



## ADOPTION ASSISTANCE DOCUMENTATION OF NEED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN AND FAMILY SERVICES-ADOPTION

SFN 793 (6-2025)

**For Adoption Assistance (AA) Purposes:** This form is to be completed by the family prior to adoption assistance negotiation and renegotiation. For new subsidies, this form should be completed by the foster care case manager in collaboration with the AASK worker and (if identified) the prospective adoptive family and forward to AASK for inclusion in the adoption subsidy packet. For parents completing for a subsidy review, this form must be forwarded to the FCSA Eligibility Unit ([cfsfcsaunit@nd.gov](mailto:cfsfcsaunit@nd.gov)) for the purpose of documenting need.

**One form is required for each child.**

Child's Name		Child's Age	Date
Family Name (Adoptive Family)			
Address		City	State ZIP Code
Telephone Number	Email Address		

**Instructions:** Check all that apply and provide additional information when applicable. Levels 1-3 require a narrative detailing specifics related to the selected level in each question. Current supporting documentation from a treating health professional is required for all listed formal diagnosis and prescribed equipment/aids. Please indicate the level for each question by entering the coinciding number of the statement in the question level box that best describes the current need. Items marked will be considered in determining the needs of the child and parent. This does not guarantee eligibility for additional funds in excess of the ND adoption subsidy base rate.

The term "age-appropriate" means suitable (in terms of topics, messages, and teaching methods) to the developmental and social maturity of a specific age or age group of children or adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

### SECTION 1: CHILD RELATED INFORMATION

**Mental health or behavioral disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions, causing distress or problems getting through the day.**

#### Question 1

The child has a physician/professional diagnosis of mental illness, emotional, and/or behavioral disorder. (check all that apply) (D/O = Disorder)

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> ADHD/ADD    | <input type="checkbox"/> Disruptive Mood Dysregulation D/O | <input type="checkbox"/> Oppositional Defiant D/O (ODD)                 |
| <input type="checkbox"/> Anxiety D/O | <input type="checkbox"/> Eating D/O                        | <input type="checkbox"/> PTSD (post-traumatic or trauma and stress D/O) |
| <input type="checkbox"/> Autism      | <input type="checkbox"/> Fetal Alcohol Syndrome D/O (FASD) | <input type="checkbox"/> Reactive Attachment D/O                        |
| <input type="checkbox"/> Bipolar D/O | <input type="checkbox"/> Intermittent Explosive D/O (IED)  | <input type="checkbox"/> Schizophrenia                                  |
| <input type="checkbox"/> Conduct D/O | <input type="checkbox"/> Nervousness                       | <input type="checkbox"/> Separation Anxiety                             |
| <input type="checkbox"/> Depression  | <input type="checkbox"/> Obsessive Compulsive D/O (OCD)    | <input type="checkbox"/> Tourette Syndrome                              |

Specify Additional Diagnosis

0 = N/A - No diagnosis made by a physician or professional provider (ex: therapist, counselor, etc.)

L1 = Child has a formal diagnosis. Parent arranges and participates in child's routine mental healthcare visits; parent understands and administers medication as prescribed.

L2 = Child has a formal diagnosis. Parent arranges for and participates in child's routine and additional visits with medical specialists. Parent assists with treatment and monitoring specific mental health concerns and assists child in appropriate self-control and problem solving strategies.

L3 = Child has multiple diagnosis. Parent provides hands-on specialized interventions under the supervision of the diagnosing professional to manage child's chronic mental health, emotional and/or behavioral needs.

Question 1 Level	Narrative
------------------	-----------

**Question 2**

As a result of the child's mental illness, behavioral and/or emotional disorder, the child requires additional supervision for the following reasons: Check all that apply and specify the degree to which the youth must be supervised.
 

☐Addiction issues (alcohol and/or drugs)
 ☐Sexually reactive or perpetration behaviors

☐Dangerous, aggressive, or assaultive behaviors
 ☐Stealing, lying, or swearing

☐Destructive or self-destructive behavior
 ☐Suicidal ideations

☐Inability to regulate emotions and/or actions
 ☐Threat to run or runs away

☐Legal issues (law enforcement)

Identify Additional Behaviors

Supervision Required (check all that apply)

☐With Peers
 ☐With Siblings
 ☐With Adults
 ☐With Animals/Pets
 ☐Other Situations

Describe Other Situations

0 = N/A - Only age-appropriate supervision needed.  
 L1 = Child can be by themselves or with age-appropriate supervision. Parent works with others to ensure child's successful participation in community activities; ensures opportunities for child to form healthy, developmentally appropriate relationships with peers and other community members. Parent provides routine direct care, assists child in learning appropriate self-control and problem-solving strategies; utilizes constructive discipline practices, and adapts schedule or home environment to accommodate or redirect occasional outbursts.  
 L2 = Child requires periodic adult intervention/supervision to redirect behavior. Parent provides additional guidance to enable the child's successful participation in community and enrichment activities. Parent provides assistance with planning and adapting activities and participates with child when needed. Parent consults with medical, mental health or behavioral health treatment professionals to implement specific strategies of interacting with the child in a therapeutic manner to promote emotional wellbeing.  
 L3 = Child requires constant adult supervision. Parent provides ongoing direct one on one care that involves highly structured interventions and implement and monitor strategies to intervene with behaviors that put the child and/or others in imminent danger or immediate risk of harm. Parent is required to participate in or attend most community activities with child.

Question 2 Level	Narrative
------------------	-----------

**Question 3**

The child requires additional care, handling, monitoring, and support due to a diagnosed medical condition. (check all that apply)
 

☐Allergies to environmental irritants and food
 ☐Encopresis (fecal soiling)
 ☐Muscular Dystrophy

☐Ambulatory constraints
 ☐Epilepsy
 ☐Obesity

☐Asthma
 ☐Enuresis (bed wetting)
 ☐Spina Bifida

☐Cancer
 ☐Hearing loss
 ☐Traumatic Brain Injury

☐Colostomy
 ☐Hydrocephalus
 ☐Verbal/Communication Constraints

☐Cystic Fibrosis
 ☐Multiple Sclerosis
 ☐Visual Deficiency or Blindness

☐Diabetes

Additional Medical Conditions

0 = N/A - No medical conditions exist.  
 L1 = Child has a medical diagnosis. Parent arranges and participates in routine medical appointments; provides healthcare and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with child.  
 L2 = Child has a medical diagnosis. Parent arranges and participates in routine and additional visits with medical specialists, assists with treatment and monitoring of specific health concerns, and provides periodic management of personal care needs.  
 L3 = Child has multiple medical diagnosis. Parent provides hands-on specialized interventions under the supervision of the diagnosing professional to manage the child's chronic health and/or personal care needs.

Question 3 Level	Narrative
------------------	-----------

**Question 4**

The child requires an additional amount of time and/or assistance for feeding and/or meeting the child's special dietary needs. (check all that apply)	
<input type="checkbox"/> Child requires greater than 20 minutes to consume their meal <input type="checkbox"/> Child is physically unable to feed themselves <input type="checkbox"/> Child has severe food allergies <input type="checkbox"/> Child requires 4 or more small meals per day due to stomach or digestive issues <input type="checkbox"/> Child requires oral nutritional supplements to meet nutritional requirements <input type="checkbox"/> Child has a swallowing related condition	<input type="checkbox"/> Child has a feeding tube <input type="checkbox"/> Child has special dietary needs <input type="checkbox"/> Food hoarding <input type="checkbox"/> Portion control <input type="checkbox"/> Texture sensitivity
Additional Dietary Needs (if applicable)	
<p>0 = N/A - No assistance or dietary needs.</p> <p>L1 = Child displays age-appropriate eating skills, but requires additional time to eat or a special diet that must be monitored daily.</p> <p>L2 = Child struggles with age-appropriate eating skills, requires special meal preparation, occasional feeding assistance, and frequent prompting.</p> <p>L3 = Child does not display age-appropriate eating skills, requires special meal preparation, and feeding assistance or is unable to feed themselves and is dependent on feeding assistance and medical support.</p>	
Question 4 Level	Narrative

