

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**RESOURCE CHARACTERISTICS**

Listed below are characteristics of children who may be in need of a foster care/adoptive placement. Please check those that your family would be willing and able to accommodate.

	No	Yes
Aggression toward others	<input type="checkbox"/>	<input type="checkbox"/>
Aggression toward property	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting or encopresis	<input type="checkbox"/>	<input type="checkbox"/>
Chronic medical condition	<input type="checkbox"/>	<input type="checkbox"/>
Complex medication regimen	<input type="checkbox"/>	<input type="checkbox"/>
Developmental disability	<input type="checkbox"/>	<input type="checkbox"/>
Frequent appointments	<input type="checkbox"/>	<input type="checkbox"/>
Goal of adoption	<input type="checkbox"/>	<input type="checkbox"/>
Halal	<input type="checkbox"/>	<input type="checkbox"/>
History of fire-setting behavior	<input type="checkbox"/>	<input type="checkbox"/>
History of frequent AWOLs or running away	<input type="checkbox"/>	<input type="checkbox"/>
History of justice involvement	<input type="checkbox"/>	<input type="checkbox"/>
History of sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
History of sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>
Issues with activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>
Kosher	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay, or bisexual (LGB)	<input type="checkbox"/>	<input type="checkbox"/>
Need for a handicap-accessible resource	<input type="checkbox"/>	<input type="checkbox"/>
Need for a non-smoking resource	<input type="checkbox"/>	<input type="checkbox"/>
Need for a resource with no pets	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant or parenting	<input type="checkbox"/>	<input type="checkbox"/>
Self-injury	<input type="checkbox"/>	<input type="checkbox"/>
Severe autism	<input type="checkbox"/>	<input type="checkbox"/>
Special education needs	<input type="checkbox"/>	<input type="checkbox"/>
Special equipment for medical condition	<input type="checkbox"/>	<input type="checkbox"/>
Substance use <b>not</b> requiring treatment	<input type="checkbox"/>	<input type="checkbox"/>
Substance use requiring treatment	<input type="checkbox"/>	<input type="checkbox"/>
Transgender or gender non-conforming (TGNC)	<input type="checkbox"/>	<input type="checkbox"/>
Verbal aggression	<input type="checkbox"/>	<input type="checkbox"/>