



Adopt Kansas Kids

WELCOME PACKET: OUT-OF-STATE FAMILIES

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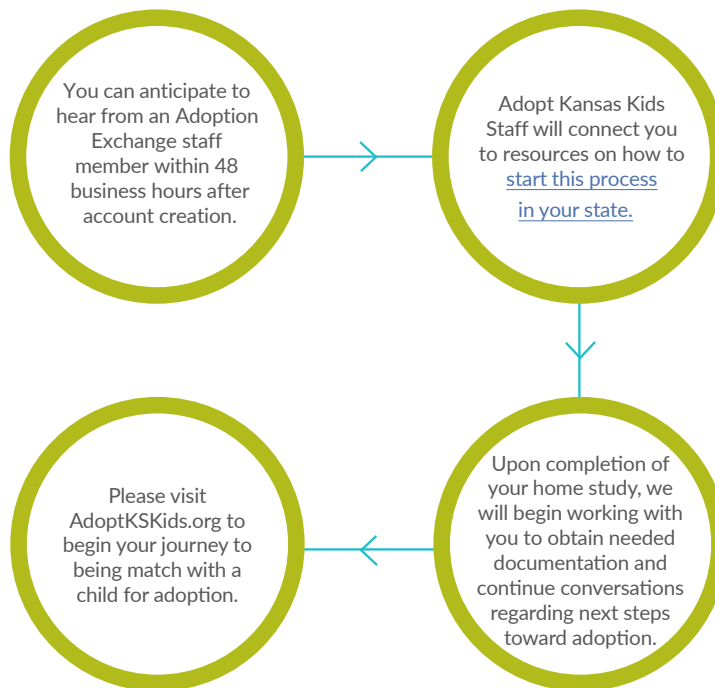
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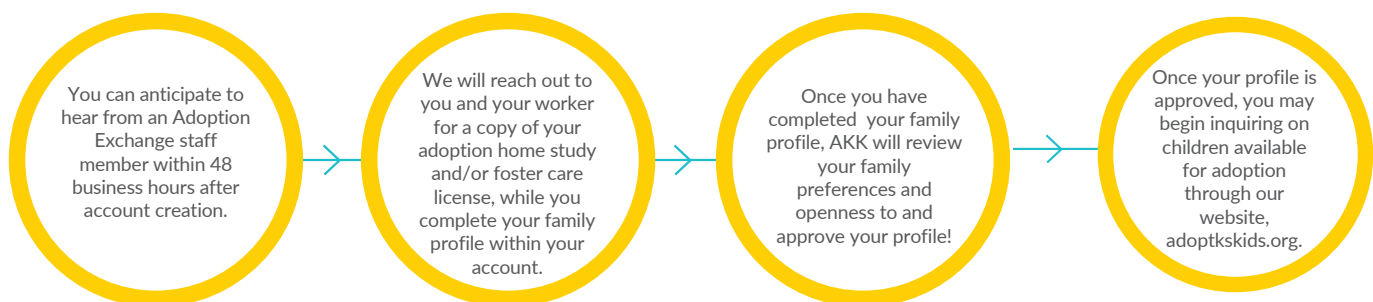
Adopt Kansas Kids

I Have Created an Account on Adopt KS Kids. What's Next?

Out-of-state families that DO NOT have a completed adoption home study or DO NOT have a foster care license.



Out-of-state families that HAVE a completed adoption home study or HAVE a foster care license.





Adopt Kansas Kids

Adoption Process Flowchart: Out-Of-State



Key:

- Completed by AKK
- Completed by AKK & CMP
- Completed by CMP

Acronyms:

AKK: Adopt Kansas Kids
ICPC: Interstate Compact on the Placement of Children
CMP: Child Management Provider
DCF: Department for Children and Families

*If CMP determines your family to not be a match, you will be notified and can begin to inquire on additional children. ** Move date/timeline will be discussed with the child's case team.



Information Sharing Continuum

Public Narrative

Who:

The Public and those generally interested in adoption.

What is shared:

Positive, strengths-based information such as children's talents, dreams, hobbies, interests.

What is NOT shared:

Challenges, disabilities, private or personal information.

How:

Photolisting on AdoptKSKids & AdoptUSKids, community profiles in social media, newspapers, TV, radio, etc.

Goal:

Increase awareness about adoption from foster care and inspire families to take action.

Private Narrative

Who:

Prospective adoptive families eligible to inquire.

What is shared:

A child's level of functioning, general and factual information about disabilities, behaviors, educational and intellectual functioning.

What is NOT shared:

Details of disabilities or challenges, placement or abuse history, birth family information.

How:

Provided to prospective adoptive families that have inquired and meet criteria for consideration.

Goal:

Allow families to begin to consider if their family might be a good fit for the child.

Matching Call

Who:

Approved prospective adoptive families.

What is shared:

Diagnosis and treatment information, details of ongoing care needs, abuse history, behavioral needs, implications for parents, important connections.

What is NOT shared:

Identifying information about the child.

How:

Virtual call between prospective adoptive family, family's agency worker, child's case management team, and Adopt KS Kids.

Goal:

Enable prospective family and professionals involved in the case, determine if the family is able to meet the child's needs.



