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| **PRE USE ONLY** | Date Registered: | | | | | | | | Support Worker Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Worker Contact Information:  Phone:  E-Mail: | | | | | | | | | |
| **PARENT 1** | | | | | | | | | | | | | | | | | | | | | | | | | | **PARENT 2** | | | | | | | | | | | | | | | | | | | | | |
| LAST NAME: | | | | | | | | | | | | | | | | | | | | | | | | LAST NAME: | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST NAME: | | | | | | | | | | | | | | | | | | | | | | | | FIRST NAME: | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHDATE: | | | | | | | | | | | | | | | | | | | | | | | | BIRTHDATE: | | | | | | | | | | | | | | | | | | | | | | | |
| RACE/ETHNIC BACKGROUND: | | | | | | | | | | | | | | | | | | | | | | | | RACE/ETHNIC BACKGROUND: | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | E-MAIL ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | |
| **CHILDREN IN HOME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | DOB: | | | | | | | Gender | | | | | | | | | | Biological | | | | | | | Adopted | | | | Race/Ethnic Background | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | |  | | | | | | |
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| Smokers in the home:  Yes  No | | | | | | | | | | | | | Pets in home:  Yes  No | | | | | | | | | | | | | | | | | | | Type of Animals: | | | | | | | | | | | | | | | |
| **TYPE OF CHILD/CHILDREN FAMILY WILL CONSIDER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender: | | Male | | | | | | | | | | | | | | | Female | | | | | | | | | | | | | | Either | | | | | | | | | | Age Range: | | | | | | |
| Race/Ethnic Background:  Caucasian | | | | African American | | | | | | | | | | | | | | | African American/Caucasian | | | | | | | | | | | | | | | | | | | | | | | African American/Latino | | | | | |
|  | | | | Caucasian/Latino | | | | | | | | | | | | | | | Latino | | | | | | | | | Other: | | | | | | | | | | | | | | | | | | | |
| Will you consider a sibling group? | | | | | | | | | | Yes | | | | | | | | | | No | | | | | | | | | | | | | | If yes, number family will consider: | | | | | | | | | | | | | |
| Gender Make-up of sibling group?  Male  Female  Either | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Will you consider a legal risk adoption?  Yes  No | | | | | | | | | | | | | | | | |
| If yes, what level(s) of legal risk are you willing to consider? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Termination has been granted, but termination order has been appealed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Case is filed in court, but hearing is contested, and a series of continuances is expected. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You would provide foster care to a child for whom the department plans to file a termination petition with the expectation you would adopt a child if the child becomes legally free. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What level of contact post adoption would you consider?: | | | | | | | | | | | | | | | | | | | | | | Letters/Gifts  Visit with Bio Parent  Visit with Bio Sib/Relative | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you able to take emergency placements? | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | No | | | | | | | | | | | | | | | | | | |
| If so, what are your immediate daycare arrangements? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SOCIAL/EMOTIONAL ISSUES FOR THE CHILD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What degree(s) of social/emotional issues are you willing to consider? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | Mild | | | | | | | | | | | | | | | | | | | | Moderate | | | | | | | | | | | | | | | | | Severe | | | |
| Please check all areas that you could consider: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjustment Disorder | | | | | | | | | | | | | | | | Conduct Disorder | | | | | | | | | | | | | | | | | | | | | | | Post-Traumatic Stress Disorder | | | | | | | | |
| Attention Deficit-Hyperactivity Disorder | | | | | | | | | | | | | | | | Depression | | | | | | | | | | | | | | | | | | | | | | | Reactive-Attachment Disorder | | | | | | | | |
| Autism | | | | | | | | | | | | | | | | Eating Disorder (Anorexia/Bulimia) | | | | | | | | | | | | | | | | | | | | | | | Schizophrenia | | | | | | | | |
| Bipolar Disorder | | | | | | | | | | | | | | | | Generalized Anxiety Disorder | | | | | | | | | | | | | | | | | | | | | | | Other (specify): | | | | | | | | |
| Borderline Personality Disorder | | | | | | | | | | | | | | | | Oppositional Defiant Disorder | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **MEDICAL/PHYSICAL ISSUES FOR THE CHILD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What degree(s) of medical/physical issues are you willing to consider? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | Level 1 | | | | | | | | | | | | | | | Level 2 | | | | | | | | | | | | | | | Level 3 | | | | | | | | | | | | | | Level 4 |
| Please check all medical concerns that you would consider: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asthma Classification | | | | | | | | | | | | | | | Failure to Thrive | | | | | | | | | | | | | | | | | | | | | | | | | Seizure Disorder | | | | | | | |
| Burn Care | | | | | | | | | | | | | | | Fetal Alcohol Spectrum Disorders | | | | | | | | | | | | | | | | | | | | | | | | | Shaken Baby | | | | | | | |
| Diabetes | | | | | | | | | | | | | | | Hearing Loss | | | | | | | | | | | | | | | | | | | | | | | | | Spina Bifida | | | | | | | |
