



# DISCLOSURE INFORMATION TO ADOPTIVE PARENTS

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Adoptive Parent(s) Name(s): \_\_\_\_\_

Placement through the Department of Children  
and Families Special Needs Adoption Program. Date of Adoptive Placement: \_\_\_\_\_

	YES	NO	NA
We/I have been informed of the reason our/my child came into foster care. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of the reason our/my child was not able to ..... live with his/her birth family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of the number of placements our/my child ..... experienced while in the care of the agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been offered a copy of or have had the opportunity to read our/my child's:			
Health history records .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School records .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health records .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalization records .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential setting records .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of the age of our/my child's birth parents. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of the existence of siblings to our/my child. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of all known physical or sexual abuse of our/my child. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of all known addictions of our/my child's birth parents. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of our/my child's medication history. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of all the known genetic history of our/my child. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been given a copy of the non-identifying background information ..... of our/my child, including the birth mother's medical records documenting her prenatal care and the birth and delivery of our/my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of all unusual incidents or traumas that occurred ..... to our/my child while in care of the agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed of the availability of Adoption Assistance for our/my child. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been informed about the Florida Adoption Registry. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I understand that there may have been events or traumas that occurred ..... to our/my child of which the agency has no knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I understand that there may be medical conditions in our/my ..... child's background of which the agency has no knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I have been given a copy of this disclosure form. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We/I will keep the Department or Community Based Care Agency informed of ..... changes in our/my address in order that they may notify us/me if additional information comes to their attention regarding our/my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We/I have received the following documents regarding our/my child(ren). (Each adoptive parent must initial receipt of the following documents. All identifying information regarding the birth parents, foster parents and their families, siblings, relatives and perpetrators of crimes against the child or involving the child must be redacted.)

Parent's Initials

Shelter petition and shelter order .....	_____	_____
Dependency petition and dependency order .....	_____	_____
Modification petition and modification order if applicable .....	_____	_____
Termination of Parental Rights petition and TPR Order .....	_____	_____
Most recent Judicial Review Social Study Report and Order .....	_____	_____
Original Predisposition Report .....	_____	_____
Post TPR report if applicable .....	_____	_____
Child Study .....	_____	_____
Case plans that address the child's needs .....	_____	_____
Protective investigations identifying the child as a victim .....	_____	_____
Guardian ad litem reports filed with the court concerning the child .....	_____	_____
Psychological Evaluations and Comprehensive Assessments .....	_____	_____
Names of providers who provided services to our/my child while in foster care .....	_____	_____

_____	_____	_____	_____
Signature of Prospective Parent 1	Date Signed	Signature of Prospective Parent 2	Date Signed

The Adoption Counselor, \_\_\_\_\_, on behalf of the Florida Department of Children and Families has provided all known information to the adoptive parents that the counselor has been able to obtain on this child.

_____	_____	_____	_____
Signature of Counselor	Date Signed	Signature of Counselor's Supervisor	Date Signed