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FREQUENTLY ASKED QUESTIONS

Q. What is the difference between being a foster family and an adopt only family?

A. Foster parents are an invaluable part of a team that works together to ensure the health and safety of children. The foster family maintains placement of child(ren) on a temporary basis until they are able to be reintegrated into their home of removal, or until they can reach permanency through alternative means such as adoption, custodianship, or guardianship. If a child is not able to return to their biological family, the majority of children in care are adopted by their foster parents. Fostering first has the advantage of reducing the number of moves for the child and allows the child to live with the family before an adoption is finalized. It also enables a potential adoptive family to make connections with birth parents or other relatives that can be maintained in the future.

Adopt only families are matched with children in foster care who are legally free for adoption. These families take permanent placement of the child after being selected as the adoptive resource and work with the child(ren)'s case team to develop and implement a successful transition period based on the needs of the child(ren).

Learn more about which path to adoption might be best for you by reviewing our Guide to Foster or Adoption, located on our website.

Q. How do I find a Child Placing Agency (CPA) to sponsor our family in our journey to adopt?

A. One of the first major steps to becoming a foster and/or adoptive parent in Kansas is to find a Child Placing Agency to support your family's journey.

Visit the Children's Alliance website to learn more about becoming a foster and/or adoptive parent in Kansas. [Foster Parenting in Kansas \(childdaily.org\)](http://childdaily.org)

Q. What training is required for foster and adoptive parents in Kansas? How do I enroll?

A. Foster and adoptive families in Kansas are required to participate in MAPP, which is a 30-hour, 10-week training course. Please visit the Children's Alliance website to learn more about available trainings and how to register.

R. Do I have to be married to become a foster and/or adoptive parent?

A. No, you don't need to be married to adopt from foster care. Many single people have built a loving family through foster care and adoption.



Adopt Kansas Kids

FREQUENTLY ASKED QUESTIONS

Q. Do I have to have my own home to become a foster and/or adoptive parent?

A. You do not have to own your own home; in fact, many foster parents rent their residence.

Q. Are there income requirements to adopt?

A. There is no specific income requirement for potential foster and adoptive parents. However, you will need to show that you have the means to support yourself and your future family. You will be asked to complete a budget and discuss finances during your home study process.

Q. What is the cost to adopt from foster care in Kansas?

A. Adopting a child from foster care is often funded by the state, and in most cases there are few or no fees. Adoption assistance exists to remove the financial and other barriers that may prevent a family from adopting from foster care and ensure that a child's special needs are met until they legally become an adult, between the ages of 18 and 21. Review the [Adoption Assistance Brochure](#) for more information.

Q. I have heard that many children in foster care have “special needs.” What does that mean?

A. Many children available for adoption through foster care have identified special needs that may include physical, mental, emotional, or developmental disabilities. Some children require specific services to address these needs. Learn more by reviewing our level of needs definitions on our website.

Q. Can I adopt a child from Kansas if I reside in another state?

A. Yes, if you're considering an adoption across state lines, you'll need to become familiar with the [Interstate Compact on the Placement of Children \(ICPC\)](#). It also means that you'll need to travel to the state you plan on adopting from to meet your future child. Your foster agency will be there to help walk you through the [interstate adoption process](#).



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FREQUENTLY ASKED QUESTIONS

Q. What are the requirements to adopt a child in foster care with Native American heritage?

A. The Indian Child Welfare Act (ICWA) outlines a number of requirements that must be met before you can welcome a child in foster care into your home with Native Indian heritage. To learn more about what that looks like, check out [more information here](#).

Q. Who are the children in foster care in need of adoptive families?

A. Children in foster care range in age from birth to 18. Children enter foster care for a variety of reasons related to abuse or neglect. Most, if not all, of the children legally free for adoption have experienced significant trauma, including the trauma of being separated from their families. Providing patience, understanding and unconditional love is paramount in assisting children in the healing process. The average age of children available for adoption through Adopt Kansas Kids is 12 years old. Explore our resources page to learn more.

Q. Why should I consider adopting an older child?

A. Thousands of teens in foster care are looking for the love, support, and encouragement that families provide throughout their lives—not just until they turn 18. As we all know, you never outgrow the need for a family. Everyone needs a sense of belonging. Learn more about how [adopting an older child](#) can bring a lifetime of rewards.

Q. Why should I consider adopting a sibling group?

A. Research suggests that siblings placed together experience lower risk of failed placements, fewer moves, and many emotional benefits. Even when siblings have been separated in foster care, the goal is to find them a safe, permanent home where they can grow up together. Read more about the [benefits of adopting siblings](#).

Q. Where can I find information, resources, training, and support?

A. The Kansas Post Adoption Resource Center is dedicated to strengthening adoptive families in Kansas. Visit our [website](#) for more information.



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Level of Need Definitions

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Many children available for adoption through foster care have identified special needs that may include physical, mental, emotional, or developmental disabilities. Some children require specific services to address these needs. This document will help you define the characteristics of a child who meets mild, moderate, or severe level of needs, and will identify services for each level of need.

