

LUTHERAN FAMILY AND CHILDREN'S SERVICES OF MISSOURI

8631 Delmar Boulevard, St. Louis, MO 63124
Phone: (314) 787-5100 - FAX: (314) 534-1588

Your Child's Profile

Name: _____
Last
First
Middle

Date: _____

Please give consideration to the background factors that you feel you can accept. This helps us in planning for the child who may be placed with your family.

Race/Ethnic Origin	Child	
	Yes	No
Any Race		
African-American		
Asian		
Bi Racial (<i>Caucasian & African American</i>)		
Caucasian		
Hispanic		
Native American		

The following are medical factors that may be present in the birth parents. Please complete.

Background Factors Present In:	Birth Parent			
	Would Not Accept		Willing to Discuss	
	BM	BF	BM	BF
Attention Deficit Hyperactivity Disorder (ADHD)				
Drug Usage During Pregnancy				
Learning Disabilities				
Developmental Delays				
Sexually-Transmitted Diseases				
HIV+/AIDS				

1. Do you feel you are able to meet the needs of a child where the following conditions exist or been diagnosed in the:	Birth Parents Background	Birth Family's Background
a. Anxiety Disorder?..... b. Bi-Polar?..... c. Chronic mental illness?..... d. Depression?..... e. Schizophrenia?.....		
f. Would you be open to nothing or very little information can be obtained about: •Birth Father? ___Yes ___No		
g. A legal risk means that the child is not totally free for adoption. Would you accept a legal risk placement? ___Yes ___No		
2. Would you consider the following circumstances of conception?	No	Willing to discuss
Incest		
Rape:		
3. Consider whether you can meet the needs of a child with the following medical factors:	No	Willing to discuss
Hepatitis C		
HIV+/AIDS		
Sickle Cell Anemia		
Sickle Cell Trait		
Cerebral Palsy		
Cystic Fibrosis		
Illegal Drugs present at birth		
Low Birth Weight		
No Prenatal Care		
Prematurity (under 37 weeks)		
Asthma		

Financial List

4. Would you consider a situation which may involve additional expenses such as:

Additional Expense	Willing to Discuss	No
Birth Mother's Living Expense		
Birth Mother's Medical Expense		
Child's Medical Expense		
Prolonged Foster Care		
Legal Fees which may expedite placement		

Signature - Applicant-Male

Date

Signature - Applicant-Female

Date

Please do not write below this line.

Your Child's Profile was reviewed with the family during the homestudy process and amended as appropriate.

Worker

Date