

FOR FILING PURPOSES NAME OF APPLICANT(S): AGENCY NAME:
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NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
RESOURCE CHARACTERISTICS
ADOPTION ONLY

Instructions:

Applicant(s): Listed below are characteristics and interests of children who may be in need of an adoptive placement. Please check those that your family would be willing and able to accommodate.

NAME OF APPLICANT(S):		
CHARACTERISTICS	NO	YES
Aggression toward others	<input type="checkbox"/>	<input type="checkbox"/>
Aggression toward property	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting or encopresis	<input type="checkbox"/>	<input type="checkbox"/>
Chronic medical condition	<input type="checkbox"/>	<input type="checkbox"/>
Complex medication regimen	<input type="checkbox"/>	<input type="checkbox"/>
Developmental disability	<input type="checkbox"/>	<input type="checkbox"/>
Dietary restrictions	<input type="checkbox"/>	<input type="checkbox"/>
Frequent appointments	<input type="checkbox"/>	<input type="checkbox"/>
Goal of adoption	<input type="checkbox"/>	<input type="checkbox"/>
Halal	<input type="checkbox"/>	<input type="checkbox"/>
History of fire-setting behavior	<input type="checkbox"/>	<input type="checkbox"/>
History of frequent AWOLs or running away	<input type="checkbox"/>	<input type="checkbox"/>
History of justice involvement	<input type="checkbox"/>	<input type="checkbox"/>
History of sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
History of sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>
Issues with activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>
Kosher	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay, or bisexual (LGB)	<input type="checkbox"/>	<input type="checkbox"/>
Need for a handicap-accessible resource	<input type="checkbox"/>	<input type="checkbox"/>
Need for a non-smoking resource	<input type="checkbox"/>	<input type="checkbox"/>
Need for a resource with no pets	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant or parenting	<input type="checkbox"/>	<input type="checkbox"/>
Self-injury	<input type="checkbox"/>	<input type="checkbox"/>
Special education needs	<input type="checkbox"/>	<input type="checkbox"/>
Special equipment for medical condition	<input type="checkbox"/>	<input type="checkbox"/>
Substance use not requiring treatment	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms of Autism	<input type="checkbox"/>	<input type="checkbox"/>
Transgender or gender non-conforming (TGNC)	<input type="checkbox"/>	<input type="checkbox"/>
Verbal aggression	<input type="checkbox"/>	<input type="checkbox"/>

INTERESTS	NO	YES
Arts and Crafting	<input type="checkbox"/>	<input type="checkbox"/>
Cooking/Baking	<input type="checkbox"/>	<input type="checkbox"/>
Movies, Video Games, or Television	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Activities	<input type="checkbox"/>	<input type="checkbox"/>
Performing Arts	<input type="checkbox"/>	<input type="checkbox"/>

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Reading/Creative Writing	<input type="checkbox"/>	<input type="checkbox"/>
Science/Math	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>
Technology/Engineering	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT'S SIGNATURE: X	DATE: / /
APPLICANT'S SIGNATURE: X	DATE: / /