****Please note: Not all children will display needs described in this document. This document is meant to provide examples of behaviors you may see in a child with an identified level of need. Potential adoptive families should utilize this document to determine their ability to parent a child with mild, moderate, or severe level of needs. For questions regarding a specific child's level of needs or behaviors, please ask your AKK Family Specialist by emailing customercare@adoptkaskids.org.*

****Definition of terms can be found at the end of this document. ****

MILD LEVEL OF CARE A child needing basic services can respond to limit-setting or other interventions	
Area of Functioning	Problems in Functioning
Behavioral	• Non-compliant or inappropriate behavior resulting in the need for adult intervention and structuring youth's activities to avoid predictable difficulties. • Occasionally disobeys rules and expectations with no harm to others or property, but more than other youth. • Acts out in response to stress, but episodes of acting out are brief and manageable, may include being upset or throwing temper tantrum if immediate resolve is not given, can be easily annoyed by others and responds more strongly than other children, may seem anxious, fearful or sad. • Occasional lying and hyperactive behaviors are a possibility, but are generally capable of being redirected. • Food issues include food hoarding and extreme pickiness due to the diet they were previously given.
Social & Emotional	• May become upset easier than other children and may have more trigger response to stimuli, may throw tantrums, but is redirect able. • Easily annoyed by others and responds more strongly than other children, maybe quick-tempered. • May have some difficulties in peer interactions or in making friends due to negative behavior (e.g. teasing, ridiculing, picking on others). • Impulsivity that leads to poor relations with peers. • May exhibit anxious, fearful, or sad feelings with some related symptoms present (e.g. nightmares, stomachaches). • May have low self-esteem. • Diagnosis could include PTSD, generalized anxiety disorder, situational depression, adjustment disorder, ADHD, and can include parental history of mental health disorders.
Educational	• Non-compliant or inappropriate behavior results in teachers bringing attention to problems or structuring activities to avoid predictable difficulties. • Issues arising at school include behaviors related to poor attention or high activity level but are not disruptive to classroom. • School productivity is less than expected for abilities due to failure to execute assignments correctly, complete work, hand in work on time, etc. • Child may receive accommodations in the classroom but do not rise to the need of a formal accommodations through an IEP or 504 plan.
Medical & Developmental	• A child with intellectual or developmental disabilities whose characteristics include minor difficulties with conceptual, social, and practical adaptive skills. This could include minor issues with motor skills, delays in meeting milestones. • A child may have minor medical conditions that are treatable with routine care and medications such as asthma, heart murmur, acid reflux, etc

MODERATE LEVEL OF CARE

A child needing moderate services has problems in one or more areas of functioning

Area of Functioning	Problems in Functioning
Behavioral	- Behaviors are more frequent and typically cause problems for self or others - such as fighting, verbal aggression, cussing/vulgar language, disrespectful, disobeys authority, deliberately and persistently annoying to others, intentionally doing acts to get back at others, having poor judgment or impulse control that results in risky activities, enuresis and encopresis. - May have sexually inappropriate behaviors such as inappropriate touching with peers, acts towards self - such as masturbation or exposing oneself to the level that the child needs to be monitored by adults. - May exhibit behaviors towards animals. - Frequent or unpredictable physical aggression. - Occasional runaway behaviors or elopement due to experiencing trauma triggers. - More significant food issues including food hoarding in need of adult intervention. - Teenagers - occasional use of drugs and alcohol. - History of multiple placements, which may include ER placements, group home, YRC, or Q RTP settings.
Social & Emotional	- Changes in moods that can be intense and abrupt, may require special accommodations because of worries or anxieties, more extensive responses to trauma triggers. - Self-injurious actions, either accidental or non-accidental, which could include superficial cutting, head banging, picking at skin and hair, etc., and/or suicidal ideation - Could include eating disorders including food hoarding. - Persistent problems/difficulties in relating to peers due to antagonizing behaviors (e.g. threats, shoving, bullying). - May need stabilizing support such as acute care screens/crisis services and short-term hospitalizations. - Due to the trauma, a child may have difficulties in attaching to caregivers. This could include a range of attachment issues including overly attaching and reactive attachment issues. - Diagnoses could include PTSD, oppositional defiant disorder, disruptive behavior disorder, conduct disorder, major depressive disorder, bipolar disorder, disruptive mood dysregulation disorder, borderline personality disorder
Educational	- Will have additional educational supports to help them be successful. This can include both academic and behavioral supports through an IEP or 504 plans. - Child may have struggles at school that interrupt their educational learning- can include physically acting out, elopement from rooms, trigger responses from stimuli. - May need one-on-one support to help them be successful. - May need additional educational supports/accommodations to help them be successful as they could be multiple grades behind academically. - Parents may receive phone calls from school due to the child's behavioral needs and may be required to pick up the child from school.
Medical & Developmental	- Moderate to substantial difficulties with conceptual, social, and practical adaptive skills to include daily living and self-care. - Occasional exacerbations or intermittent interventions in relation to the diagnosed medical condition. - Limited daily living and self-care skills. - Ambulatory with assistance. - Daily access to on-call, skilled caregivers with demonstrated competence. - Diagnoses could include spectrum of autism disorders, fetal alcohol spectrum disorders, and seizure disorders. - Speech disorders needing support services in place or gross motor skill delays needing interventions.



SEVERE LEVEL OF CARE

A child needing intense services has severe problems in one or more areas of functioning that present an imminent and critical danger of harm to self or others

