

MAIL TO: PENNSYLVANIA ADOPTION EXCHANGE, P.O. BOX 959, Camp Hill, PA 17001-0959 | 1-800-227-0225

<input type="checkbox"/> SWAN ID #	<input type="checkbox"/> DHS #	<input type="checkbox"/> PAE ID #
------------------------------------	--------------------------------	-----------------------------------

CHILD DEMOGRAPHICS

CHILD'S LAST NAME	CHILD'S FIRST NAME	MI	ALIAS (if TPR pending or under appeal - FIRST NAME ONLY)
DATE OF BIRTH	SOCIAL SECURITY # (requested)	GENDER	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
RACE AND ETHNICITY (Check all that apply)			
RACE: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unable to determine			
ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unable to determine			

Siblings (to be placed with child)

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

AGENCY INFORMATION

COUNTY CHILDREN AND YOUTH AGENCY			COUNTY CASEWORKER (Full name)	
MAILING ADDRESS			EMAIL	
CITY	STATE	ZIP CODE	TELEPHONE #	FAX #
			()	()

Child Specific Recruitment Agency (if different from county children and youth agency)

AGENCY NAME			CASEWORKER (Full name)	
MAILING ADDRESS			EMAIL	
CITY	STATE	ZIP CODE	TELEPHONE #	FAX #
			()	()

CHILD'S PRIMARY GOAL

DATE CURRENT GOAL ESTABLISHED	<input type="checkbox"/> Goal under appeal	DATE
<input type="checkbox"/> Reunification <input type="checkbox"/> Adoption <input type="checkbox"/> PLC <input type="checkbox"/> Fit & willing relative <input type="checkbox"/> APPLA		

CHILD'S CONCURRENT GOAL

DATE CURRENT GOAL ESTABLISHED	<input type="checkbox"/> Goal under appeal	DATE
<input type="checkbox"/> Reunification <input type="checkbox"/> Adoption <input type="checkbox"/> PLC <input type="checkbox"/> Fit & willing relative <input type="checkbox"/> APPLA		

CHILD'S STATUSES

Current Placement

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Pre-adoptive home (kinship) | <input type="checkbox"/> Pre-adoptive home (non-kinship) | <input type="checkbox"/> Foster care (kinship) | |
| <input type="checkbox"/> Foster care (non-kinship) | <input type="checkbox"/> Institution | <input type="checkbox"/> Group home | <input type="checkbox"/> Supervised independent living |
| <input type="checkbox"/> Trial home visit | <input type="checkbox"/> Runaway | <input type="checkbox"/> Other _____ | |

DATE CHILD ENTERED PRESENT PLACEMENT

DATE CHILD ENTERED CARE

TPR Status

(Check one)

-
- Parental rights not terminated
-
- Parental rights terminated

DATE MOTHER'S RIGHTS TERMINATED

DATE FATHER'S RIGHTS TERMINATED

PARENTS DECEASED

-
- Mother
-
- Father

DATE(S)

-
- Termination under appeal

DATE APPEALED

Does child have adoptive resource identified? Yes No (PAE will explore match unless goal or TPR is under appeal.)

CYS Case Status

 Closed Date ____ / ____ / ____ **Please check reason below.**

- | | | | |
|--------------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Reunified | <input type="checkbox"/> Finalized | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Living with relative |
| <input type="checkbox"/> Emancipated | <input type="checkbox"/> Deceased | <input type="checkbox"/> Transferred to other agency | <input type="checkbox"/> Runaway* |
| <input type="checkbox"/> Other _____ | | | |

*Runaway may only be indicated if the county agency has been dismissed of responsibility for care and placement.

