

Ohio Department of Job and Family Services
**INSTRUCTIONS FOR COMPLETING JFS 01058, OHIO ADOPTION GRANT PROGRAM
SPECIAL NEEDS DOCUMENTATION**

The JFS 01058 Ohio Adoption Grant Program Special Needs Documentation form is to be completed by a qualified professional who does not provide casework services to the adopted child diagnoses the child with one or more special needs in the professional's area of expertise prior to the final order of adoption, interlocutory order of adoption, or recognition of the adoption by this state under section 3107.18 of the Revised Code. Per Ohio Revised Code 5101.192 (B)(2).

The following definitions are applicable when completing this form:

1. **"Adopted child"** means a person who is less than eighteen years of age when the person becomes subject to a final order of adoption, an interlocutory order of adoption, or when the adoption is recognized by this state under section 3107.18 Foreign decrees of the Revised Code.
2. **"Casework services"** means services performed or arranged by a public children services agency, private child placing agency, private noncustodial agency, or public entity with whom the department of job and family services has a Title IV-E subgrant agreement in effect, to manage the progress, provide supervision and protection of the child and the child's parent, guardian, or custodian.
3. **"Qualified professional"** means an individual that is, but not limited to, any one of the following: an audiologist, orthopedist, physician, certified nurse practitioner, physician assistant, psychiatrist, psychologist, school psychologist, licensed marriage and family therapist, speech and language pathologist, licensed independent social worker, licensed professional clinical counselor, licensed social worker who is under the direct supervision of a licensed independent social worker or licensed professional counselor who is under the direct supervision of a licensed professional clinical counselor.
7. **"Special needs"** means any of the following:
 - (1) A developmental disability as defined in section 5123.01 Department of Developmental Disabilities Definitions of the Revised Code;
 - ORC 5123.01 (Q) "Developmental disability" means a severe, chronic disability that is characterized by all of the following:
 - 1) It is attributable to a mental or physical impairment or a combination of mental and physical impairments, other than a mental or physical impairment solely caused by mental illness, as defined in division (A) of section 5122.01 of the Revised Code.
 - 2) It is manifested before age twenty-two.
 - 3) It is likely to continue indefinitely.
 - 4) It results in one of the following:
 - a. In the case of a person under three years of age, at least one developmental delay, as defined in rules adopted under section 5123.011 of the Revised Code, or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, as defined in those rules;
 - b. In the case of a person at least three years of age but under six years of age, at least two developmental delays, as defined in rules adopted under section 5123.011 of the Revised Code;
 - c. In the case of a person six years of age or older, a substantial functional limitation in at least three of the following areas of major life activity, as appropriate for the person's age: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and, if the person is at least sixteen years of age, capacity for economic self-sufficiency.

- 5) A physical or mental impairment that substantially limits one or more of the major life activities;
- 6) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems;
- 7) Any mental or psychological disorder;
- 8) A medical condition causing distress, pain, dysfunction, or social problems as diagnosed by a qualified professional that results in ongoing medical treatment.

Adoptive Child's Name: Enter the first and last name of the adoptive child.

Date of Birth: Enter the two-digit month, two-digit day and four-digit year of the adoptive child's date of birth.

Check the box that indicates which area the child's special needs refers to: The qualified professional checks one or more boxes that applies to which area of special needs the child identified on this form has.

Please explain the special needs of the child prior to adoption with regards to all the boxes checked above; include the child's diagnosis, including diagnosis code and when the special needs began: The qualified professional provides a clear written statement about the child's special needs in relation to what area of special need was marked in the boxes above. The special need is to occur prior to the adoption. Enter the name of the diagnosis and the diagnosis code from the DSM V or the ICD 11.

Please explain how the child's special needs are in your area of expertise: The qualified professional provides a detailed narrative about their area of expertise in relation to the child's special needs.

Name of Qualified Professional: Enter the first and last name of the qualified professional completing this form.

Email: Enter the email of the qualified professional.

Name of Practice/Office: Enter the name of the practice.

NPI number: Enter the provider or practice's 10-digit National Provider Identifier (NPI).

Street Address of Practice/Office: Enter the location of the practice.

City, State and Zip Code: Enter the city, state and zip code where the practice is located.

Phone Number: Enter the area code and phone number of the practice.

Ohio License #: Enter the license number of the qualified professional

Licensing Board: Enter the name of the licensing board in which the qualified professional is authorized to practice.

Signature of qualified professional: Application must be signed by the qualified professional. By signing this application, you confirm that the information is accurate. (In accordance with section 2921.13 of the Ohio Revised Code, it is a misdemeanor of the first degree to knowingly falsify statements when the statement is made to secure benefits administered by a governmental agency or paid out of a public treasury.)

Date: Enter with two-digit month, two-digit day and four-digit year the application was signed by the qualified professional.