Area of Functioning	Problems in Functioning
Behavioral	• Non-compliant or inappropriate behavior resulting in the need for adult intervention and structuring youth's activities to avoid predictable difficulties; may need constant supervision. • Disobeys rules and expectations with harm to others or property. • Extreme physical aggression that causes harm. • Recurring major self-injurious actions to include serious suicide attempts. • Other difficulties that present a critical risk of harm to self or others. • Severely impaired reality testing, communication skills, cognitive, affect, or personal hygiene. • Chronic runaway behaviors including being absent for an extended period of time. • Deliberately cruel to animals. • Sexualized behaviors towards self and others that are severe enough to require constant supervision. • Involvement with the legal system due to physical aggression, property damage, stealing, sexual behaviors, etc. • Teenage addiction to drugs and alcohol that interrupts daily functioning and could include legal issues and treatment.
Social & Emotional	• Impairments so severe in conceptual, social, and practical adaptive skills that the child's ability to actively participate in activities is limited and requires constant one-to-one supervision for the safety of self or others. • Need of safety to plan to ensure child's safety due to behavioral, emotional, and suicidal, and self-destructive acts. • Diagnoses could include schizophrenia, personality disorders, psychosis, and any diagnosis mentioned at moderate level with more intense and frequent episodes
Educational	• Frequent suspension or expulsion from school, or placement in an alternative setting such as a behavioral school. • Chronic truancy. • Disruptive behavior cannot be managed with supportive services through an IEP or 504 plan. • Failing all or most classes.
Medical & Developmental	• A consistent inability to cooperate in self-care while requiring constant one-on-one supervision for the safety of self or others. • A child with primary medical needs that presents an imminent and critical medical risk. • Frequent acute exacerbations and chronic, intensive interventions in relation to the diagnosed medical condition. • Inability to perform daily living or self-care skills. • 24-hour on-site, medical supervision to sustain life support. • A child with a terminal illness. • Seizure disorders are not controlled through medical interventions.

SERVICES PROVIDED BASED ON LEVEL OF CARE			
SERVICES AVAILABLE	MILD	MODERATE	SEVERE
Individual Therapy	X	X	X
Medication Management	X	X	X
Additional therapy services including speech, occupational, and physical	X	X	X
SED Waiver supports		X	X
Educational supports through an Individualized Education Plan (IEP) or 504 plan but remain in the general education classroom.	X	X	X
Education supports through an Individualized Education Plan (IEP) or 504 plan and serviced outside of a traditional school at an alternative school			X
IDD Waiver		X	X
Behavioral Interventionist		X	X
Acute hospitalization screens or PRTF placements		X	X
Placement history may include group homes, YRC , QRTF , and secure care		X	X
A team of medical specialists to provide specific diagnosis to guide ongoing treatment		X	X



HELPFUL DEFINITIONS	
TERM	DEFINITION
<u>Individualized Education Plan (IEP)</u>	• The official documentation of special education services provided for a child and a meeting where these services are determined. • IEPs establish measurable annual goals for the child, and state the special education and related services and supplementary aids and services that the school will provide to, or on behalf of, the child. When constructing an appropriate educational program for a child with a disability, the IEP team broadly considers the child's involvement and participation in three main areas of school life: general education curriculum, extracurricular activities, and nonacademic activities.
<u>504 Plan</u>	• 504 plans are formal plans that schools develop to give kids with disabilities the support they need and identify accommodations they will receive at school. These cover any condition that limits daily activities in a major way, which frequently includes behavioral needs and supports.
Acute Hospitalization Screen and Hospitalizations	• A hospitalization screen is sought when a child is in crisis (i.e. with mental health or behavioral concerns). These are typically completed by the local community mental health providers or through the local emergency departments. • If the child does not meet criteria for acute hospitalization, they will be sent home with a discharge safety plan to address the needs present during the screen. • If the child meets criteria, arrangements will be made to send the child to acute hospitalization to help stabilize the child. Stays are often brief and focus on stabilizing the child to return safely to the community.
Youth Residential Centers (YRCs)	• Mostly referred to as group homes • YRC is a type of live-in, out-of-home care placement in which staff are trained to work with children and youth whose specific needs are best addressed in a highly structured environment. These placements are time-limited and offer a higher level of structure and supervision than can be provided in a family-like setting.
<u>Qualified Residential Treatment Program (QRTPs)</u>	• Qualified Residential Treatment Programs (QRTP) provide out-of-home placements for children in DCF custody and have a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances. • This is more of a comprehensive treatment program for children who are not able to remain in a family-like setting or a YRC setting. • These children have access 24/7 to registered clinical staff. Most services are provided on-site.
<u>Psychiatric Residential Treatment Facilities (PRTFs)</u>	• PRTFs provide out-of-home residential psychiatric treatment to children and adolescents whose mental health needs cannot be effectively and safely met in a community setting. PRTFs provide intensive clinical services in a home-like environment with 24-hour supervision and support from trained clinicians and staff. Youth learn emotional regulation and coping skills and receive opportunities to practice their new skills



HELPFUL DEFINITIONS CONTINUED	
TERM	DEFINITION
Secure Care	Facility for juveniles judged chronic runaways who need a locked facility to ensure their safety.
<u>SED waivers</u>	SED = "serious emotional disturbance", which refers to a diagnosed mental health condition that substantially disrupts a child's ability to function socially, academically, and/or emotionally. SED waivers provide children who qualify special intensive support to help them remain in their homes and communities. Parents and children are actively involved in planning for all services.
<u>I/DD waiver</u>	The Intellectual/Developmental Disability (I/DD) waiver serves individuals aged 5 and older who meet the definition of intellectual disability, having a developmental disability or are eligible for care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). This waiver provides the ability for a beneficiary to receive supports and services in their home or community instead of in institutions or other similar isolated settings.
Safety Plan	A safety plan is a written agreement that the child's case worker develops with the family that clearly describes the safety services that will be used to manage threats to a child's safety. Safety services assist families to engage in actions or activities that may logically eliminate or mitigate threats to the child's safety. These activities must be planned realistically so that they are feasible and sustainable for the family over time. The safety plan will clearly outline what these actions and activities are, who is responsible for undertaking them, and under what conditions they will take place. It is designed to control threats to the child's safety using the least intrusive means possible.
Behavioral Interventionist	A Behavioral Interventionist works in the home, relieving the caregivers, and working one-on-one with the youth helping provide stability. Services include working on neuro-developmental activities, assisting in re-wiring the neuropathways in the brain, breaking the cycle of children continually living in flight, fight or freeze mode. Direct care staff use role-modeling, coaching, and redirection to develop self-regulation, de-escalation techniques, and independence in daily living activities



This document provides specific definitions of Developmental/Intellectual, Physical/Medical, and Emotional/Mental Health Disorders and Syndromes noted on the Family Adoption Exchange Information form PPS 5320.

