



SPECIAL NEEDS QUESTIONNAIRE (SNQ)

(One questionnaire per child)

Child Name: _____ DOB: _____ Case ID: _____

Completed by: _____ Date: _____

INSTRUCTIONS:

The purpose of this document is to evaluate and re-determine adoption subsidy requests and difficulty of care requests made by the adoptive parent/foster parent. Answer each question as it best describes the child's adjustment. Where possible, answer the questions based on how you believe the child will function over the next year. Provide details as requested by specific items. Further documentation may be requested.

1. How often does the child participate in therapy or counseling? (Include psychiatric, psychological, occupational, physical and speech therapy appointments)

- | | |
|------------------------------|--|
| a. 3 or less times per month | d. 13 to 16 times per month |
| b. 4 to 8 times per month | e. 5 times <u>per week</u> or more, every week |
| c. 9 to 12 times per month | |

List each type of therapy received, how often and the name of the professional who provides it, frequency of treatment, place of treatment, and method of transportation to treatment:

2. How many different prescribed medications does the child take on a regular basis? (Excludes occasional medication for illness, etc.)

- No regular medication
- One prescription medication per day
- Two to four prescription medications per day
- Five or more prescription medications per day including at least two psychotropics
- Daily intravenous medication on an ongoing basis

Specify each medication received, dosage, what it is for, and the name of the prescribing physician:

3. How many placements has the child had since the time of first removal from the birth home? (Count all agency placements including kinship placements, as well as unsuccessful reunifications, but do not count short-term respite, hospitalizations or juvenile detention stays of less than two weeks duration). This includes those children that have been adopted

- | | |
|-------------------|-------------------------|
| a. 1-2 Placements | d. 5 Placements |
| b. 3 Placements | e. 6 Or more placements |
| c. 4 Placements | Time in care: _____ |

4. In what types of out-of-home care settings has the child resided since the time of first removal from the birth home? This pertains to children that have been adopted as well. (Check as many as apply)

- Family foster home(s)
- Group home
- Residential treatment center for less than one year or a prior adoptive placement/adoption disruption
- Residential treatment center for more than one year
- Residential treatment center for at least two years (can be multiple admissions)

For anything other than family foster homes, list names of facility and length of stay:

5. Does the child have developmental disabilities as documented in a report of testing conducted by a school psychologist or a clinical psychologist?

Attach a copy of most current MFE (Multi-Factor Eval) or current IEP (Individual Education Plan).

- No, child is of average or above intelligence
- Borderline Range (Tested IQ 70-85)
- Mild Range (Tested IQ 55-69)
- Moderate Range (Tested IQ 40-54)
- Severe or Profound Range (Tested IQ below 40)

Give name of psychologist or school district where testing was completed and approximate date:

6. What type of school-setting does the child attend? (If home-schooled, indicate most likely setting if child were to attend school) Complete only one of the following two sections:

Attach a copy of the Disability Determination (or 504 Plan) if applicable.

Pre-School Age Children

- a. No formal education services required by child's needs; may attend day care or pre-school for enrichment or as preferred by the caregiver.
- b. Has received a professional referral for Early Intervention services. Delays are mild, and special education may not be necessary at school-age.
- c. Receives Early Intervention; has moderate delays and may need special education at school age.
- d. Receives Early Intervention in DD facility or public school due to moderate delays and will likely need special education when school age.
- e. Enrolled in Early Intervention in DD facility or public school due to severe or profound disabilities and will definitely need special education when school age.

School Age Children

- a. Regular class, no special education.
- b. Regular class with one or some of the following: has an IEP or receives special tutoring or resource room services or children having difficulty and struggling.
- c. At least half of major academic subjects are received in a special education class.
- d. Spends most of the day in a self-contained special education classroom, may interact with non-special education students for lunch, gym, music, etc., or attends an alternative school setting.
- e. Requires one-on-one aide while at school, due to severe disabilities and behavioral issues.

If you answered b, c, d, or e, what type of special education classification does the child have? And what specific services does the child receive (e.g. educational assistant, one-on-one aide, speech therapy, etc.).

