



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Child Needs Information List**

**A. Will you accept a child whose parent(s) or caregiver(s):**

- abused a child Yes  No  Negotiable
- has a criminal record Yes  No  Negotiable
- is an alcoholic Yes  No  Negotiable
- has a sexually transmitted disease (STD) Yes  No  Negotiable
- exposed child to sexual activity Yes  No  Negotiable
- has history of drug use Yes  No  Negotiable
- is mentally retarded Yes  No  Negotiable
- is mentally ill Yes  No  Negotiable
- sexually abused the child Yes  No  Negotiable
- sniffed paint, glue, or inhalant Yes  No  Negotiable
- has acquired immune deficiency syndrome (AIDS) Yes  No  Negotiable
- is human immunodeficiency virus positive (HIV+) Yes  No  Negotiable
- other: \_\_\_\_\_ Yes  No  Negotiable

**B. Will you accept a child with these behaviors and emotional problems:**

- aggressive, hostile Yes  No  Negotiable
- bed wetting Yes  No  Negotiable
- cruelty to animals Yes  No  Negotiable
- defiant Yes  No  Negotiable
- destructiveness Yes  No  Negotiable
- extreme fearfulness Yes  No  Negotiable
- extreme shyness Yes  No  Negotiable
- fighting with other children Yes  No  Negotiable
- fire setting Yes  No  Negotiable
- frequent crying Yes  No  Negotiable
- hyperactive Yes  No  Negotiable
- inappropriate sexual activity Yes  No  Negotiable
- lying Yes  No  Negotiable
- masturbation Yes  No  Negotiable
- mourning family of origin Yes  No  Negotiable
- mourning foster parents Yes  No  Negotiable
- sexually abusing others Yes  No  Negotiable
- sexually active Yes  No  Negotiable
- smoking or tobacco use Yes  No  Negotiable
- stealing Yes  No  Negotiable

- |                           |                              |                             |                                     |
|---------------------------|------------------------------|-----------------------------|-------------------------------------|
| • swearing, foul language | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • temper tantrums         | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • truant                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • use of drugs, alcohol   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • use of inhalant         | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • withdrawn               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |

**C. Will you accept a child who is:**

- |                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| • one year behind in school           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • more than one year behind in school | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • receiving special education         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**D. Will you accept a child with these disabilities and special conditions:**

- |  |                              |                             |                                     |
|--|------------------------------|-----------------------------|-------------------------------------|
| • AIDS                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • amputation                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • asthma                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • attachment problems/disorder         | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • attention deficit disorder           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • autism                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • blind or partially blind             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • cast/broken bones                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • cerebral palsy                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • child of incest                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • chronic ear infection                | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • cleft palate                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • cystic fibrosis                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • deaf or hearing impaired             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • developmental delays                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • diabetes                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • Down syndrome                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • drug affected                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • encopresis (bowel movement in pants) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • enuresis (wetting bed, pants)        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • epilepsy (seizures)                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • fetal alcohol syndrome               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • heart defect or disease              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • hemophilia                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • HIV+                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • learning disability                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • mental retardation level             |                              |                             |                                     |
| • mild                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • moderate                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |
| • severe                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Negotiable <input type="checkbox"/> |

- muscular dystrophy Yes  No  Negotiable
- orthodontic problems Yes  No  Negotiable
- orthopedic Yes  No  Negotiable
- partial paralysis Yes  No  Negotiable
- physical therapy Yes  No  Negotiable
- psychiatric care/counseling Yes  No  Negotiable
- scoliosis Yes  No  Negotiable
- shaken baby syndrome Yes  No  Negotiable
- sickle cell anemia Yes  No  Negotiable
- speech problems Yes  No  Negotiable
- terminal illness Yes  No  Negotiable

**E. What is your placement preference:**

- Number of children preferred: \_\_\_\_\_
- Number of siblings accepted at one time: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Age range: \_\_\_\_\_
- Twins: Yes  No

**F. Will you help a child maintain important relationships to:**

- Family
- Community
- Placement providers

Applicant mother signature	Date
Applicant father signature	Date
Child Welfare (CW)/contractor signature	Date