DEVELOPMENTAL & INTELLECTUAL DISORDERS		
TERM	DEFINITION	RESOURCE
Attention Deficit Hyperactivity Disorder (ADHD)	A neurodevelopmental disorder characterized by persistent patterns of inattention, hyperactivity, and impulsivity that significantly interfere with daily functioning and development.	CLICK HERE
Autism Spectrum Disorder (ASD)	A complex neurodevelopmental condition marked by challenges in social interaction and communication, restrictive or repetitive behaviors, and other variations in the type and severity of symptoms an individual experiences.	CLICK HERE
Childhood Onset Fluency Disorder (COFD; Stuttering)	A communication disorder characterized by disruptions in the normal flow of speech, such as repetitions of sounds, syllables, or words, prolongations of sounds, or involuntary silent pauses, leading to difficulties in fluent speech production.	CLICK HERE
Central Auditory Processing Disorder (CAPD)	Refers to difficulties in processing auditory information in the central nervous system, leading to challenges in understanding and interpreting sounds despite normal hearing abilities. This can affect how individuals recognize and interpret speech, follow conversations, and distinguish between different sounds	CLICK HERE
Developmental Coordination Disorder (DCD)	A neurodevelopmental condition characterized by difficulties with motor coordination and planning, significantly impacting a person's ability to perform daily tasks and activities that require motor skills, such as tying shoelaces, catching a ball, or writing.	CLICK HERE
Dyslexia	A specific learning disorder that primarily affects reading abilities. It involves difficulty in recognizing words, decoding, and understanding text, and can affect spelling and writing skills. It's not related to intelligence and can vary in severity.	CLICK HERE
Down Syndrome (DS)	A genetic disorder caused by the presence of an extra chromosome 21. This leads to physical, intellectual, and developmental delays and may cause distinctive facial features. Individuals with Down Syndrome often have a wide range of abilities and may require varying levels of support.	CLICK HERE



DEVELOPMENTAL & INTELLECTUAL DISORDERS CONTINUED

TERM	DEFINITION	RESOURCE
Expressive Language Disorder	This disorder involves difficulties in verbal communication, specifically in expressing ideas, thoughts, or feelings through spoken language. It can involve limited vocabulary, difficulty forming sentences, or struggles in using correct grammar and syntax.	CLICK HERE
Fetal Alcohol Spectrum Disorder (FASDs)	A range of symptoms may occur in an individual whose mother drank alcohol during pregnancy. It encompasses a variety of physical, cognitive, behavioral, and learning difficulties, which may include growth deficiencies, intellectual disabilities, behavioral problems, and issues with learning and socializing.	CLICK HERE
Global Developmental Delay (GDD)	A condition where children experience delays in several developmental areas, such as motor skills, speech and language, cognitive abilities, and social or emotional functioning	CLICK HERE
Learning Disability & Individual Education Plan (IEP)	Individual Education Plan (IEP) is a personalized plan developed for students with learning disabilities or special needs, outlining educational goals, support services, and accommodations tailored to address their specific challenges and promote learning and development.	CLICK HERE
IEP (Gifted)	Specialized individual educational plans and strategies to accommodate and challenge their advanced abilities. It aims to cater to their specific strengths, intellectual needs, and interests, providing enrichment and support within the educational setting to optimize their learning experience and potential.	CLICK HERE
Intellectual Developmental Disability (I/DD)	A condition characterized by limitations in intellectual functioning and adaptive behavior. These limitations affect a person's everyday social and practical skills. I/DD varies in severity and can impact learning, problem-solving, communication, and independent living skills.	CLICK HERE
Language Disorder	Difficulties in the comprehension or use of spoken, written, or other forms of language. This can manifest as challenges in expressing thoughts, understanding conversations, using correct grammar, vocabulary, or articulating speech sounds. It can significantly impact communication and may occur alongside other developmental conditions or independently.	CLICK HERE



DEVELOPMENTAL & INTELLECTUAL DISORDERS CONTINUED

TERM	DEFINITION	RESOURCE
Non-Specific Learning Disorder	Difficulties in learning and acquiring specific academic skills without meeting the criteria for a specific learning disorder like dyslexia or dyscalculia. It involves challenges in areas such as reading, writing, or math, affecting academic performance but not fitting the defined characteristics of a particular learning disorder.	CLICK HERE
Receptive – Expressive Language Disorder	A communication impairment disorder involves difficulties in understanding language (receptive language) and/or expressing thoughts and ideas through language (expressive language). Individuals might struggle with comprehending spoken or written language and/or have trouble forming sentences, using appropriate grammar, or articulating ideas verbally or in writing.	CLICK HERE
Shaken Baby Syndrome (SBS)	A serious condition resulting from violently shaking an infant or young child, leading to brain injury or damage.	CLICK HERE
Social (Pragmatic) Communication Disorder (SCD)	A condition characterized by challenges in using verbal and nonverbal communication in social contexts, affecting the ability to effectively engage in social interactions and understand social cues.	CLICK HERE
Speech Sound Disorder	This disorder causes difficulties in producing speech, and sounds, or articulating them accurately. This can manifest as errors in pronunciation, substituting, omitting, or distorting certain sounds, which may impact intelligibility and fluency of speech.	CLICK HERE
Stereotypic Movement Disorder (SMD)	A condition characterized by repetitive, non-functional motor movements that can be rhythmic, abrupt, or seemingly purposeless. These movements, such as hand flapping, body rocking, or head banging, often occur involuntarily and persistently, potentially causing physical harm or interference with daily activities.	CLICK HERE