Photo Status

Child registered with AdoptUSKids? Yes No If No, and child has TPR, PAE will register child on your behalf.If No, and child does not have TPR, would you like PAE to register child on Adopt US Kids? Yes No

Photographs

-
- Photo attached
-
- Photo forthcoming

If no photo, should child's information be placed on website photo album with silhouette? Yes No

Educational Status

Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Gifted | <input type="checkbox"/> Special education | <input type="checkbox"/> Career and technical education |
| <input type="checkbox"/> General education | <input type="checkbox"/> Alternative education | <input type="checkbox"/> Other (explain) _____ |

Special Needs

- | | | |
|--|---|--|
| <input type="checkbox"/> Abuse history | <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Siblings # _____ |
| <input type="checkbox"/> Alcohol exposed infant | <input type="checkbox"/> Multiple placement history | <input type="checkbox"/> Special education student |
| <input type="checkbox"/> Drug exposed infant | <input type="checkbox"/> Neglect history | <input type="checkbox"/> Special medical care |
| <input type="checkbox"/> Emotional disability | <input type="checkbox"/> Physical disability | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Runaway history | |
| <input type="checkbox"/> Mental health diagnosis | <input type="checkbox"/> Sexual abuse history | |

**STOP HERE IF NO MATCHES ARE NEEDED FOR THIS CHILD.
IF MATCHES ARE NEEDED, PLEASE COMPLETE ENTIRE FORM.**

CHARACTERISTICS OF CHILD

Please select the choice that best describes the child.

HEALTH

	YES	NO	UNKNOWN
1. Does child have significant health issues?			
2. Does child have allergies or asthma? (may require treatment)			
3. Is child hyperactive? (may require treatment)			
4. Does child have speech problems? (may require treatment)			
5. Does child have hearing problems? (may require treatment)			
6. Is child legally deaf?			
7. Does child have vision problems? (may require treatment)			
8. Is child legally blind?			
9. Does child have dental problems? (may require treatment)			
10. Does child have orthopedic problems? (special shoes, braces, etc.)			
11. Does child have seizures?			
12. Does child have other health concerns?			

EDUCATION

	YES	NO	UNKNOWN
13. Is child a high achiever in school?			
14. Does child achieve at grade level in regular classes?			
15. Does child achieve below grade level in regular classes?			
16. Is child in special education classes?			
17. Does child have a learning disability?			
18. Does child need classes for the emotionally or behaviorally handicapped?			
19. Does child need tutoring in one or more subjects?			
20. Does child have serious behavior problems in school?			

CHARACTERISTICS AND BEHAVIORS

	YES	NO	UNKNOWN
21. Is child generally quiet and shy?			
22. Is child generally outgoing and noisy?			
23. Does child have emotional issues that require therapy?			
24. Does child tend to reject father figures?			
25. Does child tend to reject mother figures?			
26. Does child have difficulty relating to others and relating to other children?			
27. Does child frequently wet the bed?			
28. Does child frequently soil him/herself?			
29. Does child masturbate frequently or openly?			
30. Does child have poor social skills?			
31. Does child have problem with lying?			
32. Does child have problem with stealing?			
33. Does child frequently start physical fights with other children?			
34. Does child abuse animals?			
35. Is child destructive with clothing, toys, etc.?			
36. Does child use foul or bad language?			
37. Does child have frequent temper tantrums?			
38. Does child have difficulty accepting and obeying rules?			
39. Does child exhibit inappropriate sexual behavior?			
40. Does child have a history of running away?			
41. Does child have a history of playing with matches, setting fires?			

CONNECTIONS AND HISTORY

	YES	NO	UNKNOWN
42. Does child have strong ties to birth family?			
43. Does child have strong ties to foster family?			
44. Is continued contact with siblings desirable?			
45. Does child have a previous adoption disruption?			
46. Was child sexually abused?			
47. Was child physically abused?			
48. Was child exposed to promiscuous sexual behavior?			
49. Was child conceived by rape?			
50. Was child conceived as a result of prostitution?			
51. Are one or both parents addicted to alcohol?			
52. Are one or both parents dependent on substances other than alcohol?			
53. Do one or both parents have a criminal record?			
54. Are one or both parents intellectually disabled?			
55. Do one or both parents have a mental illness?			
56. Does agency lack information about one or both parents?			

