## Ohio Department Of Job and Family Services

## CHILD CHARACTERISTICS CHECKLIST FOR FOSTER CARE AND/OR ADOPTION

(Required for use with the JFS 01673)

**Note:** A person seeking to provide foster care or to adopt a minor who knowingly makes a false statement that is included in the written report of a home study conducted pursuant to Section 3107.02 or Section 5103.03 of the Revised Coed is guilty of the offense of falsification under Section 2921.13 of the Revised Code. A homestudy with a knowingly false statement shall not be filed with the court and if filed may be struck from the court's records.

Name of Applicant # 1	Name of Applicant # 2	Date completed or updated	
Address of Applicant(s)		Applicant's Phone	
Name of Representing Agency and/or Age	ent	Phone	
Address of Representative and/or Agent		Fax	

**Instructions:** Please print. Use the list below to let us know the type of child(ren) you would like to foster and/or adopt. Place an X in the appropriate box. If characteristics would be different for foster care than adoption, place an "A" for adoption and an "F" for foster care.

	Will	Will not
	consider	consider
Gender/S	Sex of Chil	ld
Female		
Male		
Age	of Child	
Newborn/under 1		
1		
3		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
Over age 17		
Number of Cl	hildren/Sil	olings
1		
2		
3		
4		
5 or more		
Teen Parent with Child		

	Will	Will not
	consider	consider
Race/Ethnicity/Language of Ch	<u>ild</u>	
American Indian or Alaskan Native		
Black or African American		
White		
Asian		
Native Hawaiian or Other Pacific Islander		
Biracial (2 of the races above must be selected)		
Multiracial (3 or more of the races above must be selected)		
Unable to determine (applies to deserted child or safe haven baby only)		
Hispanic or Latino Ethnicity		
Non-English Speaking/specify language:		
Placement History	•	
Child's first placement: no known behavior problems		
Child's first placement: agency has no information on child		
Child now in residential treatment		
Child has had previous foster placement(s)		
Child has had previous adoptive placement(s)		
Birth History		
Low birth weight or premature		
Fetal Alcohol Syndrome		
Fetal Alcohol Effects		
Positive toxicology screen at birth (one or more of the following: Cocaine, Amphetamines, Heroin, Morphine, Phencyclidine (PCP), Alcohol, Benzodiazepines, Hydromorphone, Marijuana, Propoxyphene, Methadone, Codeine)		
Prenatal Drug Exposure (one or more of the following: Cocaine, Amphetamines, Heroin, Morphine, Phencyclidine (PCP), Alcohol, Benzodiazepines, Hydromorphone, Marijuana, Propoxyphene, Methadone, Codeine)		
Drug Addiction at Birth (heroin, methadone, morphine, or other)		

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	Will	Will not
	consider	consider
Development	al	
Mental Retardation: Mild		
Mental Retardation: Moderate		
Mental Retardation: Severe/Profound		
Failure to Thrive (organic or environmental)		
Speech Problems: Mild/may require therapy		
Speech Problems: Moderate/requires therapy		
Speech Problems: Severe/requires therapy	ÌП	П
Hearing Impairment/Not Deaf: Mild		
Hearing Impairment/Not Deaf:		
Moderate/Requires treatment		
Hearing Impairment/Not Deaf:		
Severe/Requires treatment		
Deaf	<u> </u>	<u> </u>
Visually Impaired/Not Blind: Mild/requires treatment		
Visually Impaired/Not Blind:		
Moderate/requires treatment		
Visually Impaired/Not Blind: Severe/requires		
treatment  Blind		
Orthopedic Impairment: Requires special		
shoes		
Orthopedic Impairment: Requires leg brace		
Orthopedic Impairment: Requires other		
treatment <b>Dental</b>		
	1	
Dental Problems (may include tooth decay, missing teeth, crowded or misaligned teeth,		
overbite, under bite)		
Orthodontia required		
Allergies and Respirato	ry Problei	ns
Allergies: Food		
Allergies: Drugs		
Allergies: Environmental	<u> </u>	<u> </u>
Asthma: No treatment required	<del>                                     </del>	
Asthma: Treatment required	1.4	
Other Medical Con Attention Deficit Hyperactivity Disorder	ditions	Т
Attention Deficit Tryperactivity Disorder  Attention Deficit Disorder (ADD)		+ $+$
Juvenile Arthritis	<del>                                     </del>	$+$ $\exists$
AIDS	İΠ	
HIV		
Cancer: In remission		
Cancer: Requires treatment		
Cerebral Palsy: Mild		
Cerebral Palsy: Moderate		
Cerebral Palsy: Severe	<del>                                     </del>	<del>├  </del>
Cleft lip/palate (may require surgery)	<del>                                     </del>	<del>                                     </del>
Cleft lip/palate (already corrected)  Cystic Fibrosis: Mild	+ $+$	+
Cystic Fibrosis: Milid Cystic Fibrosis: Moderate	+ $+$	+
Cystic Fibrosis: Noderate  Cystic Fibrosis: Severe	+ $+$	$+$ $\dashv$
Diabetes: Insulin-dependent	<del>                                     </del>	†
Diabetes: Non-insulin dependent		
Down's Syndrome		
Heart Disorder: Minor (may need surgery)		

