

Ohio Department of Children and Youth
OHIO ADOPTION GRANT PROGRAM SPECIAL NEEDS DOCUMENTATION

This 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 adoption finalization.

Note: To be eligible for this program, the date of diagnosis should be a date prior to date of adoption.

ALL AREAS OF THE FORM NEED TO BE COMPLETED.

Once this form is completed by the qualified professional, the applicant is to upload this form to their application located in the portal of the Ohio Adoption Grant Program at fosterandadopt.ohio.gov/adoptiongrant.

Adoptive Child's Name (<i>First and Last-New Legal Name</i>)	Date of Birth
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SECTION 1: DIAGNOSIS INFORMATION

Check one or more of the boxes to identify the child's special needs and complete all information for each box checked:

A developmental disability as defined in section 5123.01 of the Ohio Revised Code.

Diagnosis Name:

Diagnosis Code:

Date Diagnosed:

Who Diagnosed Child:

Diagnosis Explanation: How does the special need currently affect the child? How does the special need affect the child for it to be severe and chronic? What treatment is the child receiving?

A physical or mental impairment that substantially limits one or more major life activities.

Diagnosis Name:

Diagnosis Code:

Date Diagnosed:

Who Diagnosed Child:

Diagnosis Explanation: How does the special need currently affect the child? How does the impairment limit one or more major life activities for the child and what are the major life activities affected? What treatment is the child receiving?

Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems.

Diagnosis Name:

Diagnosis Code:

Date Diagnosed:

Who Diagnosed Child:

Diagnosis Explanation: How does the special need currently affect one or more body systems of the child? What treatment is the child receiving?

Any mental or psychological disorder.

Diagnosis Name:

Diagnosis Code:

Date Diagnosed:

Who Diagnosed Child:

Diagnosis Explanation: How does the special need currently affect the child? What treatment is the child receiving?

A medical condition causing distress, pain, dysfunction, or social problems as diagnosed by a qualified professional that results in ongoing medical treatment.

Diagnosis Name:

Diagnosis Code:

Date Diagnosed:

Who Diagnosed Child:

Diagnosis Explanation: How does the special need currently cause distress, pain, dysfunction, or social and problems for the child? What is the ongoing medical treatment the child is receiving that has been a result of the condition?

Adoptive Child's Name <i>(First and Last-New Legal Name)</i>	Date of Birth
Adoptive Child's Name <i>(First and Last-New Legal Name)</i>	Date of Birth

SECTION 2: QUALIFIED PROFESSIONAL INFORMATION

The qualified professional who has diagnosed or assessed in agreement of the diagnosis of the child listed on this form is to explain how the diagnosis is in their area of expertise.

Name of the Qualified Professional who diagnosed child and completed this form *(First and last name)*

Email

Name of Practice/Office

Street Address of Practice/Office

City, State and Zip Code

Phone Number with Area Code

NPI Number

Ohio License #

Licensing Board

Signature of Qualified Professional: By signing this application, you confirm that the information is accurate. *(In accordance with section 2921.13 of the Ohio Revised Code)*

Date

If applicable, Name of Qualified Professional providing direct supervision of person listed above. *(First and last name)*

Email

Name of Practice/Office

Phone Number with Area Code

NPI Number

Ohio License #

Licensing Board

Signature of Qualified Professional providing direct supervision of person listed above: By signing this application, you confirm that the information is accurate. *(In accordance with section 2921.13 of the Ohio Revised Code)*

Date

The following definitions from ORC 5101.19 are applicable when completing this form:

- **"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.
- **"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.
- **"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.
- **"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) 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.
"Developmental disability" includes intellectual disability.
 - (2) **A physical or mental impairment that substantially limits one or more of the major life activities;**
 - (3) **Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems;**
 - (4) **Any mental or psychological disorder;**
 - (5) **A medical condition causing distress, pain, dysfunction, or social problems as diagnosed by a qualified professional that results in ongoing medical treatment.**