CONTACT WITH BIRTH FAMILY

	YES	NO	UNKNOWN
57. Is child in contact with birth parents?			
58. Is child in contact with siblings?			
59. Is child in contact with extended birth family?			
60. Is child in contact with former foster family?			

SIGNATURE OF REPRESENTATIVE FROM AGENCY WITH LEGAL CUSTODY OF THE CHILD

I certify that the information submitted is accurate and complete to the best of my knowledge and belief and is submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

REPRESENTATIVE OF AGENCY WITH LEGAL CUSTODY OF CHILD

DATE

INITIAL REGISTRATION SHOULD BE COMPLETED BY THE COUNTY OF CUSTODY**PHOTO INFORMATION**

Please include a high-quality photograph that will be used for family recruitment. DO NOT send photos printed from desktop printers as these do not reproduce well when scanned. Please frame the child's face against a plain background.

If this is an update for a registered child: please include the PAE ID number.

If sending a digital photograph by email: please use the child's name and PAE ID number as the file name. In the email, include the child's date of birth, agency contact person and their telephone number. File size of digital photos should be between 0.5-1 MB in JPEG format.

If sending a hard copy photograph: DO NOT use staples on the child's image.

NARRATIVE INFORMATION FOR PUBLIC WEBSITE AND RECRUITMENT (Minimum of 125 words, strength-based description.):

ADDITIONAL INFORMATION THAT MAY BE SHARED WITH APPROVED FAMILIES INTERESTED IN THIS CHILD:

Child Registration / Update Form (CY 130) Instructions

Submit to	Pennsylvania Adoption Exchange, P.O. Box 959, Camp Hill PA 17001-0959 fax to 1-717-236-8510.
When to use	To report and update information on children in the custody of county children and youth agencies: a. Must be submitted when a child has TPR for 90 days and an intent to adopt has not been filed. b. Can be used for children with a primary or concurrent goal of adoption who do not have TPR. Please contact PAE coordinator for questions about completing the CY 130.
Used By	County Children and Youth Agencies and CSR Agencies
Comments	<ol style="list-style-type: none"> 1. Must submit within 90 days of court terminating child's parental rights. Updates must be submitted within 30 days of a change in any previously reported information and must include the date of change. Note that a child can be registered as soon as their concurrent goal becomes adoption. 2. As defined by the SWAN Bulletin: Pre-adopt families are selected by county agency or court and who intend to adopt a child placed in their home and for whom adoption finalization is pending. Foster-adopt families are approved/licensed families who provide foster care or formal kinship care and who now intend to adopt a child placed in their home for fostering. Child's placement status should not be changed to pre-adopt, foster-adopt or other (kinship-adopt) until family has committed to adopting the child.
Information about the Child Registration / Update Form (CY 130)	
SWAN #	Include the SWAN number assigned by SWAN Prime Contractor (if applicable)
DHS #	For children from Philadelphia, include the county identifying number.
PAE #	If no PAE ID number is assigned, write "none." If unsure whether child has a PAE ID number, contact 1-800-227-0225.
CHILD DEMOGRAPHICS	
Child's Name (Last, First, Middle Initial)	If child is known by more than one last name, list both
Alias	Create an alias name that is not similar to the child's real name (first name only) for children who do not have TPR. This alias will be used in all public documents until TPR.
Date of Birth	mm/dd/year format
Social Security Number	If none, write "none"
Gender	Check the box for male or female.
Race and Ethnicity	<ul style="list-style-type: none"> • Check all that apply. Choices are: American Indian/ Native Alaskan, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, White and Unable to Determine. • Ethnicity: Choices are Hispanic, Non-Hispanic and Unable to Determine
Siblings	<ul style="list-style-type: none"> • If siblings are to be placed with child, enter the name and date of birth for each sibling.
AGENCY INFORMATION	
County Children and Youth Agency	Name of county of custody
County Caseworker	Contact person in county children and youth agency who may be contacted for information about this child
Mailing Address	Agency contact information should include mailing street address or PO box number, city, state and zip code.

