

Child's Name:	DOB:	Race:	Date of Commitment:
Name of Private Agency (If Applicable)			
Address: (No. and Street)	City	State	Zip

Check All that Apply and Explain Below (please attach documentation where indicated):

- Physical disability (or high risk of such disability) which presents a barrier to adoption. A written diagnosis and recommendation for treatment must be made by a licensed physician.
- Mental disability (or high risk of such disability) which presents a barrier to adoption. A written diagnosis and recommendation for treatment must be made by a licensed psychiatrist or psychologist.
- Serious emotional maladjustment (or high risk of such maladjustment) as indicated by a written diagnosis made by a licensed psychiatrist or psychologist. The written statement must include recommendation for treatment and prognosis
- Age, when considered with other factors in the child's functioning and circumstances, presents a barrier to adoption
- Racial or ethnic factors, when considered with other factors in the child's functioning and circumstances, that present a barrier to adoption
- Member of a sibling group which should be placed together
- The child has established significant emotional ties with prospective adoptive parents

Explanation:

Recommended by:	Name:	Signature:	Date:
Approved by:	Program Supervisor Name:	Signature:	Date: