



Clear

SUBSIDIZED ADOPTION PROGRAM CHILD'S SUMMARY

Go To Page 2

Name: _____ District/Region/
Agency: _____

Birthdate: _____ Race: _____ Sex: _____

Accepted for Services (date): _____

	Referred To	Date Referred	Results of Referral
Documentation of attempts to place without subsidy .	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

A. General Diagnostic Statement: (Short summary of child's history and reasons for subsidy; include chronological list of child's placements since coming into care. Use additional sheet, if necessary.)

Continue on Page 2 (if necessary)

B. Physical Condition:

Continue on Page 2 (if necessary)

☐ Check if physical condition is reason, or one of the reasons, for subsidy. If checked, attach a current medical statement on condition which includes diagnosis, prognosis and treatment indicated.

C. Emotional and Intellectual Conditions:

☐ Check if emotional and/or intellectual condition is reason, or one of the reasons, for subsidy. If checked, attach a statement from psychiatrist, psychologist, etc., as to diagnosis and treatment indicated.

General Diagnostic Statement (continued): (Continued from previous page, if necessary.)