E-mail	E-mail address for county contact person
Phone Number	Telephone number with area code of county contact person
Fax Number	Fax number with area code for county agency
Child Specific Recruitment Agency, if different from county agency	Enter agency and caseworker names, mailing address, e-mail, telephone number and fax number
CHILD'S PRIMARY GOAL	
Date Current Goal Established	<ul style="list-style-type: none"> • Court-ordered date of primary goal in mm/dd/year format • If date for goal of adoption is same as TPR, enter court date of TPR.
Goal Under Appeal	If goal is under appeal, check box and provide date appeal was filed
Goal	<ul style="list-style-type: none"> • Enter child's primary goal <ul style="list-style-type: none"> ○ For initial registration, adoption must be either the primary goal or the concurrent goal. If goal of adoption is not established as a primary or concurrent goal, do not complete the CY 130. ○ For updates to CY 130, acceptable goal change choices are Reunification, Adoption, Permanent Legal Custodian (PLC), Fit and Willing Relative, Another Planned Permanent Living Arrangement (APPLA).
CHILD'S CONCURRENT GOAL	
Date Current Goal Established	<ul style="list-style-type: none"> • Court-ordered date of concurrent goal in mm/dd/year format • If date for goal of adoption is same as TPR, enter court date of TPR.
Goal Under Appeal	If goal is under appeal, check box and provide date appeal was filed
Goal	<ul style="list-style-type: none"> • Enter child's concurrent goal <ul style="list-style-type: none"> ○ For initial registration, adoption must be either the primary goal or the concurrent goal. If goal of adoption is not established as a primary or concurrent goal, do not complete the CY 130. ○ For updates to CY 130, acceptable goal change choices are Reunification, Permanent Legal Custodian (PLC), Fit and Willing Relative, Adoption, Another Planned Permanent Living Arrangement (APPLA).
CHILD'S STATUSES	
CURRENT PLACEMENT	
Current Placement:	Choices are Pre-Adoptive Home (kinship), Pre-Adoptive Home (non-kinship), Foster Care (kinship), Foster Family (non-kinship), Institution, Group Home, Supervised Independent Living, Trial Home Visit, Runaway, Other. If none of the listed categories pertain and child is not in permanent placement, select Other and describe other placement
Current Placement Date Established:	Date current placement (i.e. current living arrangement) was established in mm/dd/year format.
Date Child Entered Care	Enter date the child first entered care in county of custody.

TPR STATUS	
Parental Rights Not Terminated / Parental Rights Terminated	Indicate current status of child's parental rights
Date Mother's Rights Terminated	Enter date mother's rights were terminated in mm/dd/year format
Date Father's Rights Terminated	Enter date father's rights were terminated in mm/dd/year format
Parents Deceased	Check if either or both parents are deceased. Provide date of death in mm/dd/year format
Termination Under Appeal	If termination of either or both parent's rights are under appeal, check box.
Date Appealed	List date(s) parental rights were appealed. Note: Date TPR was granted is still required, even if TPR is under appeal or was granted and then immediately appealed.
Does Child Have Adoptive Resource Identified?	Check Yes or No. PAE will explore match for child if No is checked unless goal or TPR is under appeal.
CYS CASE STATUS	
Closed	Check if the county no longer has custody of child and provide date court ordered custody changed. Provide date in mm/dd/year format.
Reason	Check reason for why child is no longer in county custody. Options are: Reunified, Finalized, Guardianship, Living with Relative, Emancipated, Deceased, Transferred to Other Agency (e.g. juvenile probation /MH /MR), Runaway or Other. Please note: "Runaway" may only be indicated if the county agency has been dismissed of responsibility for care and placement. If Other, please enter reason.
Photo Status	
Child Registered with AdoptUsKids?	Check Yes or No. If NO and the child has TPR, PAE will register child on your behalf.
If NO and Child does not...	If No and child does not have TPR, would you like PAE to register child on AdoptUsKids (website). Check Yes or No.
Photographs	<ul style="list-style-type: none"> Picture Attached – Select when photograph is submitted with form. Picture Forthcoming – Select if photograph is not attached to form, but is being forwarded to PAE.
If NO Photo	Check Yes or No if the child should be added to the adoptpakids Web site using a silhouette.
Educational Status	
Check All That Apply	Indicate child's educational status. <ul style="list-style-type: none"> Choices are: Gifted, Special Education, Career and Technical Education, General Education, Alternative Education, Other. If Other is checked, record what other type of education status pertains to this child.