PHYSICAL & MEDICAL DISORDERS		
TERM	DEFINITION	RESOURCE
Achondroplasia (ACH; restricted growth)	The most common type of short-limbed dwarfism.	CLICK HERE
Amputee	The removal of a limb by trauma, medical illness, or surgery.	CLICK HERE
Anemia/Blood Disorder	A condition in which the blood doesn't have enough healthy red blood cells.	CLICK HERE
Asthma	A disease that affects the lungs. This condition causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing.	CLICK HERE
Blindness – Permanent	Permanent total blindness in one or both eyes (no light perception)	CLICK HERE
Cancer	A disease in which abnormal cells divide uncontrollably and destroy body tissue.	CLICK HERE
Cerebral Palsy (CP)	A group of conditions that affect movement and posture. This is caused by damage that occurs to the developing brain, most often before birth.	CLICK HERE
Craniofacial Anomalies (CFA)	Deformities that affect a child's head and facial bones.	CLICK HERE
Cystic Fibrosis (CF)	A genetic disorder that causes problems with breathing and digestion.	CLICK HERE
Encopresis	The repeated passing of stool (usually involuntarily) into clothing.	CLICK HERE
Enuresis	Urinary incontinence, or lack of control over the bladder, which may lead to bedwetting.	CLICK HERE

PHYSICAL & MEDICAL DISORDERS CONTINUED

TERM	DEFINITION	RESOURCE
Epilepsy	A neurological disorder that results in abnormal electrical brain activity, commonly known as a seizure.	CLICK HERE
Hearing Loss	Complete or almost complete loss of hearing in one or both ears.	CLICK HERE
Heart Defect	An abnormality in the heart that develops before birth.	CLICK HERE
Hydrocephalus	A neurological disorder caused by an abnormal buildup of cerebrospinal fluid in the ventricles (cavities) deep within the brain.	CLICK HERE
Irritable Bowel Syndrome (IBS)	An intestinal disorder that causes pain in the belly, gas, diarrhea, and constipation.	CLICK HERE
Kidney Disease (KD)	A condition where the kidneys are damaged and unable to function properly. This can result in the accumulation of waste and excess fluids in the body, leading to various complications. Causes can vary, including diabetes, high blood pressure, infections, and certain medications.	CLICK HERE
Life Threatening Viral Infection	A viral illness that poses a severe risk to an individual's life. These infections can cause critical complications affecting multiple organ systems and often require immediate medical intervention. Examples include severe cases of certain influenza strains, viral hemorrhagic fevers like Ebola or Marburg, or certain strains of the coronavirus that can lead to severe respiratory distress.	CLICK HERE
Microcephaly Muscular Dystrophy	A condition characterized by an abnormally small head size, often due to underdevelopment of the brain. Muscular dystrophy refers to a group of genetic disorders causing progressive weakening and degeneration of muscle fibers. These conditions can vary widely in their severity, symptoms, and impact on a person's health and abilities.	CLICK HERE
Neurofibromatosis Paralysis (NFP)	A genetic disorder causing the growth of tumors on nerves. These tumors can lead to various complications depending on their location and size. Paralysis refers to the loss of muscle function and sensation in parts of the body, often caused by damage to the nervous system. In some cases of neurofibromatosis, tumors can press on nerves, potentially causing paralysis if they affect critical nerve pathways.	CLICK HERE

PHYSICAL & MEDICAL DISORDERS CONTINUED

TERM	DEFINITION	RESOURCE
Partial Paraplegic Paralysis	A condition where there is partial loss of movement and sensation in the lower part of the body, typically affecting both legs. This condition may result from injury, trauma, or illness that damages the spinal cord, impacting motor and sensory functions below the level of injury.	CLICK HERE
Quadriplegic Paralysis	Paralysis affects all four limbs and usually the torso due to spinal cord injury or disease.	CLICK HERE
Respiratory Problems	A condition that primarily affects the lungs and other parts and functions of the respiratory system.	CLICK HERE
Scoliosis	A medical condition characterized by an abnormal sideways curvature of the spine. This curvature can vary in severity and may cause uneven shoulders, hips, or waist, leading to potential discomfort or difficulty in movement.	CLICK HERE
Seizure Disorder	Also known as epilepsy, is a neurological condition characterized by sudden and recurrent seizures and abnormal electrical disturbances in the brain. Seizures can vary widely in their presentation, from brief lapses of attention or muscle jerks to more severe convulsions or loss of consciousness.	CLICK HERE
Sickle Cell Anemia (SCD)	A genetic blood disorder characterized by abnormal hemoglobin, which causes red blood cells to assume a sickle or crescent shape. These irregularly shaped cells can obstruct blood flow, leading to pain, anemia, and potential damage to organs. Individuals with sickle cell anemia are more susceptible to infections and other health complications.	CLICK HERE
Sickle Cell Trait (SCT)	A genetic condition where a person carries one abnormal hemoglobin gene and one normal gene, inherited from one parent each. Unlike sickle cell anemia, individuals with the trait usually don't experience the symptoms of the disease. However, they can pass the sickle cell gene to their children. In certain conditions, extreme physical exertion, high altitudes, or dehydration, individuals with the trait may experience complications, such as pain episodes or blood in the urine.	CLICK HERE
Spina Bifida (SB)	A congenital condition where the neural tube, which eventually forms the spinal cord, doesn't close completely during fetal development. This results in varying degrees of spinal cord and spinal nerve damage. The severity of spina bifida can range from mild to severe, leading to physical disabilities, such as paralysis, bowel or bladder issues, and difficulties with mobility.	CLICK HERE

