

NAME OF APPLICANT(S):

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**RESOURCE CHARACTERISTICS**

Instructions:

**Applicant(s):** Listed below are characteristics and interests of children who may be in need of a foster care/adoptive placement. Please check those that your family would be willing and able to accommodate.

NAME OF APPLICANT(S):		
CHARACTERISTICS	NO	YES
Aggression toward others	<input type="checkbox"/>	<input type="checkbox"/>
Aggression toward property	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting or encopresis	<input type="checkbox"/>	<input type="checkbox"/>
Chronic medical condition	<input type="checkbox"/>	<input type="checkbox"/>
Complex medication regimen	<input type="checkbox"/>	<input type="checkbox"/>
Developmental disability	<input type="checkbox"/>	<input type="checkbox"/>
Dietary restrictions	<input type="checkbox"/>	<input type="checkbox"/>
Frequent appointments	<input type="checkbox"/>	<input type="checkbox"/>
Goal of adoption	<input type="checkbox"/>	<input type="checkbox"/>
Halal	<input type="checkbox"/>	<input type="checkbox"/>
History of fire-setting behavior	<input type="checkbox"/>	<input type="checkbox"/>
History of frequent AWOLs or running away	<input type="checkbox"/>	<input type="checkbox"/>
History of justice involvement	<input type="checkbox"/>	<input type="checkbox"/>
History of sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
History of sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>
Issues with activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>
Kosher	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay, or bisexual (LGB)	<input type="checkbox"/>	<input type="checkbox"/>
Need for a handicap-accessible resource	<input type="checkbox"/>	<input type="checkbox"/>
Need for a non-smoking resource	<input type="checkbox"/>	<input type="checkbox"/>
Need for a resource with no pets	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant or parenting	<input type="checkbox"/>	<input type="checkbox"/>
Self-injury	<input type="checkbox"/>	<input type="checkbox"/>
Special education needs	<input type="checkbox"/>	<input type="checkbox"/>
Special equipment for medical condition	<input type="checkbox"/>	<input type="checkbox"/>
Substance use <b>not</b> requiring treatment	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms of autism	<input type="checkbox"/>	<input type="checkbox"/>
Transgender or gender non-conforming (TGNC)	<input type="checkbox"/>	<input type="checkbox"/>
Verbal aggression	<input type="checkbox"/>	<input type="checkbox"/>

NAME OF APPLICANT(S):

INTERESTS	NO	YES
Arts and Crafts	<input type="checkbox"/>	<input type="checkbox"/>
Cooking/Baking	<input type="checkbox"/>	<input type="checkbox"/>
Movies, Video Games, or Television	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Activities	<input type="checkbox"/>	<input type="checkbox"/>
Performing Arts	<input type="checkbox"/>	<input type="checkbox"/>
Reading/Creative Writing	<input type="checkbox"/>	<input type="checkbox"/>
Science/Math	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>
Technology/Engineering	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT'S SIGNATURE: <b>X</b>	DATE: / /
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