	Will consider	Will not
Other Medical Conditions		consider
Heart Disorder: Major (may need surgery)		<del>(</del>
Hemophilia	片片	H
Hepatitis (may require treatment)	H	H
Family history of Huntington's Disease		H
Hydrocephaly	Ħ	Ħ
Lead Poisoning (may require treatment)		
Lice (may require treatment)		
Chronic liver disease (may require		
Macrocephalic		
Microcephalic		
Missing limb(s) (may require prosthesis)		
Muscular Dystrophy		
Neurofibromatosis		
Currently pregnant		
Previous Pregnancy(ies)		
Seizures		
Seizure Disorder (other than Epilepsy)		
Epilepsy		
History of sexually transmitted disease		
(syphilis, gonorrhea, herpes simplex II, chlamydia, other)		
Currently has sexually transmitted disease		
(syphilis, gonorrhea, herpes simplex II,		
chlamydia, other)		
Sickle Cell Disease		
Sickle Cell Trait	Ħ	Ħ
Spina Bifida	Ī	百
Tuberous Sclerosis		
Tuberculosis		
Previous Medical Hospitalizations		
Previous Surgeries		
Medication		
Requires daily medication for one or more		
conditions		
Requires Specialize	d Care	
Non-Ambulatory		
Physically Disabled		
Physical Therapy: Short-term		
Physical Therapy: Long-term		
Occupational Therapy: Short-term		
Occupational Therapy: Long-term		
Requires Intermittent Medical Treatment & Evaluation		
Requires Specialized In-	Home Car	<u> </u>
Tracheotomy		
Naso-gastric tube		<del>                                     </del>
Gastric tube		H
Apnea monitor		<del>                                     </del>
Nebulizer	H	H
Requires Lifelong Medical Treatment	H	H
Requires Lifelong Supervision	H	H
Limited Life Expec	tancy	
Terminally III (life expectancy less than 1 yr.)		
Limited life expectancy due to chronic illness		
or disabling condition		

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	Will consider	Will not
Sleeping Problem		consider
Sleep Apnea		П
Nightmares		
Afraid of sleeping in the dark		
Afraid of the dark		
Sleep walking		
Bedwetting (Enuresis – over 5 years of age,		
at night)	Ш	Ш
Soils bed at night (Encopresis)		
Dietary or Eating Pro	blems	
Requires special diet		
Bulimia (may require treatment)		
Anorexia (may require treatment)	$\perp$	
Pica	<u> </u>	
Hoarding food	<u> </u>	
Overeating	<u> </u>	
MENTAL / EMOTIONAL	HEALIH	
Requires or is currently in counseling/therapy		
Refuses counseling/therapy or medication		$\vdash$
Previous psychiatric hospitalization		<u> </u>
Has Mental Health Dia	ignosis	
Adjustment disorder		<del>                                     </del>
Autism or Asperger's Syndrome Bi-polar disorder		$\vdash$
Conduct disorder		
Depression Depression	$\vdash$	$\vdash$
Intermittent explosive disorder	$\vdash$	
Oppositional Defiant Disorder	$\vdash$ $\dashv$	H
Schizophrenia or other psychotic disorder	$\vdash \vdash \vdash$	H
Reactive Attachment Disorder		
Post-Traumatic Stress Disorder		
Requires medication for psychiatric disorder /		
mental health problem		
Education / Preschoo	l Child	
Requires Early Intervention Services for		
developmental delay		
Attends Head Start		
Attends Therapeutic Head Start		
Education / School Ag	je Child	
High Achiever	누片	
Achieves at grade level in regular classes		<u> </u>
Achieves at below grade level in regular classes		
Child struggles with school		<del>                                     </del>
Child has repeated grade		
Cognitive Functioning: Above Average		
Cognitive Functioning: Average	H	H
Cognitive Functioning: Below Average	╅	
Has Behavior Problems in School:		
Occasionally		
Has Behavior Problems in School: Frequently		
Academic Problems: Occasionally		
Academic Problems: Frequently		
Needs Tutoring in One or More Subjects		
Child May Require Educational Testing		