**Question 5**

The child's behaviors and/or medical needs result in: (check all that apply)	
<input type="checkbox"/> The child's unplanned removal from school, daycare, or activities due to behaviors or medical needs. <input type="checkbox"/> The parent's unplanned absences from work to care for child due to behaviors or medical needs. <input type="checkbox"/> Excessive travel to attend specialized appointments with mental health and/or medical professionals. <input type="checkbox"/> Excessive cleaning due to child's behavior or medical condition. <input type="checkbox"/> Excessive stress on family, friends, supports and resources.	
Additional Occurrences (if applicable)	
<p>0 = N/A - Child displays age appropriate behaviors and medical needs without additional outside services or child's removal from school/ daycare/activities.</p> <p>L1 = Parent provides a nurturing, safe environment, engages the child in constructive, positive family living experiences; maintains a safe home environment; absences from school or work are planned and family has a strong support system. Medical/mental health appointments do not require excessive travel outside of the nearest medical providers/facilities used for routine care.</p> <p>L2 = Parent works with professionals to develop, implement, and monitor specialized behavior management, support, and/or intervention strategies to address ongoing behaviors that interfere with support and well-being needs. Medical/mental health appointments require occasional excessive travel for specialized treatment outside of the nearest medical providers/facilities used for routine care.</p> <p>L3 = Parent works with services and programs to implement intensive child-specific in-home strategies of interacting in a therapeutic manner to promote emotional well- being, healing, and understanding, and sense of safety on a constant basis. Medical/mental health appointments require excessive travel for specialized treatment outside of the nearest medical providers/facilities used for routine care.</p>	
Question 5 Level	Narrative

### Question 6

The child's diagnosed medical or mental health condition requires special self-care items, hygiene products, visual aids, hearing aids, equipment for sitting, standing, or mobility not covered or replaced by health insurance. (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Air Humidifier          | <input type="checkbox"/> Hearing Aids                                    | <input type="checkbox"/> Stair Lift/Ramp             |
| <input type="checkbox"/> Alerting Devices        | <input type="checkbox"/> Helmet  | <input type="checkbox"/> Stress/Anxiety Relief Toys  |
| <input type="checkbox"/> Aromatherapy            | <input type="checkbox"/> Hospital Bed                                    | <input type="checkbox"/> Text Magnifier              |
| <input type="checkbox"/> Braces Legs/Arms        | <input type="checkbox"/> Orthotics                                       | <input type="checkbox"/> Text to Speech Device       |
| <input type="checkbox"/> Braille Translator      | <input type="checkbox"/> Patient Lift                                    | <input type="checkbox"/> Transfer Belt               |
| <input type="checkbox"/> Calming Music           | <input type="checkbox"/> Sensitive Skin or Medicated Lotions/Soap/Salves | <input type="checkbox"/> Walker/Cane/Crutches        |
| <input type="checkbox"/> Chair Lift              | <input type="checkbox"/> Special Clothing/Clothing Aids                  | <input type="checkbox"/> Walking Stick               |
| <input type="checkbox"/> Diapers/Protective Pads | <input type="checkbox"/> Special Lighting                                | <input type="checkbox"/> Weighted Blanket            |
| <input type="checkbox"/> Handrails               | <input type="checkbox"/> Speech to Text Device                           | <input type="checkbox"/> Wheelchair/Scooter/Stroller |
| <input type="checkbox"/> Headphones/Amplifier    |  |  |

Additional Aids or Supplies (if applicable)

0 = N/A - No aids or equipment required.

L1 = Equipment/aids are at the recommendation of the medical professional for safety, but are not required constantly for daily activity.

