

Medical Conditions Checklist

Welcome! CCAI is delighted that you are interested in the Waiting Child Program. The Medical Conditions Checklist will help us understand your family’s openness in terms of a child’s age, gender, and special need(s) and will allow us to consider your family as we receive information on Waiting Children from the China Center of Adoption Affairs (CCAA).

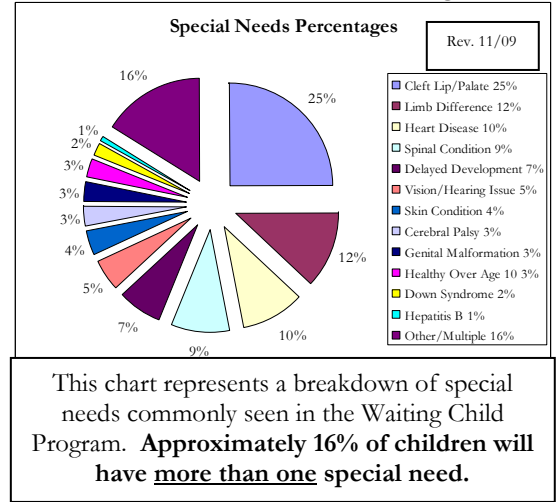
Please work together with your spouse to complete the Checklist. If available, your social worker or family doctor can serve as a wonderful resource to help you. First, tell us what gender and age of child you desire to be matched with. The Waiting Child Program places both boys and girls, ranging in age from 8 months to 13 years. Most children will fall around the toddler age range, with few children under 12 months available.

Then, let us know which special needs your family would be open to:
Checking YES does not commit you to a particular child, but a YES indicates a strong level of comfort with a particular special need. Before submitting this Checklist, you should have discussed any conditions marked YES with a medical specialist as well as your insurance company. Because your family may need to make a decision about a child very quickly (sometimes as quickly as the same day), you would need to very comfortable and educated about any special needs marked YES.

Checking MAYBE indicates that you have done basic research on a particular special need and would be prepared to review the file of a child with this special need.

In determining potential referrals, CCAI will consider those special needs marked “YES” before those marked “MAYBE.” Special needs marked “MAYBE” will be rarely considered for CCAI’s designated list of Waiting Children and will **not** be considered at all for the CCAA’s “shared” list of Waiting Children.

Once both of you have completed the Checklist and the signature section below, contact your social worker to discuss your interest in the Waiting Child Program. This is a great way to benefit from your social worker’s experience and knowledge about some of these conditions, as well as a chance for support as you work through your motivation, readiness, and evaluation of resources, etc. Please ask your social worker to sign the “Social Worker Agreement” section below.



Our signatures below indicate our understanding, acknowledgment, and agreement that:

- **We are not considered a “Waiting Child Program Family” until we accept a particular Waiting Child.** Until this time, our adoption process will follow the traditional adoption program timeline.
- Submitting this Medical Conditions Checklist **does not guarantee** a child match in the Waiting Child Program.
- We have discussed each condition marked “YES” on our Checklist with a medical specialist and our insurance company.

Wife Printed Name

Husband Printed Name

Wife Signature

Date

Husband Signature

Date

Social Worker Agreement:

My signature indicates that I have discussed with this family the age range, gender, and special needs marked on their Medical Conditions Checklist. **I acknowledge that this family has the resources and ability to come to a decision on a potential child in as little as a one-day period.** I agree that this family should be considered for the Waiting Child Program.

Printed Name

Agency

Signature

Date

Phone Number

Adoptive Parent(s) Name(s): _____

Our LID is (date) _____

We are working on our dossier

Our Family Information Sheet is attached

Medical Conditions Checklist

Gender: Female Male No Preference

Desired age of child: _____ to _____ mos/yr

Please share with us which special needs your family is open to. Remember, only mark "YES" to conditions with which you are highly educated and comfortable. "YES's" will be considered before "MAYBE's".

Yes No Maybe

FACIAL

- Cleft lip AND palate (unilateral/bilateral)
- Facial malformation (Hemifacial microsomia)

HEART

- Congenital heart disease - minor
- Congenital heart disease - major

BLOOD

- Hepatitis B
- Thalassemia

SKELETAL

- Arthrogryposis/Joint disorders
- Club foot/feet
- Missing/malformed fingers/toes
- Missing/malformed hands/arms
- Missing/malformed feet/legs
- Orthopedic issues (rickets/bone malformations/etc.)
- Scoliosis
- Short stature (dwarfism)
- Spina bifida (meningocele/myelomeningocele)

VISION/HEARING

- Ear malformation (microtia/atresia, unilateral/bilateral)
- Hearing loss (partial/moderate)
- Hearing loss (significant/deaf)
- Eye - nystagmus/strabismus/ptosis
- Eye - cataracts/glaucoma
- Vision loss (in one eye, partial/moderate)
- Vision loss (significant/blind)

Yes No Maybe

SKIN

- Albinism AND low vision
- Birthmark/Nevus (moderate to significant/facial)
- Hemangioma/Lymphangioma
- Scar/Burns (moderate to significant/facial)
- Teratoma
- Vitiligo

DEVELOPMENTAL

- Cerebral anoxia/Brain damage or malformation
- Cerebral palsy
- Down Syndrome
- Hydrocephalus
- Mental development delay (moderate: 6-12 months' delay / severe: over 12 months' delay)
- Physical development delay (moderate/severe)

GENITAL

- Ambiguous genitalia
- Male genital malformations: (hypospadias/micropenis/undescended testicles/etc.)

DIGESTIVE

- Anal atresia (imperforate anus)
- Esophageal/Stomach abnormalities
- Gastroschisis
- Kidney conditions

OTHER

- Epilepsy/Seizure disorder
- Paralysis (one limb / multiple limbs)
- Uses wheelchair
- Healthy older child (over 10 yrs)

We will consider a child with multiple conditions:

- If conditions are apparently unrelated
- If conditions may represent a potential syndrome

Please list any others:

Please share with us your motivation to adopt a child with special needs:

Please fax this two-page form to 303-850-9997. Both pages must be complete (including a social worker's signature) to activate your Checklist in the Waiting Child Program. CCAI must ALSO have on file for your family an Application for Adoption OR Waiting Child Family Information Sheet.