



## Tennessee Department of Children's Services AdoptUSKids Registration

Registration on AUK requires submission of:

AUK Registration Form CS-1012

☐

Narrative Profile of Child

☐

Picture of Child

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### CHILD INFORMATION:

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's TFACTS ID # \_\_\_\_\_

Gender:

Male ☐ Female ☐

Assigned male at birth, identifies as female ☐

(if this is selected the public, registered families, and registered workers will see the child's gender as being "female")

Assigned female at birth, identifies as male ☐

(if this is selected the public, registered families, and registered workers will see the child's gender as being "male")

**Race** (Check one or more) :

**AA** (African American/Black)

☐

**CA** (White/Caucasian)

☐

**HI** (Hispanic/Latino)

☐

**AI** (American Indian/Alaskan Native)

☐

**AS** (Asian)

☐

**PI** (Pacific Islander/Native Hawaiian)

☐

**UD** (Unable to Determine)

☐

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**Siblings: Name**

**To be placed with child named above?**

Yes ☐ No ☐  
Yes ☐ No ☐  
Yes ☐ No ☐  
Yes ☐ No ☐  
Yes ☐ No ☐

**LEGAL STATUS:**

**Legally Free for Adoption?** Yes ☐ No ☐

**ADOPTIVE PLANNING**

<b>Primary Language (if not English):</b>			
<b>Are there significant relationships to maintain:</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, what is the relationship?</b>			
<b>Child's Pet Allergies (if any):</b>	Cats <input type="checkbox"/>	Dogs <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Allergies to Smoke:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Allergies to Food/Medicine, etc. (briefly note):</b>			

**Preference for Adoptive Family** *(please check ALL that apply)*

**Parent Type:**

Couple ☐ Single Male ☐ Single Female ☐ All Considered ☐

**Other Children:**

**No Preference:** ☐  
**No Other Children:** ☐  
**Must Have Other Children:** ☐

**Gender:**

**No Preference:** ☐  
**Male Only:** ☐  
**Female Only:** ☐

**Age:**

**No Preference:** ☐  
**Child Must be Oldest:** ☐  
**Child Must be Youngest:** ☐

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**Religious Preference:****None:****Buddhist:****Catholic:****Christian:****Hindu:****Jewish:****Jehovah's Witness:****Latter Day Saints (Mormon):****Muslim:****Protestant:****Other:**
☐  
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**RISK FACTORS AND DISABILITIES**

The information on the risk factors and disabilities are only available to Child and Family Workers registered on AdoptUSKids. They cannot be viewed by the families.

**NOTE:** By selecting a specific disability you are indicating that a licensed mental health professional or physician has provided this diagnosis.

**Risk Factors:**

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol Exposed                | <input type="checkbox"/> Intellectual Disability in Birth Family |
| <input type="checkbox"/> Domestic Violence-Exposed      | <input type="checkbox"/> Mental Illness in Birth Family          |
| <input type="checkbox"/> Drug Exposed - In-home         | <input type="checkbox"/> Premature Birth                         |
| <input type="checkbox"/> Failure to Thrive              | <input type="checkbox"/> Schizophrenia in Birth Family           |
| <input type="checkbox"/> History of Abuse or Neglect    | <input type="checkbox"/> Sexual Abuse                            |
| <input type="checkbox"/> History of Multiple Placements | <input type="checkbox"/> Other:                                  |

**Physical/Medical Disabilities:****\*Current overall level of physical disability:**

- ☐
- None
- ☐
- Mild
- ☐
- Moderate
- ☐
- Severe

*\* If Mild, Moderate or Severe is selected above, you must select at least one of the following disabilities:*

- |   |   |
|---|---|
| <input type="checkbox"/> Allergies                                | <input type="checkbox"/> Irritable Bowel Syndrome |
| <input type="checkbox"/> Anemia                                   | <input type="checkbox"/> Kidney Disease           |
| <input type="checkbox"/> Asthma                                   | <input type="checkbox"/> Limb loss                |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Microcephaly             |
| <input type="checkbox"/> Blindness – permanent                    | <input type="checkbox"/> Muscular Dystrophy       |
| <input type="checkbox"/> Cancer                                   | <input type="checkbox"/> Neurofibromatosis        |
| <input type="checkbox"/> Cerebral Palsy                           | <input type="checkbox"/> Paralysis – Paraplegic   |
| <input type="checkbox"/> Craniofacial Anomalies                   | <input type="checkbox"/> Paralysis – Quadriplegic |
| <input type="checkbox"/> Cystic Fibrosis                          | <input type="checkbox"/> Respiratory problems     |
| <input type="checkbox"/> Deaf – profound hearing loss             | <input type="checkbox"/> Scoliosis                |
| <input type="checkbox"/> Diabetes                                 | <input type="checkbox"/> Seizure disorders        |
| <input type="checkbox"/> Dwarfism                                 | <input type="checkbox"/> Sickle Cell Anemia       |

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- ☐ Encopresis
- ☐ Enuresis, or bedwetting
- ☐ Epilepsy
- ☐ Fetal Alcohol Spectrum Disorder (FASD)
- ☐ Fetal Alcohol Syndrome
- ☐ Hearing loss
- ☐ Heart defect
- ☐ Hydrocephalus

- ☐ Sickle Cell trait
- ☐ Speech disorders
- ☐ Spina Bifida
- ☐ Terminal illness
- ☐ Tourette Syndrome
- ☐ Visually impaired
- ☐ Wheelchair dependent
- ☐ Other:

### Emotional Disabilities:

#### \*Current overall level of emotional disability:

- ☐ None      ☐ Mild      ☐ Moderate      ☐ Severe

*\* If Mild, Moderate or Severe is selected above, you must select at least one of the following disabilities:*

