Ohio Department Of Job and Family Services CHILD CHARACTERISTICS CHECKLIST FOR FOSTER CARE AND/OR ADOPTION (Required for use with the JFS 01673)

Note: A person seeking to provide foster care or to adopt a minor who knowingly makes a false statement that is included in the written report of a home study conducted pursuant to Section 3107.02 or Section 5103.03 of the Revised Coed is guilty of the offense of falsification under Section 2921.13 of the Revised Code. A homestudy with a knowingly false statement shall not be filed with the court and if filed may be struck from the court's records.

Name of Applicant # 1	Name of Applicant # 2	Date completed or updated	
Address of Applicant(s)	Applicant's Phone		
Name of Representing Agency and/or Age	Phone		
Address of Representative and/or Agent		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.

	Will	Will not		
	consider	consider		
Gender/S	Sex of Chi	ld		
Female				
Male				
Age	of Child			
Newborn/under 1				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
Over age 17				
Number of Cl	Number of Children/Siblings			
1				
2 3 4				
3				
5 or more				
Teen Parent with Child				

	Will consider	Will not consider
Race/Ethnicity/Language of Chi		001101001
American Indian or Alaskan Native		
Black or African American		
White		
Asian		
Native Hawaiian or Other Pacific Islander		
Biracial (2 of the races above must be selected)		
Multiracial (3 or more of the races above must be selected)		
Unable to determine (applies to deserted child or safe haven baby only)		
Hispanic or Latino Ethnicity		
Non-English Speaking/specify language:		
Placement History	•	
Child's first placement: no known behavior problems		
Child's first placement: agency has no information on child		
Child now in residential treatment		
Child has had previous foster placement(s)		
Child has had previous adoptive placement(s)		
Birth History		
Low birth weight or premature		
Fetal Alcohol Syndrome		
Fetal Alcohol Effects		
Positive toxicology screen at birth (one or more of the following: Cocaine, Amphetamines, Heroin, Morphine, Phencyclidine (PCP), Alcohol, Benzodiazepines, Hydromorphone, Marijuana, Propoxyphene, Methadone, Codeine)		
Prenatal Drug Exposure (one or more of the following: Cocaine, Amphetamines, Heroin, Morphine, Phencyclidine (PCP), Alcohol, Benzodiazepines, Hydromorphone, Marijuana, Propoxyphene, Methadone, Codeine)		
Drug Addiction at Birth (heroin, methadone, morphine, or other)		

	Will	Will not
Development	consider	consider
Development Mental Retardation: Mild		
Mental Retardation: Mild Mental Retardation: Moderate		
Mental Retardation: Moderate Mental Retardation: Severe/Profound		
Failure to Thrive (organic or environmental)	+	
Speech Problems: Mild/may require therapy	$+$ \exists	
Speech Problems: Mildring/requires		
therapy		
Speech Problems: Severe/requires therapy		
Hearing Impairment/Not Deaf: Mild		
Hearing Impairment/Not Deaf:		
Moderate/Requires treatment		
Hearing Impairment/Not Deaf:		
Severe/Requires treatment		
Deaf		
Visually Impaired/Not Blind: Mild/requires		
treatment		
Visually Impaired/Not Blind:		
Moderate/requires treatment		
Visually Impaired/Not Blind: Severe/requires		
treatment		
Blind Orthonodic Impairment: Dequires special		
Orthopedic Impairment: Requires special shoes		
Orthopedic Impairment: Requires leg brace		
Orthopedic Impairment: Requires other		
treatment		
Dental	1	
Dental Problems (may include tooth decay,		
missing teeth, crowded or misaligned teeth,		
overbite, under bite)		
Orthodontia required		
Allergies and Respirato	ry Probler	ns
Allergies: Food		
Allergies: Drugs	\square	
Allergies: Environmental	<u> </u>	
Asthma: No treatment required		
Asthma: Treatment required		
Other Medical Cor	<u>iditions</u>	
Attention Deficit Hyperactivity Disorder Attention Deficit Disorder (ADD)		
Juvenile Arthritis	+	$+$ \exists
AIDS	$+$ \exists	\vdash
HIV	$+$ \exists	
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	$\perp \Box$	
Down's Syndrome		
Heart Disorder: Minor (may need surgery)		