L2 = Equipment/aids are prescribed and used daily by child with parent assistance/supervision for specific activities and needs.

L3 = Equipment/aids are prescribed and parent is required to use equipment/aids to meet the needs of and care for the child. The child is totally dependent on aids and/or equipment for daily activity.

Question 6 Level	Narrative

## SECTION 2: PARENT/FAMILY SPECIFIC NEEDS/REQUIREMENTS

### Question 7

Parent/adult caretaker requires specialized training or education to meet the child's diagnosed medical and/or mental health needs.

- ☐ Parent seeks out knowledge and skills to support youth in the home.
- ☐ Parent attends training(s) to better understand the current and potential future needs of children and families.
- ☐ Parent participates in a support group specific to the child's needs.
- ☐ Parent provides intensive treatment, as directed by involved professions, in the home to maintain the child in the home.
- ☐ Parent provides medically necessary services in collaboration with medical professionals such as use of feeding tubes and other specialized medical equipment.

Additional Training or Education

0 = N/A - No special training or education required.

L1 = Parent maintains open communication with professionals when needed to support the child. Parent assesses the child's progress and adjustment to the adoptive home and contacts appropriate supports with identified concerns when necessary.

L2 = The child's needs require parental expertise that is developed through participating in adoption support groups (or group specific to another need of the child), mentor support, and/or other adoption specific preparation training to better understand and meet the needs of the child.

L3 = The child's needs currently require daily or at least weekly involvement/participation in specialized training/education by the parent as determined by professionals treating the child.

Question 7 Level	Narrative

### Question 8

Child's needs and/or actions exceed age-appropriate behavior and requires additional care and guidance in the form of:	
<input type="checkbox"/> Coaching/Instruction <input type="checkbox"/> Excessive Cleaning <input type="checkbox"/> Excessive Laundry <input type="checkbox"/> Frequent Holding/Soothing <input type="checkbox"/> Frequent Home Repairs <input type="checkbox"/> Frequent Setting or Reminder of Boundaries	<input type="checkbox"/> Home Modifications to Ensure Safety <input type="checkbox"/> Hourly/Daily Reminders <input type="checkbox"/> Physical Lifting <input type="checkbox"/> Physical Support/Hands on Guidance <input type="checkbox"/> Requires Additional Family Support/Outside Care <input type="checkbox"/> Safety/Hold Techniques/Restraints
Additional Circumstances	
0 = N/A - No additional care/guidance needed beyond age-appropriate care. L1 = Child displays age-appropriate self-care skills and boundaries, but requires occasional additional direction for care. L2 = Child requires redirection multiple times daily and additional care over and above what would be expected age-appropriate self-care. L3 = Child requires constant direction and care by adult caregiver, over and above what would be expected age-appropriate self-care.	
Question 8 Level	Narrative

### Question 9

Parent actively engages in supporting birth family relationships, child's cultural connections, child's gender identity.	
L0 = The parent <u>maintains</u> existing connections to family of origin, including siblings and extended family, and/or other significant people. Parent encourages a healthy perception of the blended family identity and treats/speaks about family of origin respectfully. Parent provides opportunities for youth to engage in the cultural activities of his or her choice. L1 = The parent <u>helps re-establish a previously disconnected or new relationship</u> with family of origin and/or culture. Parent actively supports child in forming familial bonds and assisting the child to process and accept his or her identity. Parent helps the child to form a healthy view of his/her family of origin, and his/her identity. L2 = The parent supports the child through <u>challenging relationships</u> with family of origin. A relationship which is inconsistent, and/or disruptive and requires special care and attention to support the child/youth. Parent helps the youth develop cultural identity not previously explored.	
Question 9 Level	Narrative

Comments
----------

Foster Care Case Manager Signature (for new adoption subsidy cases)	Date
Parent's Signature (for subsidy reviews and when involved in providing information for new subsidies)	Date
Adoption Assistance Worker's Signature	Date

CM please forward to AASK for new subsidies

Copies: Adoption Assistance Packet (if applicable)