- |   |   |
|---|---|
| <input type="checkbox"/> Adjustment Disorder            | <input type="checkbox"/> Post-Traumatic Stress Disorder |
| <input type="checkbox"/> Anxiety Disorder - Generalized | <input type="checkbox"/> Psychosis                      |
| <input type="checkbox"/> Bipolar Disorder               | <input type="checkbox"/> Reactive Attachment Disorder   |
| <input type="checkbox"/> Conduct Disorder               | <input type="checkbox"/> Schizoaffective Disorder       |
| <input type="checkbox"/> Depression                     | <input type="checkbox"/> Schizophrenia                  |
| <input type="checkbox"/> Loss issues                    | <input type="checkbox"/> Separation Anxiety Disorder    |
| <input type="checkbox"/> Obsessive Compulsive Disorder  | <input type="checkbox"/> Takes psychotropic medication  |
| <input type="checkbox"/> Oppositional Defiant Disorder  | <input type="checkbox"/> Other:                         |

### Behaviors:

#### \*Current overall level of behaviors:

- ☐ None      ☐ Mild      ☐ Moderate      ☐ Severe

*\* If Mild, Moderate or Severe is selected above, you must select at least one of the following disabilities:*

- |  |   |
|--|---|
| <input type="checkbox"/> Cruelty to animals                        | <input type="checkbox"/> Physically acts out towards adults |
| <input type="checkbox"/> Damages property                          | <input type="checkbox"/> Physically acts out towards peers  |
| <input type="checkbox"/> Fire setting                              | <input type="checkbox"/> Runs away                          |
| <input type="checkbox"/> History of playing with matches           | <input type="checkbox"/> Self-harm                          |
| <input type="checkbox"/> Hyperactivity                             | <input type="checkbox"/> Sexually acts out with peers       |
| <input type="checkbox"/> Inappropriate interactions with strangers | <input type="checkbox"/> Sexually provocative behavior      |
| <input type="checkbox"/> Lack of awareness of others               | <input type="checkbox"/> Stealing                           |
| <input type="checkbox"/> Lying                                     | <input type="checkbox"/> Temper tantrums                    |
| <input type="checkbox"/> Masturbates in public                     | <input type="checkbox"/> Unable to sustain attention        |
| <input type="checkbox"/> Oppositional behavior                     | <input type="checkbox"/> Other:                             |

### Developmental Disabilities:

#### \*Current overall level of developmental disability:

- ☐ None      ☐ Mild      ☐ Moderate      ☐ Severe

*\* If Mild, Moderate or Severe is selected above, you must select at least one of the following disabilities:*

- |   |   |
|---|---|
| <input type="checkbox"/> Asperger Syndrome        | <input type="checkbox"/> Intellectual Disability – Low IQ |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Pervasive Developmental Disorder |
| <input type="checkbox"/> Down Syndrome            | <input type="checkbox"/> Shaken Baby Syndrome             |

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- ☐ Drug exposed – in utero  
☐ Intellectual Disability - genetic

☐ Other:

**Learning Disabilities:**

**\*Current overall level of learning disability:**

- ☐ None      ☐ Mild      ☐ Moderate      ☐ Severe

*\* If Mild, Moderate or Severe is selected above, you must select at least one of the following disabilities:*

- |   |   |
|---|---|
| <input type="checkbox"/> Articulation Disorder                | <input type="checkbox"/> Expressive Language Disorder |
| <input type="checkbox"/> Central Auditory Processing Disorder | <input type="checkbox"/> Learning Disorder            |
| <input type="checkbox"/> Dyslexia                             | <input type="checkbox"/> Receptive Language Disorder  |
| <input type="checkbox"/> Dyspraxia                            | <input type="checkbox"/> Other:                       |

**PUBLIC PROFILE NARRATIVE (can be viewed by the general public)**

This information is mandatory and must contain at least 100 words. The public narrative should be strengths based and may include positive personality traits, interests, hobbies, favorite activities, what they like about school and successes in school, things that are important to them, their dreams for the future, quotes from the child, and how a family might be a part of their life. The public narrative should not include negative information regarding the child's behavior or personality, nor information related to abuse the child has experienced. Do not include therapeutic information, birthdate, diagnoses, treatments, age of child, or current grade level. If recruitment is limited to Tennessee families only, please note that in the public profile narrative. Please note: Recruitment should not be limited to Tennessee unless the child/youth refuses to leave the state or there is a valid reason for considering only Tennessee families, as determined by the child and family team. (For assistance in writing the child's public narrative please visit the AUK website at [AdoptUSKids.org](http://AdoptUSKids.org)).

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**PRIVATE PROFILE NARRATIVE (Can only be viewed by registered, home studied families and professionals)**

This information is optional and only available on AUK profiles. This section can include Information about the type of family being sought and the skills parents should have, as well as a child's expressed desires; such as family type or make-up. Some limited information about the child's needs can be included if it does not include diagnoses, specific behaviors, treatment, information about past trauma, etc.

**AUTHORIZATION (Required – Signature authorizes the inclusion of this child on the AdoptUsKids and Tennessee Adoption Websites)**

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Signature of FSW/Permanency Specialist: \_\_\_\_\_

Printed Name of FSW/Permanency Specialist: \_\_\_\_\_

Date: \_\_\_\_\_

**Send inquiries on this child to: (Required)**

\_\_\_\_\_  
Name and E-Mail Address

\_\_\_\_\_  
Name and E-Mail Address

\_\_\_\_\_  
Name and E-Mail Address

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