| Down Syndrome | | | | | | | | | | | | | | | Hydrocephalus | | | | | | | | | | | | | | | | | | | | | | | | | Terminal Illness | | | | | | | |
| Drug Exposed | | | | | | | | | | | | | | | Premature Newborn | | | | | | | | | | | | | | | | | | | | | | | | | Visual Impairment | | | | | | | |
| Adaptive Equipment (Wheelchairs, Walkers, etc.) | | | | | | | | | | | | | | | | | | | | | | | | Invasive Medical Care (Feeding Tubes; Tracheotomy; etc.) | | | | | | | | | | | | | | | | | | | | | | | |
| Other (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LEARNING/INTELLECTUAL ISSUES FOR THE CHILD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What degree(s) learning/intellectual issues are you willing to consider? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | Mild | | | | | | | | | | | | | | | | Moderate | | | | | | | | | | | | | | | | | | | Severe | | | | |
| Please check all areas that you could consider: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Lead Poisoning | | | | | | | | | | | |
| Developmental Disabilities | | | | | | | | | | | | Motor Skills Disorder | | | | | | | | | | | | | | | | | | | | | | | Speech Disorder | | | | | | | | | | | | |
| Expressive Language Disorder | | | | | | | | | | | | Non-Specific Learning Disability | | | | | | | | | | | | | | | | | | | | | | | Receptive Language Disability | | | | | | | | | | | | |
| Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **BEHAVIORAL ISSUES FOR THE CHILD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Traumatized children often display challenging behaviors. Please indicate the areas that you could consider: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | Mild | | | | | | | | | | | | | | | | | | Moderate | | | | | | | | | | | | | | | | | | | Severe | | | | |
| Please check all areas that you could consider: (Please check all that apply.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chronic Runaway | | | | | | | | Lies | | | | | | | | | | | | | | | | Sets Fire | | | | | | | | | | | | | | | | | | | Harms Animals | | | | |
| Destroys Property | | | | | | | | Physically Aggressive | | | | | | | | | | | | | | | | Steals | | | | | | | | | | | | | | | | | | | Self-Injurious | | | | |
| Other (specify): | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Will you consider a child with the following issues: (Please check all that apply.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child has been in a residential care setting. | | | | | | | | | | | | | | | | | | | | | | | | Child was born as a result of an incestuous relationship. | | | | | | | | | | | | | | | | | | | | | | | |
| Child may need on-going therapy. | | | | | | | | | | | | | | Child has been sexually abused. | | | | | | | | | | | | | | | | | | Child is sexually acting out | | | | | | | | | | | | | | | |
| Other (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will you consider a child with these issues in his/her parents' background? (Please check all that apply.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Cognitive/Intellectual Disabilities | | | | | | | | | | | Substance use | | | | | | | | | | | | | | Mental Illness | | | | | | | | | | | | | | | | Life Threatening Condition | | | | | | |
| Other (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signatures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Parent 1: | | | | | | | | | | | | | | | | | | | | | | | | | Signature of Parent 2: | | | | | | | | | | | | | | | | | | | | | | |
| Social Worker: | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | | | | | | | | | | | | | | | |
| Agency Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telephone Number: | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FAMILY REGISTRATION GLOSSARY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This glossary was created as an addendum to the revised (6-08) family registration form to help clarify some of the more common issues facing children who are adopted from foster care. The information in this document was obtained through internet and DSM IV research. In no way should this guide be considered an exact means of diagnosing a particular child nor should it be considered all inclusive. Should a family express a willingness to care for a child with any type of challenging behavior, they should be encouraged to further research and discuss a particular child's diagnosis and issues with professionals who have expertise in this area. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SOCIAL/ EMOTIONAL ISSUES FOR THE CHILD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adjustment Disorder:** is a condition that occurs when a person is unable to cope with, or adjust to, a particular source of stress, such as a major life change, loss, or event.  **Attention Deficit**- Hyperactivity Disorder (ADHD): is a condition in which a person has trouble paying attention and focusing on tasks, experiences trouble sitting still for even a short time, and often acts before thinking. It may begin in early childhood and can continue into adulthood.  Autism: is a complex developmental disability that typically appears during the first three years of life. It affects the normal functioning of the brain impacting development in the areas of social interaction and communication skills. Examples of behaviors include repeated body rocking, unusual attachments to objects, and getting very upset when routines change. The range of impact this disability can have on a child's functioning can show itself in many forms ranging from very mild to very severe.  **Bipolar Disorder**: is a mental health condition characterized by extreme changes in mood, from mania to depression. Between these mood swings, a person with Bipolar disorder may experience normal moods. "Manic" describes an increasingly restless, energetic, talkative, reckless, powerful, euphoric period. "Depression" describes the opposite mood -- sadness, crying, sense of worthlessness, loss of energy, loss of pleasure, sleep problems.  **Borderline Personality Disorder**: is a mental health condition that causes unstable emotions, impulsiveness, relationship problems, and an unstable self-image. Features of borderline personality disorder include aggressive behavior, difficulty controlling emotions and impulses, problems with unstable and intense relationships, a low sense of self-worth, and frantic anxiety about being left alone (abandoned).  **Conduct Disorder**: is a serious behavioral and emotional disorder that can occur in children and teens. Negative behavior is considered to be a conduct disorder when it is long-lasting and when it violates the rights of others, goes against accepted norms of behavior and disrupts the child's or families everyday life. Children with conduct disorder often are unable to appreciate how their behavior can hurt others and generally have little guilt or remorse about hurting others. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DEVELOPMENTAL DISABILITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Speech and Language Delays**: refers to delays in the ability to formulate words and comprehend meaning. Speech refers to verbal expression, including the way words are formed. Language is a broader system of expressing and receiving information, such as being able to understand directions.  **Motor Skills Delays:** refers to delays related to the development of gross motor skills such as playing ball, or fine motor skills, such as coloring.  **Social and Emotional Delays:** refers to a child's difficulty interacting with adults or other children.  **Cognitive Delays**: refers to difficulties in thinking and processing skills.  **Depression:** is a mental health condition in which feelings of sadness persist and interfere with a child or adolescent’s ability to function.  **Eating Disorders** (Anorexia / Bulimia): Anorexia is an eating disorder characterized by low body weight and body image distortion with an obsessive fear of gaining weight. Bulimia is an eating disorder characterized by recurrent binge eating, followed by compensatory behaviors, referred to as "purging."  Generalized Anxiety Disorder: is a mental health condition which occurs when someone feels worried and stressed about many everyday events and activities. Often the things worried about are, in reality, are small or not important. This type of worry disrupts a person's life on most days.  **Oppositional Defiant Disorder**: (ODD) is a condition in which a child displays an ongoing pattern of uncooperative, defiant, hostile and annoying behavior toward people in authority. The child's behavior often disrupts the child's normal daily activities, including activities within the family and at school.  **Post-Traumatic Stress Disorder**: (PTSD) is a mental health condition which can occur after you have been through or experience a traumatic event. A traumatic event is something horrible and scary that you see or that happens to you. During this type of event, you think that your life or others' lives are in danger. You may feel afraid or feel that you have no control over what is happening.  **Reactive Attachment Disorder (RAD):** is a mental health condition found in children who have received grossly negligent care and who do not form a healthy emotional attachment with their primary caregivers before age five. The absence of emotional warmth during the first few years of life can negatively affect a child's entire life.  **Schizophrenia:** is a chronic brain disorder with symptoms which include distorted perceptions of reality, hallucinations and delusions, illogical thinking and flat or blunted emotions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MEDICAL/ PHYSICAL ISSUES FOR THE CHILD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Asthma:** Asthma is an inflammatory disorder of the airways, which causes attacks of wheezing, shortness of breath, chest tightness, and coughing. Asthma can range from mild to life-threatening.  **Diabetes:** is a physical condition in which your blood glucose, or sugar, levels are too high. Glucose comes from the foods you eat. Insulin is a hormone that helps the glucose get into your cells to give them energy. With Type 1 diabetes, your body does not make insulin. With Type 2 diabetes, the more common type, your body does not make or use insulin well. Without enough insulin, the glucose stays in your blood.  **Down Syndrome:** is a set of mental and physical symptoms that result from having an extra copy of chromosome 21. Even though people with Down syndrome may have some physical and mental features in common, symptoms of Down syndrome can range from mild to severe.  **Drug Dependent Infant:** is an infant who is exposed to drugs in utero and who tests positive for drugs at birth. Such a child will need to be withdrawn from the drugs and may sometimes need medication. Withdrawal symptoms may range from mild to severe and include hyperactivity, sleep and feeding problems, severe fussiness, breathing problems, diarrhea, vomiting, and convulsions. Long-term development may also be affected.  **Drug Exposed**: is a child who was exposed to drugs in utero, however did not test positive at birth.  **Failure to Thrive:** is a medical term which denotes poor weight gain and physical growth failure over an extended period of time in infancy. It does not automatically imply abnormal intellectual, social, or emotional development.  **Fetal Alcohol Syndrome (FAS**): is a condition that results from prenatal exposure to excessive alcohol consumption. Defects resulting from FAS are irreversible and can include mild to severe physical mental and behavioral challenges.  **Hydrocephalus:** is a condition resulting from the buildup of too much cerebrospinal fluid in the brain. Normally, this fluid cushions your brain. However, when you have too much it puts harmful pressure on your brain. There are two kinds of hydrocephalus; congenital hydrocephalus and acquired hydrocephalus. Treatment usually involves surgery to insert a shunt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INVASIVE MEDICAL CARE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Feeding Tubes:** a feeding tube is a small, soft, plastic tube placed through the nose (NG) or mouth (OG) into the stomach. These tubes are used to provide feedings and medications into the stomach until a baby can take food by mouth.  Tracheotomy: necessary surgical procedures on the neck to open a direct airway through an incision in the trachea (the windpipe).  **Premature Newborn:** (also known as preterm birth) the birth of a baby before the standard period of pregnancy is completed. In most systems of human pregnancy, prematurity is considered to occur when the baby is born sooner than 37 weeks gestation.  **Seizure Disorder:** is a sudden attack of brain activity that causes a loss of control over movement resulting in a seizure/convulsion. The attacks can last anywhere from a few seconds to several minutes. People of any age can be affected. The most common type of seizure is idiopathic epilepsy, a form of epilepsy whose cause is not known.  **Shaken Baby Syndrome:** is a serious brain injury that occurs when a baby is violently shaken or slammed against a hard object.  **Spina Bifida:** is a group of disorders characterized by the failure of the closure or fusion of the posterior arch (back part) of the vertebrae during the first month of development. The bony deficit can occur with or without neurological injury to the spinal cord and associated spinal nerves. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LEARNING/INTELLECTUAL ISSUES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Developmental Disabilities** (Mental Retardation): is a mental and developmental condition that is characterized by a significantly lower than average level of general intellectual functioning. It is characterized by deficits in adaptive functioning. Adaptive functioning includes communication, social activities, relationship building and daily living skills.  **Pervasive Developmental Disorders (PDD):** are a group of conditions originating in childhood that involve serious impairment in several areas, including physical, behavioral, cognitive, social, and language development.  **Autism:** is the most serious form of PDD, a condition characterized by severely impaired social interaction, communication, and abstract thought, and often manifested by stereotyped and repetitive behavior patterns.  **Rett's disorder**:is a condition characterized by physical, mental, and social impairment. This syndrome appears in girls only, usually between the ages of five months and four years. It involves impairment of coordination, repetitive movements, a slowing of head growth, severe or profound mental retardation, and impaired social and communication skills.  **Asperger's Disorder**:is an autism spectrum disorder more commonly found in boys than girls.Children with this disorder have many of the same social and behavioral impairments as autism, except for difficulties with language. They lack normal tools of social interaction, such as the ability to meet someone else's gaze, use appropriate body language and gestures, or react to another person's thoughts and feelings. Behavioral impairments include the repetitive, stereo-typed motions and rigid adherence to routines that are characteristic of autism.  **Expressive Language Disorder:** is a childhood disorder resulting in an individual having problems expressing themselves using verbal language. Developmental expressive language disorder does not have a known cause and generally appears at the time a child is learning to talk. Acquired expressive language disorder is caused by damage to the brain and can occur at any age.  **Lead Poisoning:** is the gradual accumulation of lead in the blood. It is usually unnoticed until levels become dangerously high and symptoms begin to show such as irritability, loss of appetite, weight loss, sluggishness, abdominal pain, vomiting, and constipation, unusual paleness from anemia and learning difficulties.  **Speech Disorder:** is a condition that affects one's ability to talk, understand, read, and write. Such disorders have different causes, and may range from a few speech sound errors or repetitions of sounds or words to a total loss of the ability to use speech to communicate effectively. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BEHAVIORAL ISSUES FOR THE CHILD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sets Fire:** is a behavior whereby a child engages in numerous episodes of deliberate, purposeful fire starting caused by unaddressed underlying psychological conditions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |