

Ohio Department of Job and Family Services
OHIO ADOPTION GRANT PROGRAM SPECIAL NEEDS DOCUMENTATION

Adoptive Child's Name <i>(first and last)</i>	Date of Birth
<p>Check the box that indicates which area the child's special needs refers to:</p> <p><input type="checkbox"/> A developmental disability as defined in section 5123.01 of the Revised Code. Developmental disability, including intellectual disability, means a severe, chronic disability that is characterized by all of the following:</p> <ul style="list-style-type: none">(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. 5122.01 (A) "Mental illness" means a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.(2) It is manifested before age twenty-two.(3) It is likely to continue indefinitely.(4) It results in one of the following:<ul style="list-style-type: none">(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) It causes the person to need a combination and sequence of special, interdisciplinary, or other type of care, treatment, or provision of services for an extended period of time that is individually planned and coordinated for the person. <p><input type="checkbox"/> A physical or mental impairment that substantially limits one or more major life activities</p> <p><input type="checkbox"/> Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems</p> <p><input type="checkbox"/> Any mental or psychological disorder</p> <p><input type="checkbox"/> A medical condition causing distress, pain, dysfunction, or social problems as diagnosed by a qualified professional that results in ongoing medical treatment</p>	

Please explain the special needs of the child prior to adoption with regards to all of the boxes checked above; include the child's diagnosis, including diagnosis code and when the special needs began.

Please explain how the child's special needs are in your area of expertise.

Name of Qualified Professional (*first and last*)

Email

Name of Practice/Office

NPI Number

Street Address of Practice/Office

City, State and Zip Code

Phone Number with Area Code

Ohio License #

Licensing Board

Signature of Qualified Professional

Date