



Arkansas Department of Human Services
Division of Children & Family Services
Resource Family Preference Checklist



Applicant 1: _____
Last First Middle

Applicant 2: _____
Last First Middle

Staff must select an appropriate resource family for a child. We need this information to help us make the right decision regarding the most appropriate placement to best meet the needs of the children. Various characteristics are listed below. You will need to check your level of acceptance to each one. There may be characteristics that are readily acceptable to you, some that may require some thought before you can accept them, and others that may not be acceptable to you. Your responses are very important; please take into consideration the thoughts and feelings of all household members.

I. Child's Characteristics Include:

A. Physical Health

	Acceptable	Willing to Discuss	Unacceptable
AIDS (Acquired Immunodeficiency Syndrome)			
Asthma or Reactive Airway Disease			
Blind/Requires special prescription glasses			
Bone or spine disorder			
Brain disease (Huntington's, Tourette's, etc.)			
Cancer			
Cerebral Palsy			
Cleft palate			
Cystic Fibrosis			
Deaf/Hearing problem			
Diabetes			
Glaucoma			
Heart murmur			
Hemophilia or blood disorder			
HIV positive (Human Immunodeficiency Virus)			
Hydrocephalus (shunt may require future surgery)			
Kidney disorder			
Leg braces			
Malformed or missing limb			
Microcephaly (small skull, developmental problems)			
Muscular Dystrophy			
Other			
Paralyzed			
Prosthesis			
Rheumatoid Arthritis			
Seizure disorder			
Severe allergies (may limit activities/require rigid diet)			
Sexually-transmitted infections			
Sickle Cell Anemia or is a carrier			
Speech disorder/Delayed language development			
Tuberculosis (TB)			
Wheelchair			



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	Acceptable	Willing to Discuss	Unacceptable
B. Age			
Birth – 23 months old			
2 – 5 years old			
6 – 8 years old			
9 – 10 years old			
11 – 12 years old			
13 – 14 years old			
15-17 years old			
C. Race/Ethnicity	Acceptable	Willing to Discuss	Unacceptable
African American			
African American / Caucasian			
Asian			
Asian / Caucasian			
Caucasian			
Hispanic			
Hispanic / African American			
Hispanic / Caucasian			
Native American			
Native American / Caucasian			
Other			
D. Gender	Acceptable	Willing to Discuss	Unacceptable
Male			
Female			
E. Special Needs	Acceptable	Willing to Discuss	Unacceptable
Age			
High Risk, Medical, Mental, Physical, Emotional			
Medical, Mental, Physical, Emotional Need			
Member in Sibling Group			
Other			
Race/Ethnic Background			
F. Number of Children	Acceptable	Willing to Discuss	Unacceptable
One child			
Two children			
Three children			
Four children			
More than four children			



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G. Mental/Behavioral/Developmental Health

	Acceptable	Willing to Discuss	Unacceptable
Abuses self			
Aggressive (physically and/or verbally)			
Attachment issues			
Attention Deficit Disorder with or without hyperactivity			
Autistic or Autism Spectrum Disorder			
Defecates inappropriately			
Destructive to furnishings and property			
Developmentally delayed			
Displays or has history of inappropriate sexual behaviors			
Down Syndrome			
Eating disorder or difficulty			
Fetal Alcohol Syndrome			
History of Cruelty to animals			
Hoards food			
Involved with a cult/gang			
Lies			
May/will require counseling			
Mild intellectual disabilities			
Moderate intellectual disabilities			
Often angry/throws temper tantrums			
Often depressed			
Oppositional and/or defiant			
Passive/dependent			
Problem with alcohol/drugs			
Problems sleeping			
Runs away			
Serious emotional disturbance			
Sets fires or has history of fire setting			
Severe intellectual disabilities			
Sexually active			
Smokes cigarettes or uses other tobacco products			
Steals			
Tends to be withdrawn			
Wets the bed			

H. Education

	Acceptable	Willing to Discuss	Unacceptable
Attends an alternative school			
Has a learning disability			
Is in special education			
May require Specialized Day Care			
May require tutoring			



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I. Other Characteristics/History

Acceptable

**Willing to
Discuss**

Unacceptable

Abandoned and no background information is available

Born as a result of incest

Failure to thrive

Fear of animals

Gay, lesbian, bisexual, transgender, questioning

Is or has been pregnant

Needs to maintain contact with a birth relative

Needs to maintain contact with a resource family

Neglected

Not legally free for adoption

Physically abused

Premature and requires special care

Sexually abused

Shaken Baby Syndrome

II. Relevant Parent Conditions

Acceptable

**Willing to
Discuss**

Unacceptable

Intellectual disabilities

Mother Used drugs/alcohol during pregnancy

Problem with alcohol/drugs

Serious mental illness

III. SIGNATURE AND DATE: By signing this form we acknowledge that the completed form has been reviewed together by the applicants and Resource Worker/Adoption Specialist and a copy provided to/received by the applicants.

Prospective Resource Parent 1

Date

Prospective Resource Parent 2

Date

Resource Specialist/Adoption Specialist

Date