

Department of Children and Families  
**CERTIFICATION OF SPECIAL NEEDS STATUS**

DCF-416 (BIO NAME)  
 1/19 (Rev.)



Child's BIO LAST Name:	Child's BIO FIRST Name:	DOB:	Gender:	Date of Commitment
Name of Private Agency (If Applicable)		Race:	Ethnicity:	
Address: (No. and Street)		City	State	Zip

**Check All that Apply and Explain Below** (please attach documentation where indicated):

- Physical disability (or high risk of such disability) which presents a barrier to adoption. A written diagnosis and recommendation for treatment must be made by a licensed physician.
- Mental disability (or high risk of such disability) which presents a barrier to adoption. A written diagnosis and recommendation for treatment must be made by a licensed psychiatrist or psychologist.
- Serious emotional maladjustment (or high risk of such maladjustment) as indicated by a written diagnosis made by a licensed psychiatrist or psychologist. The written statement must include recommendation for treatment and prognosis.
- Age, when considered with other factors in the child's functioning and circumstances, presents a barrier to adoption.
- Racial or ethnic factors, when considered with other factors in the child's functioning and circumstances, that present a barrier to adoption.
- Member of a sibling group which should be placed together.
- The child has established significant emotional ties with prospective adoptive parents.

Explanation:

Recommended by LAST :Name:	FIRST Name:	Signature:	Date
Approved by PS LAST Name:	PS FIRST Name:	PS Signature:	Date

Department of Children and Families  
**CERTIFICATION OF SPECIAL NEEDS STATUS**  
 DCF-416 (ADOPTIVE NAME)  
 1/19 (Rev.)



Child's ADOPTIVE LAST Name:	Child's ADOPT. FIRST Name:	DOB:	Gender:	Date of Commitment
Name of Private Agency ( <i>If Applicable</i> )		Race:	Ethnicity:	
Address: (No. and Street)		City	State	Zip

**Check All that Apply and Explain Below** (*please attach documentation where indicated*):

- Physical disability (or high risk of such disability) which presents a barrier to adoption. A written diagnosis and recommendation for treatment must be made by a licensed physician.
- Mental disability (or high risk of such disability) which presents a barrier to adoption. A written diagnosis and recommendation for treatment must be made by a licensed psychiatrist or psychologist.
- Serious emotional maladjustment (or high risk of such maladjustment) as indicated by a written diagnosis made by a licensed psychiatrist or psychologist. The written statement must include recommendation for treatment and prognosis.
- Age, when considered with other factors in the child's functioning and circumstances, presents a barrier to adoption.
- Racial or ethnic factors, when considered with other factors in the child's functioning and circumstances, that present a barrier to adoption.
- Member of a sibling group which should be placed together.
- The child has established significant emotional ties with prospective adoptive parents.

Explanation:

Recommended by LAST :Name:	FIRST Name:	Signature:	Date
Approved by PS LAST Name:	PS FIRST Name:	PS Signature:	Date