PHYSICAL & MEDICAL DISORDERS CONTINUED		
TERM	DEFINITION	RESOURCE
Terminal Illness	A disease or condition that cannot be cured and is expected to lead to the patient's death within a relatively short period, which can range from months to a few years. This prognosis often leads to a focus on palliative care (hospice) to alleviate symptoms, manage pain, and improve the patient's quality of life, rather than aiming for a cure. Terminally ill individuals and their families may receive supportive care to address emotional, spiritual, and practical needs during this time.	CLICK HERE
Tourette's Syndrome (TS)	A neurodevelopmental condition characterized by repetitive, involuntary movements and vocalizations called tics. These tics can be either motor (physical movements) or vocal (sounds or words). The severity and type of tics can vary widely among individuals, and the condition often starts during childhood, with symptoms improving or changing over time.	CLICK HERE
Visually Impaired (VI)	Refers to a broad range of conditions where a person's vision is significantly affected, ranging from partial vision loss to total blindness. Individuals with visual impairment may have difficulties with tasks requiring sight, such as reading, driving, or recognizing faces.	CLICK HERE
Wheelchair Dependent	Individuals that rely on a wheelchair for mobility due to physical limitations or disabilities that prevent them from walking or moving independently.	CLICK HERE

EMOTIONAL & MENTAL DISORDERS		
TERM	DEFINITION	RESOURCE
Acute Stress Disorder (ASD)	A mental health disorder that can occur in the first month after a traumatic event.	CLICK HERE
Adjustment Disorder	A disorder that affects an individual's reactions to stress may involve negative thoughts, strong emotions, and changes in behavior.	CLICK HERE
Anorexia Nervosa (AN)	Psychiatric disorder in which patients restrict their food intake relative to their energy requirements by eating less, exercising more, and/or purging food through laxatives and vomiting.	CLICK HERE

EMOTIONAL & MENTAL DISORDERS CONTINUED

TERM	DEFINITION	RESOURCE
Attachment Disorder	A psychiatric illness that can develop in young children who have problems with emotional attachments to others.	CLICK HERE
Bulimia Nervosa	An eating disorder characterized by regular, often secretive, bouts of overeating followed by self-induced vomiting or purging, strict dieting, or extreme exercise, associated with persistent and excessive concern with body weight.	CLICK HERE
Binge-Eating Disorder	A disorder where individuals will ingest large amounts of food in a short amount of time to cope with negative emotions. Individuals lack the control to stop eating even when they are not hungry.	CLICK HERE
Bipolar Disorder	A mental health condition that causes extreme mood swings that include emotional highs (mania or hypomania) and lows (depression).	CLICK HERE
Conduct Disorder	A group of behavioral and emotional problems surrounding following rules and acting in socially normative ways, including demonstrating adequate regard for others.	CLICK HERE
Depression	A disorder that negatively affects an individual's mood causing a loss of interest and feelings of sadness or hopelessness.	CLICK HERE
Disruptive Mood Dysregulation Disorder (DMDD)	A condition in which children or adolescents experience ongoing irritability, anger, and frequent intense temper outbursts.	CLICK HERE
Generalized Anxiety Disorder (GAD)	Severe and ongoing anxiety that interferes with daily activities.	CLICK HERE
Gender Dysphoria	A sense of unease and internal turmoil that a person may experience due to a mismatch between their biological sex and their chosen gender identity.	CLICK HERE
Intermittent Explosive Disorder (IED)	A mental disorder identified by episodes of anger, sudden outbursts in which the person loses control entirely.	CLICK HERE

