



CHILD REGISTRATION: INDIANA SPECIAL NEEDS ADOPTION PROGRAM (SNAP) PICTURE BOOK & WEBSITE

State Form 11840 (R7 / 9-06) / CW 1440
DEPARTMENT OF CHILD SERVICES

DATE (month, day, year)

ATTACH PHOTO

- Use head-shoulder photo against plain, light-colored background.
- On reverse of photo, write:
CHILD'S NAME
AGE
DATE OF PHOTOGRAPH
- Do not staple photo to this form: staples, holes will show in printing.

INSTRUCTIONS: 1. Please type or print legibly. Use reverse side if necessary.
2. Check completed form before submitting to SNAP specialist.

A. GENERAL INFORMATION

Name of child		Age
Date of birth (month, day, year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Language(s) spoken

RACE / CULTURAL HERITAGE

RACE:

- | | |
|--|--|
| <input type="checkbox"/> (1) White | <input type="checkbox"/> (5) Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> (2) Black or African American | <input type="checkbox"/> (6) Unable to determine* |
| <input type="checkbox"/> (3) American Indian or Alaskan Native | * Choose only when client refuses or is unable to identify race(s). |
| <input type="checkbox"/> (4) Asian | |

ETHNICITY:

- Hispanic ethnicity
- Yes
 No
 Not yet determined

B. LEGAL, FINANCIAL, FAMILY AND DEVELOPMENT

LEGAL	Is child legally free for adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date termination of parent's rights granted to birth mother (month, day, year)	Date termination of parent's rights granted to birth father (month, day, year)
FINANCIAL INFORMATION	Is child eligible for any of the following financial resources? (check all that apply)		
	<input type="checkbox"/> Title IV-E Adoption Assistance Program (AAP) <input type="checkbox"/> Indiana Adoption Subsidy Program (IASP) <input type="checkbox"/> County Adoption Subsidy (CAS) <input type="checkbox"/> Social Security benefits <input type="checkbox"/> Veteran's benefits		
	Will a placement fee be charged? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FAMILY AND DEVELOPMENT	Is child member of sibling group? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many in the group?	If Yes, to be placed together? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Post adoption contact with birth family member(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, what is the relationship of the family member(s) to maintain contact?		

C. PERSONALITY AND BEHAVIOR OF CHILD

Please describe child's personality and behavioral traits in positive terms. Be sure to indicate child's likes, special interests, accomplishments, activities, talents and/or hobbies. Also include information on child's peer relationships and maturity level.

D. TYPE OF FAMILY DESIRED

Configuration of family (check all that will be considered)

Two parent
 Single parent
 Older children in home
 Younger children in home
 No other children in home
 Out of state

List preferred family traits, strengths, knowledge, experience, and special skills for this child.

E. CONTACT INFORMATION

Name of child's Family Case Manager (FCM)	E-mail address of FCM
Name of agency	Telephone number ()
Address of agency (number and street, city, state, and ZIP code)	
Name of SNAP Specialist / alternate contact person	
Name of agency	Telephone number ()
Address of agency (number and street, city, state, and ZIP code)	