____

Social Security Number:_____

Gender: Male ☐ Female ☐

Race: White ☐ Black ☐ American Indian or Alaskan Native ☐ Asian ☐
Native Hawaiian or Other Pacific Islander ☐

Ethnicity: Hispanic/Latino ☐ Not Hispanic/Latino ☐

Religious Preference:_____

Adoption Finalization Date: _____

Adoption Location (City/County/State):_____

Child's History
Child's Birth Name (if known):_____

County of DFPS Conservatorship:_____

Age entering DFPS system:_____

Trauma Abuse

Neglect	Sexual Abuse	Parental Substance Abuse
Abandonment	Physical Abuse	Parental Mental Illness
	Emotional Abuse	Parental Criminal Behavior

Number of placements prior to adoption:_____

Adoption Placement Agency:_____

Adoption Placement Worker _____

Biological Siblings:

Name/Age: _____

Current Placement: _____

Contact with Siblings? Yes ☐ No ☐

Type of Adoption:
Foster to Adopt ☐ Straight Adoption ☐ Relative Adoption ☐

Date of initial placement: _____

Date of adoption placement: _____

Relationship to child prior to adoption: _____

Number of placements prior to adoption: _____

Length of longest placement prior to adoption: _____

Number of prior adoptive placements: _____

Does child have contact with biological family? Yes ☐ No ☐

What does child understand about his/her adoption?

_____

_____

Child's Medical History:

Prenatal Alcohol/Drug Exposure? Yes ☐ No ☐ Unknown ☐

Serious Injuries/Surgeries/Hospitalizations: _____

Physical Disabilities/Limitations: _____

Allergies: _____

Child's Psychological Information

Therapy Participation

Dates	
Therapist Name	
Type of Therapy	
Additional info	

Evaluations

Dates	
Providers Name	
Type of Evaluation	
Diagnosis	
Additional info	

Other Mental Health Services

Dates	
Providers Name	
Type of Service	
Additional info	

Psychotropic Medication History

Medication Name	
Purpose	
Prescribers Name	
Dates	
Additional info	

Out of Home Placements

Start & End Date	
Name of Placement	
Location	
Reason for Placement	
Additional info	

Educational Information:

Current Grade:_____

School:_____

Public ☐ Private ☐ Charter ☐ Other ☐

District:_____

Services:_____

Regular Education ☐ Special Education ☐ Other ☐

Type of Disability:_____

504 Accommodations:_____

Gifted/Talented Program:_____

CENTERS FOR CHILDREN AND FAMILIES
POST ADOPTION PROGRAM
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION (one for each child)

I/WE, _____, hereby authorize **CENTERS FOR**
(Client or Legal Representative, **Parents**)
CHILDREN AND FAMILIES POST ADOPTION PROGRAM to release their records and/or information concerning _____to all service providers and
(**CHILD'S NAME**)
authorize **all service providers** to release their records concerning the aforementioned client to **CENTERS FOR CHILDREN AND FAMILIES POST ADOPTION PROGRAM.**

This informed consent for the Release of Confidential Information shall cover all necessary information in order to facilitate treatment and obtain services.

I/We understand that this consent shall remain in force from the date signed until Post Adoption Program services are formally terminated.

I/WE also understand that I/WE may revoke this consent at any time by completing the second part of this form entitled Revocation of Consent or notifying Centers for Children and Families Post Adoption Program in writing of your Revocation of Consent.

_____	**Parent**	_____
Client or Legal Representative	Relationship to Client	Date
_____	**Parent**	_____
Client or Legal Representative	Relationship to Client	Date

REVOCATION OF CONSENT

On this day, _____ of 20___ I/WE hereby revoke this consent for the release of information.

_____	_____	_____
Client or Legal Representative	Relationship to Client	Date
_____	_____	_____
Client or Legal Representative	Relationship to Client	Date

Child Information
(Complete one for each adopted child in the home)

Date:_____

Completed by:_____

Child's Full Legal Name:_____

Date of Birth: _____

Social Security Number:_____

Gender: Male ☐ Female ☐

Race: White ☐ Black ☐ American Indian or Alaskan Native ☐ Asian ☐
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Abandonment	Physical Abuse	Parental Mental Illness
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Number of placements prior to adoption:_____

Adoption Placement Agency:_____

Adoption Placement Worker _____

Biological Siblings:

Name/Age: _____

Current Placement: _____

Contact with Siblings? Yes ☐ No ☐

Type of Adoption:
Foster to Adopt ☐ Straight Adoption ☐ Relative Adoption ☐

Date of initial placement: _____

Date of adoption placement: _____

Relationship to child prior to adoption: _____

Number of placements prior to adoption: _____

Length of longest placement prior to adoption: _____

Number of prior adoptive placements: _____

Does child have contact with biological family? Yes ☐ No ☐

What does child understand about his/her adoption?

_____

_____

Child's Medical History:

Prenatal Alcohol/Drug Exposure? Yes ☐ No ☐ Unknown ☐

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Dates	
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Additional info	

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Dates	
Providers Name	
Type of Evaluation	
Diagnosis	
Additional info	

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Dates	
Providers Name	
Type of Service	
Additional info	

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Medication Name	
Purpose	
Prescribers Name	
Dates	
Additional info	

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Start & End Date	
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Location	
Reason for Placement	
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Current Grade:_____

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District:_____

Services:_____

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Type of Disability:_____

504 Accommodations:_____

Gifted/Talented Program:_____

CENTERS FOR CHILDREN AND FAMILIES
POST ADOPTION PROGRAM
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION (one for each child)

I/WE, _____, hereby authorize **CENTERS FOR**
(Client or Legal Representative, **Parents**)
CHILDREN AND FAMILIES POST ADOPTION PROGRAM to release their records and/or information concerning _____to all service providers and
(**CHILD'S NAME**)
authorize **all service providers** to release their records concerning the aforementioned client to **CENTERS FOR CHILDREN AND FAMILIES POST ADOPTION PROGRAM.**

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_____	**Parent**	_____
Client or Legal Representative	Relationship to Client	Date
_____	**Parent**	_____
Client or Legal Representative	Relationship to Client	Date

REVOCATION OF CONSENT

On this day, _____ of 20___ I/WE hereby revoke this consent for the release of information.

_____	_____	_____
Client or Legal Representative	Relationship to Client	Date
_____	_____	_____
Client or Legal Representative	Relationship to Client	Date