Special Needs	
	<ul style="list-style-type: none"> • Check all appropriate special needs choices for child. Choices are: Abuse History, Alcohol Exposed Infant, Drug Exposed Infant, Emotional Disability, HIV, Mental Health Diagnosis, Intellectual Disability, Multiple Placement History, Neglect History, Physical Disability, Runaway History, Sexual Abuse History, Siblings, Special Education Student, Special Medical Care, Other. • Siblings: Record number of siblings. • Other: Check and describe any other special needs.
Stop Here if No Matches are Needed for This Child If Matches are Needed, Please Complete Entire Form	
Characteristics of Child	
Please Select the Choice That Best Describes the Child	
Health	<ul style="list-style-type: none"> • For each statement, indicate with an X if child has (Yes), does not have (No) or is unknown to have the listed special need. • All questions must be answered.
Education	<ul style="list-style-type: none"> • For each statement, indicate with an X if child has (Yes), does not have (No) or is unknown to have the listed educational need. • All questions must be answered.
Characteristics and Behaviors	<ul style="list-style-type: none"> • For each statement, indicate with an X if child has (Yes), does not have (No) or is unknown to have the listed characteristic and behavior • All questions must be answered.
Connections and History	<ul style="list-style-type: none"> • For each statement, indicate with an X if child has (Yes), does not have (No) or is unknown to have the listed connections and history statement • All questions must be answered.
Contact with Birth Family	<ul style="list-style-type: none"> • For each statement, indicate with an X if child has (Yes), does not have (No) or is unknown to have the described contact with their birth family. • All questions must be answered.
Signature of Representative	<ul style="list-style-type: none"> • The agency with custody of child or CSR worker who is updating the form, certifies that the information recorded is accurate to the best of their knowledge by signing and dating the form. • Initial registration must be submitted by the county of custody. • Affiliates may submit updates
Photo Information	
	<ul style="list-style-type: none"> • Please include a high-quality color photograph for use in family recruitment. • DO NOT send photos printed from desktop printers as they do not reproduce well when scanned. • Please frame the child's face against a plain background.
If this is an update...	If this is an update for a registered child, please include the PAE ID number
If sending by e-mail...	<ul style="list-style-type: none"> • If sending a digital photograph by e-mail: Please use the child's first name and PAE number as the file name. • In the e-mail include the child's date of birth, agency contact person and their telephone number. • File size of digital photos should be between .5 – 1 MB. • All photos must be in the jpg format.
If sending hard copy...	If sending a hard-copy photograph: do not use staples on the child's image.

<p>Narrative Information for Public Website and Recruitment</p>	<p>Please provide the listed information to create the child’s PAE narrative. Use positive information only, and do not include mental health diagnoses. Medical or diagnosis information from birth is permissible. All narratives must be at least 125 words and be strength-based. Topics should include:</p> <ul style="list-style-type: none"> • Favorite activities, sports participation, clubs or organizations, movies, food, etc. • Hobbies or pastimes • Special talents, awards or recent accomplishments • Goals child wants to achieve • Educational milestones, grades earned or favorite subjects • Positive relationships with peers, teachers, foster family, siblings, etc. • Dynamics the child would prefer in adoptive family. (i.e. one or two parent household; younger/older/no siblings; animals; rural or urban; religious affiliation, or geographic location) • Contacts that need to be maintained with biological family, siblings.
<p>Additional Information That May Be Shared...</p>	<p>Provide any additional information that can be shared with approved adoptive families interested in this child. This information will not be placed on the Web and will not be shared in publicly.</p>