ADMINISTRATIVE DIRECTIVE

TO: Commissioners of Social Service
    Directors of Voluntary Child Caring Agencies

SUBJECT: Adoptive Parent Registry

DATE: August 4, 1986

CONTACT PERSON: Any questions concerning this release should be directed to James Keeler, State Adoption Service, Division of Services, 1-800-342-3715, extension 3-1591.

I. PURPOSE

The purpose of this directive is to advise local social services districts, voluntary child caring agencies and adoption support groups of the enactment and implementation of Subdivision 2-a of Section 372-b of the Social Services Law which establishes an Adoptive Parent Registry for persons who have applied for the adoption of a hard-to-place or handicapped child.

II. BACKGROUND

Social Services Law 372-c established a Statewide Adoption service to "serve all authorized agencies in the state as a means of recruiting adoptive families for children who have been legally freed for adoption but have remained in foster care for a period of three months or more". The statute also provides for the photolisting of such children to give them exposure among persons interested in adopting.
In the period since photo-listing of children was initiated by the Department in 1976, over three thousand of these children have been placed for adoption. The photos and accompanying summaries on children are prepared and mailed out every two weeks to agencies, adoption support groups, libraries and other organizations throughout New York State and across the country. Prospective adoptive parents have the opportunity to review these photo-listings and to subsequently obtain more information on the children in whom they are interested.

The implementation of the Adoptive Parent Registry provides an additional mechanism that can be utilized to bring waiting children and prospective adoptive parents together. The Registry will allow staff of agencies who are seeking homes for children to be pro-active in this process. Staff will be able to describe the child whom they wish to place and obtain a list of registered prospective parents who have indicated a willingness to adopt a child with those characteristics. In this way agencies with waiting children will be able to identify prospective adoptive parents in a minimum amount of time.

III. PROGRAM IMPLICATIONS

The availability of the Adoptive Parent Registry will provide access by agencies with waiting children to a bank of prospective adoptive parents. This means that a worker can obtain a list of prospective adoptive parents from as large an area as the entire State or from as small a grouping as a single agency.

Part 424 of the Department's regulations specifically requires that the Registry be used in cases where a home has not been found for a handicapped or hard-to-place child after the child has been free for three months or more. This regulation also requires agencies with registered families to cooperate with staff of other agencies who are seeking an adoptive home for a child. The regulations stipulate that "the registering agency may only inform the agency with care of the child of the unavailability of an approved home if it has a specific placement planned for that home within a period not to exceed two months from the inquiry date."

IV. REQUIRED ACTION

A. Registration of Prospective Adoptive Parents

All prospective adoptive parents who reside in New York State and express a willingness to adopt a hard-to-place or handicapped child must be listed on the Adoptive Parent Registry. The agency to which the prospective adoptive parents or parent applies is responsible for registering them. The information entered onto the Registry is based upon the information on the Application to Adopt, form DSS-857 (10/83). This form has recently been revised and the newly revised form or an equivalent form approved by the Department must be utilized. The Application to Adopt contains an explanation of the Registry and an explanation of who will be registered. This form is to be completed for all prospective adoptive parents including those who are not to be listed on the Adoptive Parent Registry.

Information about the completion and processing of the form can be found in Appendix II of this Directive. If the prospective adoptive parents qualify to adopt a hard-to-place or handicapped child and they have not applied to adopt a foster child already in their home, their registration must be entered onto the Adoptive Parent...
Registry at the time that they complete the Application to Adopt. Agencies should not delay entering registrations because State Central Registry screening is not completed or the home study is not finished. Data entry of this information is the responsibility of any agency with direct access to data entry on the Child Care Review System system. Instructions for entry of this data can be found in Appendix IV of this Directive. If the agency has no capacity for data entry a copy of the Application to Adopt form DSS-857 or its equivalent should be sent to:

Bureau of Services Information Systems  
New York State Department of Social Services  
40 North Pearl Street, 11-B  
Albany, New York 12243

When prospective adoptive parents indicate a willingness to adopt a hard-to-place or handicapped child, the agency representative who helps them complete the Application to Adopt must inform them that their names will be placed on the Registry. The agency representative should explain that registration is required by Section 372-b (2-a) of the Social Services Law and that the information will be available to adoption staff throughout the state who are searching for adoptive parents for handicapped or hard-to-place children. They should also be told that if another agency makes an inquiry about their availability as adoptive parents the initial contact will be between staff of the two agencies.

In those cases where a prospective adoptive parent is listed on the Registry and an inquiry on the parent is made by another agency, the registering agency should, with the prospective adoptive parent's knowledge and cooperation, share a copy of the adoptive home study and allow the inquiring agency to have access to the adoptive parent, unless there has been a child already placed in the home or there is a placement planned within the next two months.

In determining who should be entered onto the Registry the agency representative must be aware that a willingness to adopt a child or children with any of the following characteristics will qualify a prospective adoptive parent for registration:

1) any sibling group of 2 or more.
2) any handicapped child with a mild, moderate or severe problem in any area.
3) a child 8 years or older who is from a minority ethnic group.
4) a child 10 years or older.

It is not necessary to register foster parents who wish to only adopt a foster child already in their home even if the child meets the qualifications as listed above.

Those prospective adoptive parents who have submitted applications prior to the implementation of the Registry should be listed if they request it and they seek to adopt children with the characteristics listed above. Agencies are encouraged to contact prospective adoptive parents who might be interested in being on the Registry in order to offer them the opportunity to fill out the new Application to Adopt and to be subsequently registered. When these parents attend agency orientation meetings or when the required annual contact is made, the Registry should be explained to them and they should be given the Application to Adopt so that they can be entered on the Registry if they seek to adopt children with the characteristics listed above.
B. Updating and Deleting Registrations

From time to time it will be necessary to update information on file regarding prospective adoptive parents. Section 424.3 of the Department's regulations requires that at least once every year, the registering agency shall initiate contact with an approved applicant to ensure that the information contained in the Registry is accurate and that the applicant is still interested in adopting a hard-to-place or handicapped child. Instructions for updating information in the Registry are found in Appendix IV (page 22) of this Directive.

Information regarding a prospective adoptive parent who is registered on the Adoptive Parent Registry must be updated in the following instances:

1) When the homestudy is approved or when the status of the homestudy changes.
2) When the prospective adoptive parent indicates that he would like to change the "acceptable child characteristics" entered. (The new description must meet the criteria for a hard-to-place or handicapped child(ren).)

There are also other circumstances, such as a change of address, that will require changes. Explanations regarding data entry of these changes may be found in Appendix IV of this Directive.

Information regarding prospective adoptive parents who are registered on the Adoptive Parent Registry must be deleted in the following instances:

1) When a child is placed for adoption with the adoptive parents.
2) When prospective adoptive parents indicate that they are no longer interested in adopting a hard-to-place or handicapped child.
3) When prospective adoptive parents move without leaving a forwarding address and cannot be contacted by the agency.
4) When prospective adoptive parents receive a homestudy disapproval by the agency.

