



CENTER FOR ADOPTION SUPPORT AND EDUCATION (C.A.S.E)

Date: _____ Child's Social Security #: _____

Family's Name: _____
Last Parent 1 Parent 2

Address: _____
Street Address City State Zip

County of Residence: _____ Home Phone: (____) _____

Parent 1 Work/Cell Phone: (____) _____ Parent 2 Work/Cell Phone: (____) _____

E-Mail(s): _____

Name of Child of Concern: _____ DOB: _____
First Middle Last Mo/Da/Yr

Child's current status: (check one) <input type="checkbox"/> In foster care/pre-adoption <input type="checkbox"/> In adoptive placement; not finalized <input type="checkbox"/> In adoptive home; adoption finalized	If in adoptive home, Age at adoptive placement: _____ <small>(Years/Months)</small> Years/months in adoptive home: _____ <small>(Years/Months)</small>
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Type of Adoption	
<input type="checkbox"/> Public (child welfare)	Department of Social Services: (City/County/State)
Special needs: ____ yes ____ no	
Subsidy approved: ____ yes ____ no	
<input type="checkbox"/> Private	
<input type="checkbox"/> International	Country of origin:

Members of Household				
Name	Gender	D.O.B.	Race*	
Parent 1				
Parent 2				
Child of concern				
Siblings	Gender	D.O.B.	Race*	Adopted? Yes/No
Others Residing in Home	Gender	D.O.B.	Race*	Relationship

If more space is needed, please use the back of this sheet



Thank you!

* Race/ethnicity codes: A= Asian; AA=African-American/Black; C=Caucasian/White; Hisp=Hispanic/Latin ethnicity; Multi=Multi-racial; NA=Native American/Alaskan; HI=Hawaiian/Pacific Islander

How did you learn about C.A.S.E.? _____

If you were referred to C.A.S.E., who referred you?

Name of person, their organization or relationship to you