	Will	Will not
Education / School Age Ch	consider	consider
_		J.)
Truancy Suspension(s)	H	片片
Expulsion(s)	片片	ᅡ
	片片	片片
Academically Behind Due to Poor Attendance Child is involved in after school activities	Ш	Ш
(sports, dance, clubs, etc.)		
Child is in alternative school for emotional.		
developmental, psychological, or behavior		
problems		
Special Education	n	
Child is in or requires special education clas		
Cognitive disability (Developmental		Ι
Handicap/DH)		
Emotional Disturbance (Severe Emotional		
Disability, SBH)		
Specific Learning Disability (Dyslexia, etc.)		
Hearing Impairment/deafness	H	H
Speech or Language Impairment	片片	H
Visual Impairment/blindness	片片	H
Orthopedic Impairment	H	H
Autism	片片	H
Traumatic Brain Injury	H	H
Deaf-blind	片片	片片
Other Health Impairment	片片	片片
Multiple Disabilities (2 or more of above		
disabilities)		
Temperament and Pers	sonality	L
Shy		
Energetic	H	H
Sweet		H
Withdrawn, tunes out		H
Quiet		H
Responsible		
Bold		H
Respectful/courteous	T T	T T
Timid	H	H
Anxious		
Honest		
Positive Attitude		
Resourceful		
Outgoing and Social	Ħ	Ħ
Pleasant		
Calm/laid back		
Eager to Please		
Reserved	Ī	Ē
Active		
Overactive	Ħ	Ħ
Boisterous	Ī	
Bossy	Ħ	Ħ
Attention Seeking	Ī	Ī
Compulsive		
<u> </u>		

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	Will consider	Will not consider
Behaviors and Charact	teristics	l
Head banging		
Rocking		
Tendency to reject father figures		$\vdash$
Tendency to reject mother figures		
Follows adult directions		<u> </u>
Tends to form superficial relationships		<del>                                     </del>
Difficulty in attaching  Not affectionate		$\vdash$
Fearful		
Overly dependent		
Manipulative		
Stubborn		
Defiant		
Difficulty making friends and relating with		
other children		
Wets during the day		
Soils him/herself during the day		
Temper Tantrums: Mild		
Temper Tantrums: Moderate		
Temper Tantrums: Severe		
Poor social skills		<u> </u>
Child can be disruptive in social settings		
Difficulty accepting and obeying rules  Masturbation: Occasionally		
Masturbation: Occasionally  Masturbation: Frequently		H
Masturbation: Past		$\vdash$
Masturbation: Private		$\vdash$
Masturbation: Public		
Biting	Ħ	
Lying		
Stealing		
Frequently starts physical fights with other		
children	Ш	Ш
Physically aggressive toward other children		
Physically aggressive toward adults		
Gang Involvement (past)		
Gang Involvement (present)		
Self-abusive, self-harming		<del>                                     </del>
Suicidal thoughts or attempts		$\vdash$
Poor anger management	\	
Substance Use and A	Abuse	
Smokes cigarettes Chews tobacco		$\vdash$
Alcohol use		
Alcohol abuse		H
Marijuana		
Other substance abuse	П	
Requires or has completed treatment program		
for substance abuse		
Other Behaviors	s	
Runaway: Occasionally		
Runaway: Frequently		
Runaway: Past		
Breaks curfew		
Tendency to abuse animals		
Destructive of: Clothing, toys		
Destructive of: Household property		Ц
Destructive of: School or other public		
property		1 —