C. Searching for Prospective Adoptive Parents

Any agency with responsibility for the care of a hard-to-place or handicapped child who has been free for adoption for three months or more and for whom a home has not been found, must use the Allocation Search/Inquiry Procedure in an attempt to find an appropriate adoptive parent(s). Such a search must also be conducted every three months thereafter until such time as the child is placed in an adoptive home. This requirement need not be followed if the agency is in the process of following up on inquiries it has already received. The search must also be documented in the Uniform Case Record of the child by attaching a copy of the printout obtained when the search was conducted. The Allocation Search/Inquiry Procedure is described in Appendix VII of this Directive. Agencies without direct access may make arrangements to conduct searches at a local social services district or another voluntary agency with terminal access to the CCRS system. Registering agencies are not to be charged fees for such a service. Such agencies also have the option to complete the Prospective Adoptive Parent Registry Mail Search Request, form DSS-3699 and mail it to:
State Adoption Service
New York State Department of Social Services
40 North Pearl Street
Albany, New York 12243

Agencies are encouraged to utilize the Allocation Search/Inquiry Procedure whenever they are seeking an adoptive home for a child. It is also possible to obtain a list of prospective adoptive parents who are willing to accept a child not yet legally free for adoption. Such a child is described as legally "at risk" because the child is not currently legally free and there is a possibility that the child may not be freed for adoption even though it is the plan of the agency. (A more complete explanation of this concept and guidelines for "at risk" placements may be found in the Department's Informational letter, 85 INF-5.)

Agencies are strongly encouraged to initially consider any prospective adoptive parents who have been studied by their own staff. In addition, if the child is residing in a foster home, the agency should ensure that the foster parents have been informed of the legal status of the child so that they may request that they be considered as potential adoptive parents of the child. As a result of the enactment of Chapter 141 of the Laws of 1985, agencies must now give an adoption preference and first consideration to any foster parent who has cared for a child for twelve months or more if the child is free for adoption.

The Allocation Search/Inquiry Procedure may be utilized to search for prospective adoptive parents enrolled on the following levels:

1) by a specific agency
2) within a county
3) within a region of the state
4) statewide

Up to four agencies, counties or regions can be selected at one time. When an allocation search is made, the person making the inquiry must indicate the level at which the search is to be made. In addition, he should indicate the characteristics of the child so that they can be matched with the preferences indicated by prospective adoptive parents. These characteristics include the sex, age, race, religion and handicaps of the child (and their degree of seriousness) as well as the number of siblings to be placed with the child if he or she is part of a sibling group. In addition, the person making the inquiry is also able to specify that he is seeking parents who will accept a child at risk (if the child is not yet legally free) or he may specify the homestudy status of the prospective adoptive parents he will consider. (In the latter case he can request a list which includes only persons with approved studies or he may request one which includes those whose studies are still in process.)

The person conducting the search will consequently have a variety of options that can be followed. The inquirer can obtain a longer list by broadening the search to a number of nearby regions or by searching statewide. A longer list can also be obtained by not specifying a characteristic in one or more of the fields.

When the Allocation Search/Inquiry Procedure is conducted at a terminal located in an agency, the size of the "on line" list of prospective adoptive parents will be limited to
24 responses. In those cases where there are more than 24 prospective adoptive parents, a printout will be available through the mail from the New York State Adoption Service. More complete information on this process is found in Appendix VI of this Directive. Lists of prospective adoptive parents will not appear in a priority order. It will be up to the worker who examines the list to choose the more appropriate candidates based upon the acceptable child characteristics which they provided as well as the characteristics of the family members themselves.

The list of prospective adoptive parents which an agency obtains will include the last name of the family, but no other identifying information about each family will be listed. The list will identify an agency worker for each family and the worker must be contacted initially in order to gain direct access to the prospective adoptive parents. When families have been recruited and studied by a voluntary agency, it will probably be necessary for the placing agency to purchase services from the voluntary agency. Agencies are strongly encouraged to purchase services when an appropriate adoptive family has not otherwise been identified. Such payments are also 75% state reimbursable, after any applicable Federal reimbursement.

In dealing with persons listed on the Adoptive Parent Registry, the following steps should normally be followed:

1. Contact the agency which studied the prospective adoptive parents to determine their current availability as adoptive parents for the child for whom placement is sought.

2. With the knowledge and consent of the prospective adoptive parents, obtain a copy of the family's adoption summary or homestudy from the agency which registered the family and provide this agency with a psycho-social history and other pertinent information on the child. This information on the child is to be shared with the family with any identifying information on the biological parents deleted.

3. If the family appears suitable, the agency which registered the family should be told so that their staff may inform the family that the agency wishes to make the adoptive placement of the child with them. If the family remains open to the placement and the agency which registered the family charges a fee for services rendered, this should be agreed upon by the respective agencies.

4. If the family is interested in the child, arrange for a meeting and subsequent visits prior to adoptive placement. In instances where the family is located a long distance from the placing agency, the registering agency normally provides supervisory services during visiting and adoptive placement prior to finalization.

5. In every instance it is urged that there be ongoing communication between the registering and the placing agencies. If, for some reason, the agency which studied the family has limited involvement, they should be informed if the adoptive parents or placing agency decides not to go ahead with the placement.
V. Additional Information

The instructions contained in the appendices of this Administrative Letter should be studied carefully in order to obtain a working knowledge of the Adoptive Parent Registry. While in some instances the Registry must be used to search for adoptive parents, agencies are strongly encouraged to use the Registry in other cases where its use is not mandated.

Copies of forms mentioned in this letter may be obtained by contacting the Department's Forms and Publications Section at 40 North Pearl Street, Albany, New York 12243.

VI. Effective Date

This Administrative Letter is effective July 1, 1986.

\[Signature\]

Joseph Semidei
Deputy Commissioner
Division of Family and Children's Services

Attachments
# APPENDIX

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APPLICATION TO ADOPT

Part I

REGISTRY NUMBER

NEW YORK STATE

Department of Social Services

APPLICATION DATE

Prospective Mother's Name (Last, First)

Date of Birth

Birth Place

City

State

Ethnicity Code

Religion Code

Prospective Father's Name (Last, First)

Date of Birth

Birth Place

City

State

Ethnicity Code

Religion Code

Home Address (No., Street, Apt.)

Town/City

County

Code

State

Zip Code

Home Telephone Number

Employment Telephone No. (Prospective Mother)

Employment Telephone No. (Prospective Father)

Contact Person (Last, First)

Telephone No.

Registry District/Agency

Child Characteristics

Note: Select all acceptable characteristics. You may choose more than one entry in each area.

Sex  Male, Female, Either

Age:

Under 2

2-5

6-7

8-9

10-13

Over 13

Ethnicity:  (X = ALL)

Ethnicity Code (for Child and Parent)

Religion Code (for Parents Only)

B Black

H Other Hispanic

A Interracial Black/White

C Catholic

X Other

W White

O Asian

F Interracial Hispanic/White

P Protestant

Z None

P Puerto Rican

I American Indian

G Interracial Hispanic/Black

J Jewish

If you will consider a child with special needs, select all appropriate choices in the boxes below:

Physical

Mental/Retarded

Emotional/Behavioral

Learning

Would You Be Willing To Accept A Legally "At Risk" Child?

Would You Be Interested in Adopting A Sibling Group?

What Size Sibling Group?

Yes

No

Yes

No

2

3

4+

Give Complete Instructions For Reaching Your Home:

FOR OFFICE USE ONLY

Home Study Status

1. In Process

2. Completed Favorable

3. Completed Unfavorable

4. Discontinued

-9-
APPLICATION TO ADOPT

PART II

Are you currently a certified or licensed foster parent?

With which agency?

Is there a foster child freed for adoption now living in your home?  □ Yes  □ No

Do you wish to adopt this child?  □ Yes  □ No

What is the child’s name?

Date of Birth ___________________________ Date of placement with you ___________________________

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LIST ALL HOUSEHOLD MEMBERS

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Note: If your application is rejected or if your application has not been acted upon within six months of filing by the completion of an adoption study, you may request a state administration hearing. The hearing must be requested within 60 days after the date of rejection or failure to act.

Note: At such hearings, you will have the right to be represented by counsel or other representative, to produce witnesses and other evidence on your behalf, to request the issuance of subpoenas, to cross-examine witnesses testifying against you, and to examine all evidence presented against you. If you wish to request a hearing, address your request to:

New York State Department of Social Services
Special Hearings Bureau
40 North Pearl Street
Albany, New York 12243

Note: Social Services Law 424-a requires the agency receiving this application to check with the New York State Register of Child Abuse and Maltreatment to determine whether an adoption applicant is the subject of an indicated report of child abuse and maltreatment.

Note: If you have acknowledged your willingness to adopt a handicapped or hard to place child, your name will be placed on a statewide computer file with the New York State Department of Social Services only for the purpose of matching you with available children.

SIGNATURE OF PROSPECTIVE FATHER   DATE   SIGNATURE OF PROSPECTIVE MOTHER   DATE

Note: Applicant should retain copy of application.
COMPLETION OF APPLICATION TO ADOPT (DSS-857)

Introduction

All prospective adoptive parents who express a willingness to consider adopting a handicapped or hard-to-place child shall be listed on the Adoptive Parent Registry. The agency to which the adoptive parent applies is responsible for registering them. The information entered onto the Registry is based on the information on the Application to Adopt, DSS-857, which must be utilized by all agencies involved.

Workers having involvement with the PAPR application process should note that the system uses an exact match criteria when searching for possible matches when children are available for adoption. Efforts should be made to explain to applicants that they will only receive consideration based upon the information contained on their application (i.e. if an applicant indicates a willingness to consider a severely handicapped child, the system will not assume a willingness to accept a moderately or mildly handicapped child, the applicant must indicate this or if an applicant indicates a willingness to only take children not "at risk" the system will not match the applicant with any children, all other child characteristics being equal, who have not been completely freed).

Completion of Application to Adopt (DSS-857)

Instructions for completing the Application to Adopt (DSS-857) are as follows:

1. **Registry No.** - An eight-digit numeric entry made by district/agency staff after the application has been data-entered and a registry number assigned to the case by the system. This number is obtained from the system-generated turnaround form.

2. **Application Date** - The date the applicant's application is received by district/agency. The format shall be six-digit numerical (MM/DD/YY).

3. **Prospective Mother/Father Name** - The full name (last, first, middle initial) of the prospective adoptive mother/father. It is possible to list a single parent. Two-parent households should list both parents.

4. **Mother/Father DOB** - The numerical six-digit date of birth (MM/DD/YY) of the prospective adoptive mother/father (as appropriate).

5. **Mother/Father Birthplace** - Enter the city and state of mother/father's birth (as appropriate).

6. **Mother/Father Ethnicity** - Enter mother/father ethnicity (as appropriate). Select ethnic code from coding guide at the bottom of application and enter in the shaded area labeled "code".

7. **Mother/Father Religion** - Enter mother/father religion (as appropriate). Select religion code from coding guide at the bottom of application and enter in the shaded area labeled "code".
8. **Home Address**: The street address of the primary residence of the prospective adoptive parent(s).

9. **Town/City**: The town/city of residence for the prospective adoptive parent(s).

10. **County**: The county/borough of residence for the prospective adoptive parent(s). Enter the two-digit numerical WMS code for the county if county is within New York State. Leave blank if residence is outside New York State.

11. **State**: Two-digit WMS alpha code abbreviation for state.

12. **Zip Code**: The five-digit zip code of the primary residence of the prospective adoptive parents.

13. **Home Telephone**: Telephone number including area code, at prospective adoptive parent's residence address.

14. **Employment Telephone**: Prospective mother/father's telephone number including area code at place(s) of employment where she/he may be reached.

15. **Contact Person**: The last and first name of the district/agency official who will serve as the contact for this application in reference to inquiries for other districts/agencies or state offices.

16. **Phone**: The business telephone number of the contact person.

17. **Reg Dist/Agy**: The three-digit alpha-numeric CCRS code of the registering district/agency.

18. **Sex**: Designate with an "E" (Either), "M" (Male) or "F" (Female) the sex of the child desired.

19. **Age**: "X" the appropriate age ranges of child applicant desired. One or more or all age ranges may be selected. The system will only give consideration to those age ranges indicated by the applicant as acceptable when an Allocation Search is conducted.

20. **Acceptable Ethnicities**: Enter ethnicity codes (from front of form) for ethnicity of child the prospective parent is willing to adopt. Up to eight ethnicity codes may be entered. Enter code "X" if prospective adoptive parent will accept a child of any ethnicity.

21. **Acceptable Disabilities**: Enter "X" in appropriate field if a handicapped child is desired. If a disabled child is not desired, no field need be "X'ed". The system will only give consideration to the degree of disability as indicated by the applicant as acceptable when an Allocation Search is conducted.
22. Accept "At Risk" - "X" appropriate field if applicant is willing to accept a child who is legally at risk.

23. Sibling Group/Size - Enter yes or no if applicant is willing to accept a sibling group. If yes, indicate the size of the sibling group (two, three or four +) the applicant will consider.


25. Home Study Status - (To be completed by Agency Personnel only). Enter the appropriate code from the PAPR coding guide. At the point of application only code 1 (Home study in process) and code 2 (Home study complete/favorable) will be utilized.

26. Certified/Licensed Foster Parent - Enter yes or no to whether applicant is currently certified/licensed as a foster parent. If yes, enter name of the district/agency. If no, leave blank.