	Will	Will not
	consider	consider
Other Medical Conditions	(continue	ed)
Heart Disorder: Major (may need surgery)		
Hemophilia		
Hepatitis (may require treatment) Family history of Huntington's Disease		
Hydrocephaly		
Lead Poisoning (may require treatment)		
Lice (may require treatment)		
Chronic liver disease (may require		
Macrocephalic		
Microcephalic		
Missing limb(s) (may require prosthesis)		
Muscular Dystrophy		
Neurofibromatosis		
Currently pregnant		
Previous Pregnancy(ies)		
Seizures		
Seizure Disorder (other than Epilepsy)		
Epilepsy		
History of sexually transmitted disease		_
(syphilis, gonorrhea, herpes simplex II,		
chlamydia, other)		
Currently has sexually transmitted disease		
(syphilis, gonorrhea, herpes simplex II,		
chlamydia, other) Sickle Cell Disease		
Sickle Cell Trait		
Spina Bifida		
Tuberous Sclerosis		
Tuberculosis		
Previous Medical Hospitalizations		
Previous Surgeries		
Medication		
Requires daily medication for one or more		
conditions		
Requires Specialize	d 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 &		
Evaluation		
Requires Specialized In-	Home Ca	re
Tracheotomy		
Naso-gastric tube		
Gastric tube		
Apnea monitor	<u> </u>	
Nebulizer	<u> </u>	
Requires Lifelong Medical Treatment	<u> </u>	
Requires Lifelong Supervision		
Limited Life Expec	tancy	
Terminally III (life expectancy less than 1 yr.)		
Limited life expectancy due to chronic illness		
or disabling condition		

	Will consider	Will not consider
Sleeping Problem		consider
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 bed at night (Encopresis)		
Dietary or Eating Pro	blems	
Requires special diet		
Bulimia (may require treatment)		
Anorexia (may require treatment)		
Pica		
Hoarding food		
Overeating		
MENTAL / EMOTIONAL	HEALTH	
Requires or is currently in counseling/therapy		
Refuses counseling/therapy or medication		
Previous psychiatric hospitalization		
Has Mental Health Dia	qnosis	
Adjustment disorder		
Autism or Asperger's 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 / Preschoo	I Child	1
Requires Early Intervention Services for		
developmental delay		
Attends Head Start		
Attends Therapeutic Head Start		
Education / School Ag	e Child	
High Achiever		
Achieves at grade level in regular classes		
Achieves at 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:		
Uccasionally		
Occasionally Has Behavior Problems in School: Frequently		
Has Behavior Problems in School: Frequently		
Has Behavior Problems in School: Frequently Academic Problems: Occasionally		
Has Behavior Problems in School: Frequently		

	Will consider	Will not consider
Education / School Age Ch		d.)
Truancy		
Suspension(s)	$-\overline{\Box}$	
Expulsion(s)	$-\overline{\Box}$	
Academically Behind Due to Poor Attendance	$-\overline{\Box}$	
Child is involved in after school activities		
(sports, dance, clubs, etc.)		
Child is in alternative school for emotional,		
developmental, psychological, or behavior		
problems		
Special Educatio		
Child is in or requires special education class	ses for:	
Cognitive disability (Developmental		
Handicap/DH)		
Emotional Disturbance (Severe Emotional		
Disability, SBH)		
Specific Learning Disability (Dyslexia, etc.)	<u> </u>	
Hearing Impairment/deafness		
Speech or Language Impairment		
Visual Impairment/blindness		
Orthopedic Impairment		
Autism		
Traumatic Brain Injury		
Deaf-blind	<u> </u>	
Other Health Impairment		
Multiple Disabilities (2 or more of above disabilities)		
Temperament and Pers	sonality	
Shy		
Energetic		
Sweet		
Withdrawn, tunes out		
Quiet		
Responsible		
Bold		
Respectful/courteous		
Timid		
Anxious	$\neg \neg$	
Honest	\square	
Positive Attitude	$\overline{\Box}$	
Resourceful		
Outgoing and Social		
Pleasant		
Calm/laid back		
Eager to Please		
Reserved		
Active		
Overactive		
Boisterous		
Bossy		
Attention Seeking		
Compulsive		

