ARIZONA DEPARTMENT OF CHILD SAFETY

Adoption Registry

FAMILY INFORMATION FOR INPUT INTO THE ADOPTION REGISTRY

DATE OF APPLICATION

PARENT #1

ADOPTIVE PARENT'S NAME *(Last, First, M.I.)* | DATE OF BIRTH | SOC. SEC. NO.

ADDRESS *(No., Street, City, State, ZIP)* | PHONE NO. *(Home)* | PHONE NO. *(Work)*

MARITAL STATUS
If married, date:

OCCUPATION

ETHNICITY
☐ Asian ☐ Black or African American ☐ American Indian / Alaska Native
☐ Hawaiian or other Pacific Islander ☐ Hispanic / Latino
☐ Non-Hispanic/Non-Latino ☐ White ☐ Other:

ARE YOU BILINGUAL?
☐ Yes ☐ No
If yes, what language(s)?

RELIGION | EDUCATION | SCHOOL DISTRICT
Elementary School: High School:

PARENT #2

ADOPTIVE PARENT'S NAME *(Last, First, M.I.)* | DATE OF BIRTH | SOC. SEC. NO.

ADDRESS *(No., Street, City, State, ZIP)* | PHONE NO. *(Home)* | PHONE NO. *(Work)*

OCCUPATION

ETHNICITY
☐ Asian ☐ Black or African American ☐ American Indian / Alaska Native
☐ Hawaiian or other Pacific Islander ☐ Hispanic / Latino
☐ Non-Hispanic/Non-Latino ☐ White ☐ Other:

ARE YOU BILINGUAL?
☐ Yes ☐ No
If yes, what language(s)?

RELIGION | EDUCATION

HOUSEHOLD MEMBERS INFORMATION

Name	Date of Birth	Gender	Relationship to Applicant	Ethnicity
		☐ M ☐ F		
		☐ M ☐ F		
		☐ M ☐ F		
		☐ M ☐ F		
		☐ M ☐ F		
		☐ M ☐ F		
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		☐ M ☐ F		
		☐ M ☐ F		
		☐ M ☐ F		
		☐ M ☐ F		

DATE OF COURT CERTIFICATION *(If applicable)* | EXPIRATION DATE

CHILD(REN) DESIRED

Gender	Age(s) of Child(ren)	Number of Children	Siblings	Ethnicity of Child(ren)	Primary Language of Child(ren)
☐ Male ☐ Female ☐ No Preference			☐ Yes ☐ No		

See page 3 for EOE/ADA/LEP/GINA disclosures

Family is willing to care for a child with the following:

- ☐ Abusive to Animals
- ☐ Adjustment Disorder
- ☐ Affective Disorder
- ☐ AIDS
- ☐ Alcohol Exposed
- ☐ Allergies
- ☐ Anorexia
- ☐ Amputee
- ☐ Anemic
- ☐ Anxiety Disorder
- ☐ Apnea Monitor
- ☐ Arthritis
- ☐ Asperger's Syndrome
- ☐ Asthma
- ☐ Attachment Disorder
- ☐ Attention Deficit Disorder (ADD)
- ☐ Attention Deficit Hyperactive Disorder (ADHD)
- ☐ Autistic

Behaviors

- ☐ Aggressive
- ☐ Confrontational
- ☐ Damages Property
- ☐ Fire Setting
- ☐ Physically Acts Out W/Adults
- ☐ Physically Acts Out W/Peers
- ☐ Runs Away
- ☐ Blind
- ☐ Bipolar Disorder
- ☐ Cerebral Palsy
- ☐ Cognitive Disability
- ☐ Conduct Disorder
- ☐ Craniofacial Anomalies
- ☐ Cystic Fibrosis
- ☐ Deaf
- ☐ Deformity / Physical
- ☐ Delinquency
- ☐ Depression
- ☐ Developmental Disability
- ☐ Diabetes
- ☐ Downs Syndrome
- ☐ Dwarfism
- ☐ Dyslexia
- ☐ Encopresis
- ☐ Enuresis
- ☐ Failure to Thrive
- ☐ Feeding Issues
- ☐ Fetal Alcohol Spectrum Disorder (FASD)
- ☐ Fetal Alcohol Syndrome (FAS)
- ☐ Hearing Impaired
- ☐ Heart Problem
- ☐ History of Abuse or Neglect
- ☐ HIV Positive
- ☐ Hoarding
- ☐ Hydrocephalus
- ☐ Impulse Control Disorder
- ☐ Inappropriate Interactions with Strangers
- ☐ Irritable Bowel Syndrome (IBS)
- ☐ Kidney Disease
- ☐ Learning Disability
- ☐ Lying
- ☐ Loss Issues
- ☐ Mental Illness in Birth Family
- ☐ Microcephaly
- ☐ Muscular Dystrophy
- ☐ Neurofibromatosis
- ☐ Obsessive Compulsive Disorder (OCD)
- ☐ Organic Disorder
- ☐ Orthopedic Disorder
- ☐ Oppositional Defiant Disorder
- ☐ Paralysis
- ☐ Pervasive Development Disorder
- ☐ Physical Disability
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Pregnant Teen
- ☐ Psychotic Disorder
- ☐ Reactive Attachment Disorder (RAD)
- ☐ Respiratory Problems
- ☐ Safe-Haven / Unknown
- ☐ Schizophrenia
- ☐ Scoliosis
- ☐ Seizure / Epilepsy
- ☐ Self-Abusive
- ☐ Separation Anxiety Disorder
- ☐ Sexually Transmitted Disease
- ☐ Sexual Abuse Perpetrator
- ☐ Sexual Abuse Victim
- ☐ Sexually acts out-Masturbates in Public
- ☐ Sexually Acts Out/Provocative Behavior
- ☐ Shaken Baby Syndrome
- ☐ Sickle Cell Anemia
- ☐ Sickle Cell Trait
- ☐ Smoking
- ☐ Speech / Language Disorder
- ☐ Special Development Disorder
- ☐ Special Diet
- ☐ Special Education
- ☐ Spina Bifida
- ☐ Stealing
- ☐ Substance Exposed Infant
- ☐ Substance Abuse
- ☐ Teen Parent
- ☐ Terminal Illness
- ☐ Tourette's Syndrome
- ☐ Truancy
- ☐ Visually Impaired
- ☐ Wheel Chair

FOR ADOPTIVE AGENCY OFFICE USE ONLY

AGENCY NAME	WORKER'S NAME	PHONE NO.	EMAIL ADDRESS

Expiration Date of Home Study or Court Certification	Family on Hold	Family selected would like to remain on the registry?	Family removed from Adoption Registry
	Date: Reason:	☐ Yes ☐ No	Date: Reason:

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for department services is available upon request.