27. Wish to Adopt Foster Child - If applicant wishes to adopt a foster child currently placed in applicant's home, enter child's name, date of birth and date of placement with applicant. If not, leave blank. (Please note: It is not necessary to register foster parents who wish to adopt a child already in their home).

28. Prospective Father/Mother Current Marriage - Enter date and place of current marriage (city and state).

29. Prospective Father/Mother Previous Marriage - Enter date and place of previous marriage (city and state) and how marriage was terminated (divorce, death of marriage partner) if applicable.

30. Household Member Name - Enter full name of anyone living in the home most of the time. Includes prospective adoptive parent applicants, their offspring, foster children and children placed through adoption.

31. Household Member Age - Enter the current ages of each person listed as a household member.

32. Household Member Religious Affiliation - Enter religion for each member of the household as selected from the religions listed at the bottom of the form.

33. Household Member Race - Enter ethnicity for each member of the household as selected from the ethnicities listed at the bottom of the form.

34. Household Member Relationship - Enter the relationship of each household member to the prospective adoptive parent applicant (son, daughter, niece, none, etc.).

35. Signature Prospective Father/Mother - self-explanatory

36. Date - The date the prospective parent signs the application.
Explanations of Mild, Moderate and Severe Levels on Application to Adopt (DSS-357) and Definition of Disability Categories

Whenever a prospective adoptive parent indicates a willingness to adopt a child with some handicapping or disabling condition, this should be reflected by the selection of one or more of the disability categories on the Application to Adopt, Form DSS-357. While the mild, moderate and severe levels for each of the four categories of disabling conditions cannot be absolutely defined, some guidelines regarding these levels are outlined below.

It should be understood that in almost every case a disability with the same basic diagnosis will vary from child to child and in many cases can range from mild through severe, depending on such factors as the severity of the condition and the ability of the particular child to cope with the disability.

Descriptions of the levels of disabilities and some examples are as follows:

1. **Mild** — The child has a problem/disability which requires some parental attention throughout the course of the day and which may also require some doctors visits.

   Examples — Hearing loss or vision problems requiring regular medical follow-ups; need for a special diet; learning problems which cause the child to be a year or two behind in school work; some acting out behavior/hyperactivity; a high-functioning level of mental retardation.

2. **Moderate** — The child has a problem/disability which is serious enough to require special help on a regular basis including placement in a special class and/or some assistance or supervision from parents on a frequent basis. Problems at this level will usually require regular visits to medical or mental health professionals.

   Examples — A deaf or blind child; a child in a wheel chair; a child who must take medication and who exhibits some seizure activity or acting out behavior; a child who must receive insulin injections to control a diabetic condition; a child whose mental retardation is at a trainable level (i.e. - he or she will require some supervision in adulthood); a child who has recently or is soon to require serious surgical intervention such as open heart surgery; a learning problem causing the child to be three years or more behind in school.

3. **Severe** — The child will require some assistance or intervention on a 24 hour a day basis. While these needs may be periodic in nature, they are such that ignoring them would be likely to negatively affect the health of the child or that of others.

   Examples — A child with a terminal illness or one who is bedridden and requires special medical treatment. A child who is schizophrenic, autistic and/or who acts out destructively such as a fire-setter or a serious suicide risk. A child who has a combination of serious physical handicaps such as deaf and blind who will require constant and ongoing assistance.
When they complete the Application to Adopt, form DSS-857, prospective adoptive parents should be informed that more than one level of severity may be checked for one or more of the categories of handicaps. That is, the parents may check both the mild and moderate level of "emotionally handicapped", or even all three levels. On the other hand, it is not necessary to check any level of handicap on some of the four handicapped categories.

The handicapped categories listed on the Application to Adopt (DSS-857) are defined as follows:

1. **Physical** — This refers to a condition that directly affects the ability of the child to function physically. It includes conditions in which the child must utilize a prosthesis or braces, crutches, etc. to maximize potential mobility. A child with a physical handicap may also be wholly or partially dependent on a wheelchair.

   Physical disabilities also include vision and hearing impairments as well as a marked inability to perform various physical functions that are appropriate to a child of a particular age.

2. **Mental / Retarded** — Mental retardation is a condition in which the child has significantly subaverage general intellectual functioning which exists concurrently with deficits in the individual's adaptive behavior.

3. **Emotional/Behavioral** — This refers to a range of behaviors which may be exhibited by the child and which have been diagnosed by a mental health professional. It includes depression and withdrawal as well as acting out behavior which is inappropriate to the given situation. This disability usually is manifested by an inability to relate personally and/or appropriately to peers and/or adults.

4. **Learning** — This refers to a condition which causes the child to fail to meet the expected academic standard for age. It is characterized by underachievement in school and an uneven development of academic and social skills. Due to the stressful situation this problem is sometimes coupled with hyperactivity and acting-out behavior.
Information contained in the non-shaded areas of the DSS-87.

data entry or maintenance function will be completed. DEO's will enter the

to the NYS Office of Services Information Systems (OIS) where the initial

PAAP system. Agencies without ODT's will forward the information to be entered

Tance. Agencies with ODT's will enter the information directly into the

one data entry process applicable to both initial data entry and mainte-

Information will enter the Preadpative Parent Register through

The Preadpative Parent Register Data Entry Procedures
**DATA ENTRY FIELDS**

1. Application Date: (Required) Six-digit numerical MDModifier.
2. Trans. Type: (Required) Initial entry must be code 02
3. Mother/Father Last Name: (Required) First Name: (Required) Last, first, middle, initial.
4. Mother/Father DOB: Date of birth - MMDDYY (Required in at least one of the two fields).
5. Mother/Father: Religion Code (Required in at least one of the two fields on the same line as used for name).
6. Mother/Father: Religion Code (Required in at least one of the two fields on the same line as used for name).
7. Address/Street: (Required) Self-explicative.
8. Address/City: (Required) Self-explicative.
9. Address/State: (Required) Two-digit numerical WMS County code.
10. Address/Zip: (Required) Five-digit Zip code
11. Address/Zip: (Required) Five-digit Zip code
12. Phone/Home: (Required) Area code and seven-digit telephone number for applicant's home.
13. Phone/Moth Business: (Optional) Area code and seven-digit telephone number for applicant's business.
14. Phone/FA/Father Business: (Optional) Area code and seven-digit telephone number for prospective father's place of business.
15. Contact: (Required) Last, first name of individual at the registering district/agency to be contacted regarding the above applicants.
Field and transmit.

Error report is required to assist in error correction, "X" this field and transmit.

26. Produce error report (optional). If blinking fields occur and an
then application date.
27. Approval date: (optional) Home study approval date (home study status
28. Reason Code: (optional) An entry must be made in this field each
29. Re-transaction: (optional) self-explanatory. "X" must be code 1 or
30. Initial entity opening.
25. Home study status: (required) Self-explanatory. "X" must be code 1 or
31. When an entity must be made in this field.
24. Eligible size: (optional) if yes, is selected in sibling group,
32. Eligible group: (required) Must select yes or no with an "X".
23. No, with a "X", accept all risk (required). Must select yes or

22. Acceptable/disabilities: Conditionally required if applicant indicates
21. Acceptable/disabilities are desired by parent.
20. "X" denotes all listed.

19. Eligibility: (required) at least one age group selected by entering
child/age: (required) at least one age group selected by entering

18. Eligibility: (required) single digit alpha code M, F, or E.

17. For the district/agency registering the above applicants.
16. District/age: (required) The three-digit alpha-numeric CRS code

15. Number of the person named above as "contact".
14. Phone: (required) Area code and seven-digit business telephone

13. District/age: (required) The three-digit alpha-numeric CRS code
A. Agency.

The agency is mailed to:

Albany, New York 12223
40 North Pearl Street
Bureau of Services Information Systems
New York State Department of Social Services

Form is mailed to:

Agency.

2. Agencies with DSS on-line with NYSS OSS WMS System

After the NSS-87 is completed by the prospective adoptive parents, and the agency worker of the appropriate changes on the paper turnaround form are returned to the data entry process.

3. Agencies without DSS OSS WMS System

After the NSS-87 has been completed by the prospective adoptive parents, the paper turnaround form and the paper turnaround form are returned to the agency.

4. Request the WMS menu by depressing the Menu key.

Steps should be followed:

- Agency has been noted on the paper turnaround form, the following procedures are completed by the prospective adoptive parents and the agency worker of the appropriate changes on the paper turnaround form are returned to the data entry process.

5. Access the WMS menu (WMS Menu Function) (1).

(1) Request the WMS menu (WMS Menu Function) (1).

Page 1

1. Request the WMS menu (WMS Menu Function) (1).

Page 2...
The user now has the capability to enter the appropriate information from the DDS-857 into the PAPER system.

(71) Request Data Entry (PAPER Menu function A)

(7) Request PAPER Menu (Facility Menu function E)
Agencies without VRFs should make the appropriate changes and return the new form and forward the form to DIS/Human Resources.

The paper周转round form is utilized to note any changes to be made to the case record.

1. Agencies without VRFs
1. Enter in the appropriate fields.

2. This will produce a completed data entry screen on the register number.

(W1) Request Data Entry (Paper Menu Function A Plus)
The transaction type is changed to 05 and in the appropriate fields are changed (62 Sweet St. to

25 Madison Ave).
1. AGENCIES WITHOUT VDF'S

is then returned to the agency.

The document, along with the new turnaround form, is then given to the DIO for entry into the system.

Transaction Type is changed to 07. The document turnaround form is encased in the appropriate reason code envelope (from the Paper Routing Guide) and the appropriate turnaround form is inserted into the system. The

Case Closing:

G.
2. AGENCIES WITH VDT's ON-LINE WITH NYS DSS WMS SYSTEM

(i) Sign-on
(ii) Access the WMS menu by depressing the Menu key.
(iii) Request CCRS menu (WMS Menu function 19).

(iv) Request Facility menu (CCRS Menu function J).

(v) Request PAPR menu (Facility Menu function E).
that will close the case.

Which will allow the user to initiate the process

(∀) This will produce a completed data entry screen

(∀) Request data entry (paper menu function A plus

the register number)
The system will generate a turnaround form that notes the closing.

The case is closed. The transaction type is changed to 07 and e.
They mean, "two is a listing of error codes, and what codes listed were errors occurred. Part one is a print of the screen with error report which has a two-part format. Parts will result in production of an error transmission."
NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES
PROSPECTIVE ADOPTIVE PARENT REGISTRY MAIL SEARCH REQUEST

REQUESTING DISTRICT/AGENCY NAME: __________________________

WORKER NAME: ________

ADDRESS: (No.) ________ (Street) ________ (Section/Room No.) ________

UNIT: ________

(State) ________ (Zip Code) ________

CHILD'S NAME: ________

CHILD'S WMS CN: ________

PROSPECTIVE ADOPTIVE PARENT REGISTRY CODES

<table>
<thead>
<tr>
<th>ETHNICITY CODE (FOR CHILD)</th>
<th>RELIGION CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>B Black</td>
<td>C Catholic</td>
</tr>
<tr>
<td>H Other Hispanic</td>
<td>X Other</td>
</tr>
<tr>
<td>W White</td>
<td>P Protestant</td>
</tr>
<tr>
<td>G Interracial Hispanic/White</td>
<td>Z None</td>
</tr>
<tr>
<td>P Puerto Rican</td>
<td>J Jewish</td>
</tr>
</tbody>
</table>

Complete the following area(s) based on the characteristics of the child.
(Note: The form is child-specific, up to five versions of characteristics may be utilized on each form.)

AREA TO BE SEARCHED:

Statewide ________

Region ________

County ________

Agency ________

Requesting District/Agency CCRS Code: ________

Batch Number: ________

(NYS DSS USE ONLY)

CHILD CHARACTERISTICS

Sex: □ Male □ Female

Age: □ Under 2 □ 2-5 □ 6-7 □ 8-9 □ 10-13 □ Over 13

Religion: ________

Ethnicity: ________

Child: ________

Acceptable: ________

DISABILITIES

SEVERE

MILD

Physical

Mental/Retarded

Emotional/Behavioral

Learning

At Risk: Yes ________ No ________

Sibling Group: Yes ________ No ________

if Yes, sibling size ________

Home Study Status: ________ (1 - In Process, 2 - Completed Favorable)

AREA TO BE SEARCHED:

Statewide ________

Region ________

County ________

Agency ________

Requesting District/Agency CCRS Code: ________

Batch Number: ________

(NYS DSS USE ONLY)

CHILD CHARACTERISTICS

Sex: □ Male □ Female

Age: □ Under 2 □ 2-5 □ 6-7 □ 8-9 □ 10-13 □ Over 13

Religion: ________

Ethnicity: ________

Child: ________

Acceptable: ________

DISABILITIES

SEVERE

MILD

Physical

Mental/Retarded

Emotional/Behavioral

Learning

At Risk: Yes ________ No ________

Sibling Group: Yes ________ No ________

if Yes, sibling size ________

Home Study Status: ________ (1 - In Process, 2 - Completed Favorable)

Check if reverse side is used.
### CHILD CHARACTERISTICS

<table>
<thead>
<tr>
<th>Sex: ☐ Male ☐ Female</th>
<th>Age: ☐ Under 2 ☐ 2-5 ☐ 6-7 ☐ 8-9 ☐ 10-13 ☐ Over 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion:</td>
<td>Ethnicity:</td>
</tr>
<tr>
<td>DISABILITIES</td>
<td>SEVERE</td>
</tr>
<tr>
<td>Physical</td>
<td></td>
</tr>
<tr>
<td>Mental/Retarded</td>
<td></td>
</tr>
<tr>
<td>Emotional/Behavioral</td>
<td></td>
</tr>
<tr>
<td>Learning</td>
<td></td>
</tr>
<tr>
<td>At Risk: Yes ☐ No ☐</td>
<td>Sibling Group: Yes ☐ No ☐</td>
</tr>
<tr>
<td>Home Study Status:</td>
<td>(1 - In Process, 2 - Completed Favorable)</td>
</tr>
</tbody>
</table>

---

### CHILD CHARACTERISTICS

<table>
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<th>Sex: ☐ Male ☐ Female</th>
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<tr>
<td>Religion:</td>
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</tr>
<tr>
<td>DISABILITIES</td>
<td>SEVERE</td>
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<td></td>
</tr>
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<td>Mental/Retarded</td>
<td></td>
</tr>
<tr>
<td>Emotional/Behavioral</td>
<td></td>
</tr>
<tr>
<td>Learning</td>
<td></td>
</tr>
<tr>
<td>At Risk: Yes ☐ No ☐</td>
<td>Sibling Group: Yes ☐ No ☐</td>
</tr>
<tr>
<td>Home Study Status:</td>
<td>(1 - In Process, 2 - Completed Favorable)</td>
</tr>
</tbody>
</table>
The top portion of the form is completed in the following format.

1. **Requesting District/Agency Name Address:** provide agency
   name and address of district requesting information.

2. **Worker Name:** name of worker requesting information.

3. **Unit:** name of unit requesting information.

4. **Child Name:** self-explanatory.

5. **Child WMS CIN:** self-explanatory.

The rest of the form consists of five identical fields (front and
back of form) that allow for variations in child characteristics.

The format is as follows:

6. **Requesting Agency:** Enter three-digit CCRS code for agency
   requesting search.

7. **Area to be Searched:** (Required) A geographical level of
   search must be selected and only one level will be searched.
   The following hierarchy is utilized; statewide, region, county,
   and agency. If levels of search are inter-mingled, the highest
   level selected will be searched and all others ignored.

8. **Statewide:** (Optional) Enter "X" if statewide search is
   desired.

9. **Region:** (Optional) Enter up to four region numerical
   identifiers as described by the region definitions. Single
   digit number 1 through 6.

10. **County:** (Optional) Enter up to four WMS county codes
    (WMS two-digit numerical code) in any order.

11. **Agency:** (Optional) Enter up to four CCRS three-digit
    alpha numeric agency codes.

12. **Batch No.:** This field is for NYS DSS use only. It is
    utilized as an identifier to match output data from the
    PAPR system with individual requests.

13. **Child Sex:** (Optional) Enter sex of child (M or F) or
    leave blank.

14. **Child Age:** (Optional) Enter an "X" to designate the
    age range that corresponds to the child's age.
15. Child Religion: (Optional) Enter religion of child or leave blank.

16. Ethnicity: (Optional) An entry can be made for either child or acceptable, but not both simultaneously. Both fields may be left blank simultaneously.

17. Ethnicity/Child: (Optional) Enter ethnicity code of child or leave blank. If ethnicity code is entered, the system will match prospective parents' ethnicity with the ethnicity entered.

18. Ethnicity/Acceptable: (Optional) Enter ethnicity code of child or leave blank. If ethnicity code is entered, the system will match prospective parents' ethnicity with the ethnicity entered. In addition, the system will also return those prospective parents who have indicated on the DSS-857 (Application to Adopt) that they would accept a child with the ethnicity input in this field.

19. Disabilities: (Optional) Enter an "X" in the appropriate fields indicating the child's disability(ies) and severity of disability(ies) or leave blank.

20. Accept at Risk: (Optional) Select ("X") 'yes', 'no' or leave blank. If 'yes' is selected, the system will return those prospective parents who indicated that they would accept a child whom the agency plans to try to legally free but is not yet free. If 'no' is selected or if the field is left blank, the system will return parents who will accept either "At Risk" or "Not at Risk".

21. Sibling Group: (Optional) Select ("X"). 'yes' or 'no' or leave blank. If 'yes' is selected, the system will return the prospective parents who have indicated that they would accept a sibling group. If 'no' is selected, the system returns those who will not accept a sibling group. Leaving this field blank will cause the system to ignore it in the match process and display 'yes' and 'no' respondents.

22. Sibling Size: (Optional) An entry must be made in the sibling group field if 'yes' was selected. Valid entries are 2, 3, and 4 (4 includes a group of four or more).

23. Home Study Status: (Optional) An entry of 1 in this field will produce information based on prospective parents whose home study is in process. An entry of 2 in this field will produce information based on prospective parents whose home study is completed favorably. If this field is left blank the system will return 'yes' or 'no' respondents.
2. AGENCIES WITH VDT's
   
a. Follow steps to access PAPR Menu.
   
b. Select Function B and transmit.

   ![Image of PAPR Menu]
   
   This will produce a blank allocation search screen (pictured below and described on the next page).

   ![Image of Allocation Search Screen]
DESCRIPTION OF PAPR ALLOCATION SEARCH FIELDS:

1. Requesting Agency: Enter three-digit CCRS code for agency requesting search.

2. Requesting Worker: (Optional) Enter the name of the worker who is conducting the search.

3. Area to be Searched: (Required) A geographic level of search must be selected and only one level will be searched. The following hierarchy is utilized; statewide, region, county, agency. If levels of search are intermingled, the highest level selected will be searched and all others ignored.

4. Statewide: (Optional) Enter "X" if statewide search is desired.

5. Region: (Optional) Enter up to four region numerical identifiers as described by the region definitions. Single digit numbers 1 through 6.

6. County: (Optional) Enter up to four WMS county codes (WMS two-digit numerical code) in any order.

7. Agency: (Optional) Enter up to four CCRS three-digit alpha numeric agency codes.

8. Child Sex: (Optional) Enter sex of children (M or F) or leave blank.

9. Child Age: (Optional) Enter an "X" to designate the age range that corresponds to the child's age.

10. Child Religion: (Optional) Enter religion of child or leave blank.

11. Ethnicity: (Optional) An entry can be made for either child or acceptable, but not both simultaneously. Both fields may be left blank simultaneously.

12. Ethnicity/Child: (Optional) Enter ethnicity code of child or leave blank. If ethnicity code is entered, the system will match prospective parents' ethnicity with the ethnicity entered.

13. Ethnicity/Acceptable: (Optional) Enter ethnicity code of child or leave blank. If ethnicity code is entered, the system will match prospective parents' ethnicity with the ethnicity entered. In addition, the system will also return those prospective parents who have indicated on the DSS-857 (Application to Adopt) that they would accept a child with the ethnicity input in this field.