	Will consider	Will not consider	
Behaviors and Charact	teristics		
Head banging			
Rocking			
Tendency to reject father figures			
Tendency to reject mother figures			
Follows adult directions			
Tends to form superficial relationships			
Difficulty in attaching			
Not affectionate			
Fearful			
Overly dependent			
Manipulative			
Stubborn			
Defiant			
Difficulty making friends and relating with other children			
Wets during the day			
Soils him/herself during the day		<u>⊢ </u>	
Temper Tantrums: Mild		<u>⊢ </u>	
Temper Tantrums: Moderate		<u>⊢ </u>	
Temper Tantrums: Severe	<u> </u>	<u> </u>	
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 A	Abuse		
Smokes cigarettes	<u> </u>		
Chews tobacco	<u> </u>		
Alcohol use			
Alcohol abuse	┝─ ┝┤──	<u>⊢ </u>	
Marijuana			
Other substance abuse			
Requires or has completed treatment program for substance abuse			
Other Behaviors		I	
Runaway: Occasionally			
Runaway: Frequently			
Runaway: Past			
Breaks curfew			
Tendency to abuse animals			
Destructive of: Clothing, toys			
Destructive of: Household property			
Destructive of: Trousenoid property			
property			
	•		

	Will consider	Will not consider
Other Behaviors (con		CONSIDER
Uses foul language		
Child involved in group or activity that		
physically sets itself apart from the	_	
mainstream and focuses on negative or		
deviant themes		
Child obsessed with guns, knives, explosives,		
or other destructive devices or themes		
Currently plays with matches/lighters		
Fire setting		
Sexual Behavio	r	
Sexually active		
Seductive		
History of inappropriate sexual behavior		
Child involved in prostitution		
Known sexual perpetrator		
Sexual offender (juvenile adjudication)		
Sexual perpetrator who has successfully		
completed treatment		
Child at risk for offending sexual behaviors		
Child has initiated sexual behavior toward	<u> </u>	
other children or adults		
Sexually acting out behavior (may include		
frequent masturbation, exposing or frequent		
touching of genitals, etc.)		
Child has an alternative sexual orientation		
(may include homosexual, bisexual or		
transgender lifestyles)		
Juvenile Court Involv	ement	
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 adjudication(s)		
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 or		
assaulting behaviors in the past 2 years		
Current or Previous Charge of	r Convicti	on(s)
Aggravated murder		
Murder		
Involuntary manslaughter		
Felonious assault	\square	
Aggravated assault		
Assault	\square	

	Will consider	Will not consider		Will consider	Will not consider
Current or Previous Charge of	r Convicti	ion(s)	History of one or both	parents	
Rape			One or both parents have alcohol addiction		
Sexual battery			One or both parents have drug addiction		
Gross sexual imposition			Mother used alcohol during pregnancy		
Conspiracy to commit aggravated murder or			Mother used drugs during pregnancy		
murder			Agency has no information about the birth		
Use or possession of a firearm or body armor			father		
in an offense that would be considered a			Agency has no information about either		
felony if committed by an adult.			parent (i.e. 'safe haven' baby)		
Family History	,		One or both parents have criminal record		
Child has strong ties to birth family			One or both parents have diagnosed me	ental illness	
Child needs continued contact with parents			Depression		
Child needs continued contact with siblings			Bi-polar disorder		
Child needs continued contact with other			Schizophrenia		
relatives			Borderline personality disorder		
Child has strong ties to foster family and			Other personality disorder		
needs continued contact			Intermittent explosive disorder		
Child has strong ties to a non-related			FOSTER/ADOPTIVE PARENT INVOL	VEMENT W/	/BIRTH
significant other and needs continued contact			FAMILY		
Sexually abused: Indirect	<u> </u>	<u> </u>	Foster/Adoptive Parent is w	illing to:	
Sexually abused: Direct	└──└┤──	<u> </u>	Meet birth parents		
Physically abused	└──└──	<u> </u>	Have contact with birth parents through		
Psychologically or emotionally abused	└──└──	<u> </u>	agency or intermediary		
Child victim of physical neglect	└──└──	<u> </u>	Send letters to birth parent		
Child victim of emotional neglect			Receive letters from birth parents		
Child exposed to domestic violence			Send videos to birth parents		
Child conceived as a result of rape			Receive videos from birth parents		
Child conceived as a result of prostitution		<u> </u>	Have phone contact between adults		
Child conceived as a result of incest		<u> </u>	Have child continue visits with siblings		
Incest family history		<u> </u>	Have child continue visits with extended		
Criminal record			relatives in birth family		
History of one or both	parents	1	Receive birth parents' name, address, phone		
Child exposed to mental illness by other than			number, etc.		
family member			Give birth parents the foster caregiver's or		
One or both parents have mental retardation	┝─ ┝┥──	<u> </u>	adoptive parent's first name		
Family history of domestic violence			Give birth parents foster/adoptive family		
Child exposed to domestic violence by other			identifying information		
than family member			1		

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