EMOTIONAL & MENTAL DISORDERS CONTINUED

TERM	DEFINITION	RESOURCE
Obsessive Compulsive Disorder (OCD)	A disorder in which a person experiences uncontrollable and recurring intrusive thoughts (obsessions) and engages in repetitive behaviors (compulsions) to ease anxiety, or both.	CLICK HERE
Oppositional Defiant Disorder (ODD)	Uncooperative, defiant, and hostile behaviors toward peers, parents, teachers, and other authority figures.	CLICK HERE
Personality Disorder	A deeply ingrained pattern of behavior of a specified kind that deviates markedly from the norms of generally accepted behavior, typically apparent by the time of adolescence, and causes long-term difficulties in personal relationships or in functioning in society.	CLICK HERE
Pica	An eating disorder in which a person eats non-nutritional items not typically considered food such as clay or paper.	CLICK HERE
Post-Traumatic Stress Disorder (PTSD)	A disorder that develops when a person has experienced or witnessed a frightening, shocking, terrifying, or dangerous event. This specific event will elicit physical and emotional distress and anxiety when triggered in the future.	CLICK HERE
Psychosis	A collection of symptoms that affect an individual's perception, disconnecting them from reality.	CLICK HERE
Reactive Attachment Disorder (RAD)	A condition where a child doesn't form healthy emotional bonds with their caretakers (parental figures), often because of emotional neglect or abuse at an early age.	CLICK HERE
Rumination Syndrome (RS)	A rare behavioral disorder in which food is brought back up from the stomach, re-chewed and swallowed.	CLICK HERE
Schizoaffective Disorder (SAD)	A chronic mental health condition characterized mainly by symptoms of schizophrenia, such as hallucinations or delusions, and mood disorders, such as mania and depression.	CLICK HERE
Schizophrenia	A mental illness that affects how a person thinks, feels, and behaves. This condition leads to a faulty perception, delusion, withdrawal from reality, and disorganized speech or behavior.	CLICK HERE

EMOTIONAL & MENTAL DISORDERS CONTINUED

TERM	DEFINITION	RESOURCE
Separation Anxiety Disorder (SAD)	A disorder in which a child becomes excessively anxious when separated from their parents.	CLICK HERE
Social Anxiety Disorder	A chronic condition in which social interactions or situations cause overwhelming and debilitating anxiety.	CLICK HERE
Substance Use Disorder (SUD)	A disorder affecting addiction and an individual's consistent and persistent abuse of drugs and alcohol regardless of harmful physical, emotional, financial, and mental effects.	CLICK HERE



HELPFUL RESOURCES

IMPACT OF ADOPTION

Adoption is a lifelong journey — one that continuously shapes the lives of adoptive parents, birth parents and, most importantly, adoptees. In the articles below, learn more about the long-term effects of being adopted and the ways in which adoption may play a role in shaping your child's personal identity, your relationships and more.

- [Lifelong Impact of Adoption](#)
- [The Impact of Adoption Fact Sheet](#)

COMMON NEEDS & CHARACTERISTICS OF CHILDREN AWAITING ADOPTIVE FAMILIES

There are over 400 children in Kansas awaiting their forever family. Children are of all ages, races and ethnic groups, and from all socio-economic backgrounds. The majority of waiting children are age 8 and older, have two or more siblings, or have special needs.

- [About the Children](#)
- [Parenting a Child Who Has Experienced Trauma](#)

MAINTAINING BENEFICIAL CONNECTIONS

Many children in care have relationships with family, caregivers, or other important people that are beneficial to the child. It is often recommended that a child maintain these relationships after adoption. Continuing relationships with important people can ease feelings of grief and loss, aid in identity development, and provide a sense of belonging. In order to understand the importance and benefits of helping your child maintain connections, we recommend you read the below material.

- [Helping Your Adopted Child Maintain Important Relationships with Family](#)

PARENTING DIVERSE FAMILIES & MAINTAINING CULTURAL CONNECTIONS

It is possible that you will adopt a child who does not share your same race, ethnicity, religion, tribal affiliation, language, or other cultural attributes. It's important for families to acknowledge cultural differences in their home, and to actively work to create an environment that honors a child's culture. Failing to do so can lead to isolation or identity confusion. We strongly encourage you read the following material in order to prepare for this possibility.

- [Parenting in Racially and Culturally Diverse Adoptive Families](#)
- [Talking with Children about Race and Racism](#)

POST-ADOPTION RESOURCES

Following adoption, your family can utilize various forms of support, including additional training and education, clinical services, support groups, and government assistance. The resources listed below are just a sampling of support your family can turn to.

ADDITIONAL TRAINING

- Children in foster care have experienced trauma, grief, and loss. Your family is encouraged to continue educating yourself about trauma and its impact on children.
- [Children's Alliance of Kansas](#): Large library of trainings on various topics that are relevant to adoptive families.
- Trust-Based Relational Intervention (TBRI): a therapeutic model that trains caregivers to provide effective support and treatment for at-risk children.
- [Child Trauma Academy](#): The ChildTrauma Academy is a Community of Practice working to improve the lives of high-risk children through education, research and the dissemination of innovation.

BOOKS

- The Connected Child by Karyn B. Purvis, Ph.D., David R. Cross Ph.D. and Wendy Lyons Sunshine
- Parenting from the Inside Out by Daniel J. Siegel, M.D., and Mary Hartzell, M.Ed.
- The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma by Bessel van der Kolk, M.D.
- Playful Parenting by Lawrence J. Cohen, Ph.D
- Brainstorm by Daniel J. Siegel, M.D.
- Adopting the Hurt Child by Gregory C Keck, Ph.D., and Regina M. Kupecky, LSW
- Parenting the Hurt Child by Gregory C Keck, Ph.D., and Regina M. Kupecky, LSW
- Beyond Consequences, Logic, & Control by Heather T. Forbes

KANSAS-SPECIFIC SUPPORT

- [Kansas Post Adoption Resource Center \(K-PARC\)](#): Find helpful tips and information specifically tailored for parents of adopted children
- [Kansas Caregivers Support Network](#): bridging the gap between Kansas Caregivers and the Child Welfare System by creating access to resources to sustain a healthy placement.

ADOPTION ASSISTANCE

- [Kansas State Adoption Assistance Program](#)
- [KS DCF Adoption Assistance Brochure](#):

CLINICAL SERVICES

- [Association of Community Mental Health Center of Kansas](#)