14. Disabilities: (Optional) Enter an "X" in the appropriate fields indicating the child's disability(ies) and severity of disability(ies) or leave blank.
15. **Accept at Risk:** (Optional) Select ("X") 'yes', 'no' or leave blank. If 'yes' is selected, the system will return those prospective parents who indicated that they would accept a child whom the agency plans to try to legally free but is not yet free. If 'no' is selected or if the field is left blank, the system will return parents who will accept either "At Risk" or "Not at Risk".

16. **Sibling Group:** (Optional) Select ("X") 'yes' or 'no' or leave blank. If 'yes' is selected, the system will return the prospective parents who have indicated that they would accept a sibling group. If 'no' is selected, the system returns those who will not accept a sibling group. Leaving this field blank will cause the system to ignore it in the match process and display 'yes' and 'no' respondents.

17. **Sibling Size:** (Optional) An entry must be made if sibling group 'yes' was selected. Valid entries are 2, 3, and 4 (4 includes a group of four or more).

18. **Home Study Status:** (Optional) An entry of 1 in this field will produce information based on prospective parents whose home study is in process. An entry of 2 in this field will produce information based on prospective parents whose home study is completed favorably. If this field is left blank the system will return 'yes' and 'no' respondents.

**Allocation Special Function Keys:**

Menu - Returns a blank allocation search from any screen except a blank search screen. From there it will return the PAPR menu.

SF1 - Page backward
SF2 - Page forward

SF3 - Returns to the previously loaded allocation search screen from the allocation response screen.

SF4 - Utilized to request printing of excess allocation responses (over 24 responses). Returns a blank allocation search screen with the acknowledgement statement: "Batch Search Accepted". This information will be produced the next day and mailed to the agency.

SF7 - Returns geographical search from one area to the area searched previously.

SF8 - Moves geographical search ahead from one selected area to the next. (Note: If no responses are returned from the first selected area searched, the next area requested must be moved from the second position to the first position.

It should be noted that an allocation search is conducted based on a specific child. The information produced is based on the information provided to the system via the allocation search. Be as specific as possible to produce the best matches available for that child.
To illustrate how the PAPR Allocation Search can be utilized by agencies/districts in their efforts to achieve adoptive placements the following example is provided.

Child Age: 1 year 11 months
Child Sex: Male
Child Ethnicity: Black
Child Religion: Protestant
At Risk: No
Child Disabilities:
   A) Physically - moderate, mild
   B) Mental/Ret - none
   C) Emot/Behav - mild
   D) Learn Dis - none

This information is used to transact the initial Allocation Search.

---

**ASPI:10/0152026112255  NYS DEPARTMENT OF SOCIAL SERVICES  12/24/85 AT 10:50**

**PROSPECTIVE ADOPTIVE PARENT REGISTRY**

**ALLOCATION SEARCH**

<table>
<thead>
<tr>
<th>AREA TO BE SEARCHED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATEWIDE X</td>
</tr>
<tr>
<td>REGION</td>
</tr>
<tr>
<td>COUNTY</td>
</tr>
<tr>
<td>AGENCY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REQUESTING AGENCY: A66</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST</td>
</tr>
<tr>
<td>FIRST</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD CHARACTERISTICS</th>
</tr>
</thead>
</table>

| SEX: M |
| AGE: <2 X  | 2-5 , 6-7 , 8-9 , 10-13 , >13 |
| RELIGION: P |
| ETHNICITY: CHILD B |
| ACCEPTABLE |

| DISABILITIES: |
| PHYSICALLY X |
| MENTAL/RET |
| EMOT BEHAV |
| LEARN DIS |

| ACCEPT AT RISK: YES X |
| SIBLING GROUP: YES |
| SIBLING SIZE: |
| HOMESTUDY STATUS: |

XMIT
d. The system will search the PAPR database and will produce information based on what was input into the system. No matches were found.

```
ASPII0/D152026112285  MYS DEPARTMENT OF SOCIAL SERVICES    12/24/85 AT 10:50
PROSPECTIVE ADOPTIVE PARENT REGISTRY
ALLOCATION SEARCH
AREA TO BE SEARCHED:  REQUESTING AGENCY: A66
STATEWIDE X     LAST FIRST
REGION ... ... REQ WKR JOHNSON......... JOHN......
COUNTY ... ... ...
AGENCY ... ... ...

*** CHILD CHARACTERISTICS ***
SEX: M    AGE: <2 X 2-5 , 6-7 , 8-9 , 10-13 , >13 .
RELIGION: P ETHNICITY: CHILD B ACCEPTABLE .
DISABILITIES:
  SEV MOD MILD
  PHYSICALLY   . X .
  MENTAL/RET   . . .
  EMOT BEHAV   . X .
  LEARN DIS    . . .
ACCEPT AT RISK: YES . NO X SIBLING GROUP: YES , NO X SIBLING SIZE: .
HOME STUDY STATUS: .
XMIT .
```

---

e. The information is then modified to inquire without consideration being given to the child's religion.

```
ASPII0/D152026112285  MYS DEPARTMENT OF SOCIAL SERVICES    12/24/85 AT 10:29
PROSPECTIVE ADOPTIVE PARENT REGISTRY
ALLOCATION SEARCH
AREA TO BE SEARCHED:  REQUESTING AGENCY: A66
STATEWIDE X     LAST FIRST
REGION ... ... REQ WKR JOHNSON......... JOHN......
COUNTY ... ... ...
AGENCY ... ... ...

*** CHILD CHARACTERISTICS ***
SEX: M    AGE: <2 X 2-5 , 6-7 , 8-9 , 10-13 , >13 .
RELIGION: ETHNICITY: CHILD B ACCEPTABLE .
DISABILITIES:
  SEV MOD MILD
  PHYSICALLY   . X .
  MENTAL/RET   . . .
  EMOT BEHAV   . X .
  LEARN DIS    . . .
ACCEPT AT RISK: YES . NO X SIBLING GROUP: YES , NO X SIBLING SIZE: .
HOME STUDY STATUS: .
XMIT .
```
f. This results in one possible match.

<table>
<thead>
<tr>
<th>REQUESTING AGENCY: A66</th>
<th>REG WKR: JOHNSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTHER'S NAME (LAST,FIRST):</td>
<td>ETHEM CNTY OF RESIDENCE ACCEPT AT RISK</td>
</tr>
<tr>
<td>FATHER'S NAME (LAST,FIRST):</td>
<td>ETH REGISTERING DISTRICT/AGENCY</td>
</tr>
<tr>
<td>DIST/ACCCY CONTACT PERSON (LAST,FIRST):</td>
<td>PHONE REG. NO.</td>
</tr>
<tr>
<td>TRANE MARY B QUEENS</td>
<td>YES</td>
</tr>
<tr>
<td>TRANE HANK B TEST</td>
<td></td>
</tr>
<tr>
<td>THAIN TOOTSIE 212 789 4563 00000215</td>
<td></td>
</tr>
</tbody>
</table>

---

g. Further modification is done to the child characteristics. Ethnicity has been moved from child to acceptable.