	Will	\\/ill not
	consider	Will not consider
Other Behaviors (con		CONSIGCI
	lililuea)	
Uses foul language		
Child involved in group or activity that		
physically sets itself apart from the mainstream and focuses on negative or		
deviant themes		
Child obsessed with guns, knives, explosives,		
or other destructive devices or themes		
Currently plays with matches/lighters	<del>                                     </del>	
Fire setting		
Sexual Behavio	r	
Sexually active	<u> </u>	
Seductive	<del>                                     </del>	H H
	- H	H
History of inappropriate sexual behavior Child involved in prostitution	- H	H
	는 불	H
Known sexual perpetrator	$\vdash$	<del>                                     </del>
Sexual offender (juvenile adjudication)		
Sexual perpetrator who has successfully		
completed treatment Child at risk for offending sexual behaviors	<del>                                     </del>	
Child has initiated sexual behavior toward	$\vdash$	$\vdash$
other children or adults		
Sexually acting out behavior (may include frequent masturbation, exposing or frequent	l —	
touching of genitals, etc.)	"	
Child has an alternative sexual orientation		
(may include homosexual, bisexual or	l –	
transgender lifestyles)	"	
Juvenile Court Involv	omont	
Unruly adjudication		
Theft: Past conviction or current charges	$\vdash$	<del>                                     </del>
Breaking curfew: Past conviction or current	<del>                                     </del>	
charges		
Domestic violence: Past conviction or		
current charges		
Cruelty to animals: Past conviction or current		
charges		
Crime using a weapon: Past conviction or		
current charges	⊔	
Other delinquency adjudication(s)		
Previously Incarcerated		
Currently incarcerated		
Registered sex offender	t Fi	
Court order for restitution	t Fi	
Court order for child support	H	H
Child is on probation	H	H
Child is on parole	H	H
Child has participated in Court diversion		
program(s)		
Child has had serious on-going involvement		
with Juvenile Court for delinquent or		
assaulting behaviors in the past 2 years		
Current or Previous Charge o	r Convicti	on(s)
Aggravated murder		
Murder	l H	<del>i</del>
Involuntary manslaughter	l H	ΗĦ
Felonious assault	H	H
Aggravated assault	ΙĦ	l П
Assault	ΙΠ̈́	ΗĦ

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	Will consider	Will not consider
Current or Previous Charge of	r Convicti	on(s)
Rape		
Sexual battery		
Gross sexual imposition		
Conspiracy to commit aggravated murder or		
murder		
Use or possession of a firearm or body armor		
in an offense that would be considered a		
felony if committed by an adult.		
Family History		
Child has strong ties to birth family		
Child needs continued contact with parents		
Child needs continued contact with siblings		
Child needs continued contact with other		
relatives		
Child has strong ties to foster family and		
needs continued contact		
Child has strong ties to a non-related		
significant other and needs continued contact		
Sexually abused: Indirect		
Sexually abused: Direct		
Physically abused		
Psychologically or emotionally abused		
Child victim of physical neglect		
Child victim of emotional neglect		
Child exposed to domestic violence		
Child conceived as a result of rape		
Child conceived as a result of prostitution		
Child conceived as a result of incest		
Incest family history		
Criminal record		
History of one or both	parents	
Child exposed to mental illness by other than		
family member		
One or both parents have mental retardation		
Family history of domestic violence		
Child exposed to domestic violence by other than family member		
than family member		

	Will consider	Will not consider
History of one or both		CONCIGO
One or both parents have alcohol addiction		П
One or both parents have drug addiction		П
Mother used alcohol during pregnancy		П
Mother used drugs during pregnancy		
Agency has no information about the birth father		
Agency has no information about either		
parent (i.e. 'safe haven' baby)		
One or both parents have criminal record	<del>                                     </del>	
One or both parents have diagnosed me	ntal illnace	
Depression		
Bi-polar disorder	<del>                                     </del>	$\vdash$
	<del>                                     </del>	$\vdash$
Schizophrenia  Pardelline personality diseases	$\vdash$	
Borderline personality disorder	$\vdash$	
Other personality disorder	<del>                                     </del>	
Intermittent explosive disorder		DIDTU
FOSTER/ADOPTIVE PARENT INVOL	VEIVIEINI W/	RIKIH
FAMILY Foster/Adoptive Parent is w	illing to:	
Meet birth parents		П
Have contact with birth parents through		
agency or intermediary		
Send letters to birth parent		П
Receive letters from birth parents		
Send videos to birth parents		一百
Receive videos from birth parents		一百
Have phone contact between adults		一百
Have child continue visits with siblings		一百
Have child continue visits with extended		
relatives in birth family		
Receive birth parents' name, address, phone		П
number, etc.		
Give birth parents the foster caregiver's or adoptive parent's first name		
Give birth parents foster/adoptive family	П	П
identifying information		

## Adoptive/Foster Parent Statement of Understanding

I/we understand that I/we will not be considered for matching with any child with a characteristic outside the criteria noted on this checklist. I/we understand that the agency will place children based on characteristics known to the agency at the time of placement. I/we also understand that I/we may revise this checklist at any time by contacting my/our adoption or foster home worker.

Adoptive/Foster Parent's Signature	Date
Adoptive/Foster Parent's Signature	Date
Assessor's Signature	Date
Supervisor's Signature	Date

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