7. On an average basis, how often does the parent receive communication from the school or day care regarding the child's behaviors or special needs?

- a. Once per month or less
- b. 2-4 Times per month
- c. 2-3 Times per week
- d. 4-5 Times per week
- e. *No item (e) in this category*

If you answered b, c, or d, what is the nature of the communication? (passport, daily log, phone calls, etc.).

8. **Technology Dependence: Does the child have or require any of the following in order to sustain life?**

- a. Child does **not** require ventilator, tube feedings or tracheotomy or other technology.

**No categories for b, c, d*

- e. Any of the following are present:

Ventilator

Tube feedings

Tracheotomy

Other: _____

9. **Mobility (For children over age one, please specify):**

- a. Mobile, requires no assistance with walking/crawling/cruising/sitting up
- b. Mild mobility issues such as an unusual gait that does not require assistive devices, or documented delays in motor development (crawling, turning over, walking, sitting up)
- c. Partially ambulatory, requires the assistance of braces, walker, etc., or is missing one or more limbs.
- d. Non-ambulatory, requires a wheel chair or similar equipment, but has some functional use of some limbs.
- e. Quadriplegic (paralyzed in both arms and both legs), completely non-ambulatory and little, if any, functional use of any limbs.

Describe the type of assistance the child requires:

10. **Self-Care (dressing, feeding, bathing, etc.): What is the child's ability in relation to what is generally expected for chronological age?**

- a. Generally age appropriate self-care skills
- b. Can accomplish most self-care with minimal assistance, but requires frequent reminders, instruction, and checking, well beyond chronological age, but can help with self-care.
- c. Requires substantial "hands-on" assistance, well beyond chronological age, but can help with self-care.
- d. Child is disabled and completely dependent upon caregivers and weighs less than 40 pounds.
- e. Child is disabled and completely dependent upon caregivers and weighs more than 40 pounds.

11. **What is the status of the child's overall physical health?**

Attach a copy of the child's most current medical report if there is a new medical diagnosis.

- a. Generally good health, some typical childhood illnesses, may have tested positive for drug exposure at birth, but no current symptoms or developmental problems.
- b. Medical condition requires treatment by physician at least once per month.
- c. Chronic illness or condition that requires regular and ongoing medical care, but allows child to participate in most average activities (diabetes, severe asthma/allergies, etc.)
- d. Severe, chronic and/or life threatening condition that significantly impairs child's ability to participate in many average activities.
- e. Terminal medical conditions.

Specify all medical conditions and primary treating physician for each:

12. For children above the age of five (5), how often does the child wet or soil clothing/bed etc.?

- a. Twice per month or less
- b. 1-2 Times per week
- c. 3-7 Times per week
- d. 8-12 times per week
- e. Average of twice per day or more; child is still in diapers and over the age of six.

13. What best describes the level of supervision required by the child?

- a. Average for age
- b. More than average, but can be away from direct adult supervision during the day for brief periods of time (Example: playing outside or in another room)
- c. Constant supervision throughout the day
- d. Constant supervision throughout the day plus requires monitoring at night (e.g., requires alarm on bedroom door)
- e. Due to disabilities, requires awake adult supervision around the clock

If you answered c, d, or e, please explain and describe:

14. Is the child a member of a biological sibling group being adopted by the same family?

- a. No
- b. Yes, if yes, how many siblings are being adopted together? _____

15. What best describes the level of contact which adoptive parents regularly arrange with separated siblings, birth family or former foster parents?