<table>
<thead>
<tr>
<th>AREA TO BE SEARCHED: STATEWIDE X</th>
<th>REQUESTING AGENCY: A66</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGION...</td>
<td>LAST FIRST</td>
</tr>
<tr>
<td>COUNTY...</td>
<td>... ...</td>
</tr>
<tr>
<td>AGENCY...</td>
<td>... ...</td>
</tr>
</tbody>
</table>

*** CHILD CHARACTERISTICS ***

<table>
<thead>
<tr>
<th>SEX:</th>
<th>AGE: &lt;2</th>
<th>2-5</th>
<th>6-7</th>
<th>8-9</th>
<th>10-13</th>
<th>&gt;13</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELIGION:</td>
<td>ETHNICITY:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISABILITIES:</td>
<td>SEV MOD MILD</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYSICALLY</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENTAL/RET</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>EMOT BEHAV</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEARN DIS</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

ACCEPT AT RISK: YES NO | SIBLING GROUP: YES NO | SIBLING SIZE: |
| HOMESTUDY STATUS: | XMIT |
h. This expands the possible matches available to our child as the system produces matches based on the prospective parents' ethnicity, as listed on the application, and on ethnicities listed as acceptable on the application.

<table>
<thead>
<tr>
<th>Requesting Agency</th>
<th>Mother's Name (Last, First)</th>
<th>Ethnicity</th>
<th>County of Residence</th>
<th>Accept at Risk</th>
<th>Father's Name (Last, First)</th>
<th>Ethnicity</th>
<th>Registering District/Agency</th>
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424.1 Definitions. (a) Adoptive parent registry means the register established by the department which contains information concerning persons who wish to adopt handicapped or hard-to-place children.

(b) Agency with care of a child means an authorized agency to which has been transferred the guardianship and custody, or care and custody, of a handicapped or hard-to-place child, and which is making inquiry of the adoptive parent registry for the purpose of locating an adoptive home for such child.

(c) Handicapped child means a child as defined in section 421.24(a)(2) of this Title.

(d) Hard-to-place child means a child as defined in section 421.24(a)(3) of this Title.

(e) Registering agency means a public or voluntary adoption agency which has accepted an application to adopt from a person interested in adopting a handicapped or hard-to-place child.

424.2 Registration requirements. (a) Every person who applies to adopt a handicapped or hard-to-place child shall have his/her name, address and additional pertinent information contained in a departmentally approved application form entered into the adoptive parent registry at the time that the signed application form is submitted to the registering agency.

(1) The information on the applicant shall be entered directly by a registering agency, having terminal access to the computer system operated by the department, at the time that a signed application is submitted.

(2) Registering agencies without terminal access to the computer system operated by the department shall immediately send a copy of the adoption application to the department, which will enter the necessary information into the registry. The necessary information derived from the adoption application may alternatively be entered into the registry at a social services district, or another voluntary agency with terminal access to the computer system operated by the department, when written formal arrangements have been agreed upon to facilitate such data input.

(3) Registering agencies which do not have terminal access to the computer system operated by the department shall not be charged any fees by a social services district or another voluntary agency for entering information into the adoption information registry through such district's or agency's computer system.

(b) Persons applying to adopt a handicapped or hard-to-place child shall be informed by the registering agency of the existence and purpose of the registry, and they shall be informed that their names and the characteristics of the children which they wish to adopt will be made available on request to all adoption agencies in the State.

(c) No person who applies to adopt a handicapped or hard-to-place child may be accepted for a home study, in accordance with the provisions of section 421.13 of this Title, unless such applicant is registered with the registry, except when such person is a foster parent and the person is applying only to adopt the foster child or foster children residing in the foster parent's home.

424.3 Updating registry information. (a) When the adoption study is completed, the registering agency shall either update the registry to indicate that the study has resulted
in the applicant being approved, or shall remove the applicant's name from the registry if the applicant was rejected or the adoption study was discontinued.

(b) As soon as a registering agency becomes aware that the circumstances or preferences of an applicant have changed and information contained in the registry is inaccurate, the agency shall provide the registry with corrected information.

(c) At least once every year, the registering agency shall initiate contact with an approved applicant to ensure that the information contained in the registry is accurate and that the applicant still is interested in adopting a handicapped or hard-to-place child.

(d) The registering agency shall remove an applicant from the registry when an adoptive placement is made in the applicant's home.

(e) Information entered into the registry under this section shall be entered directly by agencies with terminal access to the computer system operated by the department, utilizing a turnaround data input form developed by the department. Alternatively, updated information may be entered at a social services district, or another voluntary agency with terminal access to the computer system operated by the department, when written formal arrangements have been agreed upon to facilitate such data input.

(f) Registering agencies which do not have terminal access to the computer system operated by the department shall not be charged any fees by a social services district or another voluntary agency for entering information into the adoption information registry through such district's or agency's computer system.

424.4 Inquiry — finding a parent. (a) If an adoptive home has not been found for a handicapped or hard-to-place child within three months of the date on which such child was freed for adoption, the agency with responsibility for the care of the child shall make inquiry with the registry to identify prospective homes for such child, and shall continue to make inquiry at a minimum of once every three months until such time as the child is placed in an adoptive home.

(b) An agency having care of a handicapped or hard-to-place child may, at any time, inquire of the registry for a prospective adoptive home for a child in its custody, regardless of the child's legal status.

(c) (1) Agencies with terminal access to the computer system operated by the department shall make an inquiry directly to the registry. Agencies without terminal access to the computer system operated by the department shall make an inquiry to the department, unless an inquiry can be facilitated at the local social services district office or another voluntary agency with terminal access to such system, when formal written arrangements have been agreed upon to facilitate data retrieval.

(2) Registering agencies which do not have terminal access to the computer system operated by the department shall not be charged any fees by a social services district or another voluntary agency for making inquiries to the department through such district's or agency's computer system.

(d) Upon finding prospective adoptive parents who are registered in the registry who have expressed an interest in adopting a child with the characteristics of the available child, the agency having responsibility for the care of the child shall contact the
agency which registered the potentially suitable parents and do one or more of the following:

(1) verbally discuss the suitability of the potential home for the child;

(2) ask the registering agency to send it a copy of the home study or a summary thereof; or

(3) be in direct contact with the potential adoptive parents, when deemed appropriate by the registering agency.

(e) The registering agency shall cooperate with the agency having care of the child in conducting the home study and, where appropriate, facilitate the placement of the child in a home which has been studied by the registering agency. Such cooperation shall include, but not be limited to, those tasks set forth in this subdivision. The registering agency may only inform the agency with care of the child of the unavailability of an approved home if it has a specific placement planned for that home within a period not to exceed two months from the inquiry date.