- a. Less than once per month
- b. Once per month
- c. 2-4 Times per month
- d. 5 Or more times per month
- e. *No item (e) in this category*

Describe the contact that has occurred over the past year (include approximate number of visits and types of activities shared and distance traveled):

16. Does the child exhibit behaviors which are dangerous to others?

- a. Not aggressive towards others
- b. Verbally or nonverbally aggressive, makes threats, causes "scenes" at least two times per month.
- c. Within the last year, has been physical or sexually aggressive towards others **or** has set a fire causing minor property damage or physical harm.
- d. Has harmed another person or animal to the extent that medical treatment was required for the victim **or** has sexually abused at least one child more than three years younger than herself/himself **or** has set a fire causing minor property damage or physical harm.
- e. Within the last year, has served more than 30 days in juvenile justice facilities due to physical or sexual aggression **or** has sexually abused more than one child more than three years younger than herself/himself **or** has deliberately set a fire resulting in property damage in excess of \$100.00 or physical harm **or** has deliberately set more than one small fire.

Describe the problem behaviors:

17. Is the child presently exhibiting behaviors that are dangerous to self? (Choose all that apply within category)

- a. Not dangerous to self
- b. Engages in high risk behaviors or has more than average number of minor injuries.
- c. Pulls out own hair, rubs abrasions into skin, makes small cuts in skin or homemade tattoos, or experiments with alcohol and/or drugs or has run away from home and been gone overnight.
- d. Within the last year has made suicidal gestures, has talked of suicide **or** has been treated for drug or alcohol dependency.

- e. Has been hospitalized within the last year for serious suicide attempt; currently under "suicide watch" or has had "accidental" drug or alcohol overdose requiring hospitalization.

Describe the problem behaviors:

If the child has exhibited dangerous behaviors in the past, but not currently, please describe the child's problem behaviors:

18. Does the child have any emotional, mental health or behavioral problems/difficulties beyond that which are expected for chronological age?

- a. Functions fairly well on most days, may be in counseling.
- b. Exhibits unusual or problematic behavior requiring intervention at least one to two times daily.
- c. Exhibits unusual, problematic or bizarre behavior requiring intervention several times per day.
- d. Within the last six months, behavior has resulted in legal charges being filed or psychiatric hospitalization.
- e. During the last year, has been hospitalized more than 10 days for mental health assessment/treatment.

Describe the diagnosis, any behaviors and frequency:

19. Is the child pregnant or parenting a child of their own?

- a. No
- b. No item (b) in this category
- c. Yes
- d. No item (d) in this category
- e. No item (e) in this category

Please list any additional information that has not been captured in the above questions to help us better determine your child's subsidy. This should include any family circumstances that are currently impacting your family dynamics. This information may be considered in the subsidy determination:

Current Level of Care: (1 – 6)

This document has been completed and submitted by the party listed below.

Name of caregiver 1 that completed/submitted request: _____

Name of caregiver 2 that completed/submitted request: _____

Date submitted for review: _____

LCCS Caseworker: _____

Additional worker comments regarding specific special needs.

Prospective Adoptive Family Information

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Email: _____

Special Needs Questionnaire (SNQ) RESULTS

(One questionnaire per child)

(This page to be completed by the Adoption Supervisor)

Required number of ratings for each level to be considered for increase

Level A	Level B	Level C	Level D	Level E
1	4	4	3	2

I. Record the number of ratings for each level to be considered for increase:

Child's Name	Age	Level A	Level B	Level C	Level D	Level E

II. Sibling Supplement: _____ \$50/month
 Number of siblings being adopted together (including this child): _____

III. Lucas County Children Services Subsidy Scale:

Age Group	Level A		Level B		Level C		Level D		Level E	
		75%		75%		75%		75%		75%
0 - 2	0 - 250	438	251 - 340	595	341 - 440	770	441 - 540	945	541 - 640	1120
3 - 5	0 - 315	551	316 - 415	726	416 - 515	901	516 - 615	1076	616 - 715	1251
6 - 9	0 - 368	644	369 - 468	819	469 - 568	994	569 - 668	1169	669 - 768	1344
10 - 14	0 - 420	735	421 - 520	910	521 - 620	1085	621 - 720	1260	721 - 820	1435
15 - 18	0 - 473	828	474 - 574	1005	575 - 674	1180	675 - 874	1530	875 - 1075	1881

IV. Subsidy Summary:

Child's Age Group	Subsidy Level	Current Monthly Board Rate	Recommended Agency Offer

Additional comments, if applicable:
