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Special Needs Match Form

LA VIDA INTERNAL USE ONLY:

Log In Date: ___/___/___

Dossier #: _____

USCIS exp: ___/___/___

Notes: _____

If you would like to be considered for the Special Characteristics program in Colombia or the Special Needs Program in either South Africa or China please complete the form below. We use the information you provide to determine your requests are consistent with the needs of the children who are available for adoption in your selected program and to determine if your selected program will be a good fit for your family. When completed, please initial sign date and return this form by scanning and emailing it to info@lvida.org, by fax to 610-688-8028, or by mail to La Vida International, 101 Lindenwood Drive, Suite 225, Malvern, PA 19403.

You may complete this form by hand or electronically. If you are completing this form electronically, please be sure to save it to your computer for your records and for printing.

Applicant/s Name/s as they appear on passport: _____

Date: _____

Gender of Child Desired: Female Male No Preference (Please note that in the China program - 80% of the children available with special needs are boys)

Age range at time of match: Please check all that you would be interested in and please recognize that most of the waiting children are 18 months or older. 0-24mos. 25-36mos. 37-48 mos. _____ (other age desired)

Country of Adoption: _____

Applicant One's Initials _____

Applicant Two's Initials _____

Please share your motivation to adopt a child with a special medical need. If necessary, add additional information on the last page of this application. Please provide information regarding the doctor(s) you have consulted with and have chosen to review your medical history when La Vida asks you to consider a child:

Doctor's Name: _____ Phone #: _____

Doctor's Address: _____

Doctor's Specialty: _____

Doctor's Name: _____ Phone #: _____

Doctor's Address: _____

Doctor's Specialty: _____

SPECIAL MEDICAL NEED

Please place a check in the boxes of all of the special medical needs that you have already researched and would seriously consider. Before checking a box, it is your responsibility to have consulted with medical professionals and to have completed all necessary research. To assist you, you may download a [manual of special needs](#) published by Love Without Boundaries by clicking the link below. You will also find valuable information on our [Links](#) page. Your patience will be required because the manual is a large file and download times will vary based upon your Internet speed. The file is an electronic portfolio containing multiple files and it is a wonderful resource with good general information about the special needs below. As you consider the medical professional with whom you will consult you may wish to consider this list [of International Adoption Medical Specialists](#).

In order to properly view and work with your portfolio you must have the latest version of the free Adobe Reader, version 10.0 or greater. If you do not have Reader installed on your computer or you have an older version please visit <http://get.adobe.com/reader/> to download and install the program.

Applicant One's Initials _____

Applicant Two's Initials _____

Infectious Diseases

- Hepatitis B
- Tuberculosis
- HIV
- AIDS

Bone, Muscle and Joint Conditions

- Amniotic Banding/Missing Limb
- Missing Fingers and/or Toes
- Missing hand
- Missing Foot/partially missing foot
- Extra fingers or Toes
- Malformation of fingers and/or toes
- Arthrogyrosis
- Brachial Plexus Injury
- Cerebral Palsy
- Club Foot or Feet
- Dwarfism
- Fibular/Tibular Hemimelia
- Funnel Chest/Pigeon Breast
- Hernia
- Hip Dysplasia
- Lymphedema
- Osteogenesis Imperfecta
- Radial Club Hand
- Rickets
- Scoliosis
- Syndactyly

Bone, Muscle and Joint Conditions (continued)

- Teratoma
- Torticollis

Neurologic Conditions

- Hydrocephalus
- Seizure Disorders
- Spina Bifida
 - Occulta
 - Meningocele
 - Myelomeningocele(Meningomyelocele)

Ear, Eye and Head Conditions

- Apraxia/Mute
- Blindness
- Partial loss of sight
- Loss of sight in one eye
- Dysplasia of optical nerve
- Cataracts
- Cleft Lip/Palate:
 - Lip and Cleft palate – lip repaired
 - Cleft lip and palate – both repaired
 - Cleft lip and palate – palate repaired
 - Cleft lip and Palate – both unrepaired
- Deafness
- Partial Hearing Loss
- Glaucoma
- Hemifacial Microsomia
- Microtia and Atresia (missing or deformed outer ear)

Applicant One's Initials _____

Applicant Two's Initials _____

Ear, Eye and Head Conditions (continued)

- Missing Eye
- Nystagmus
- Ptosis
- Strabismus

Feeding/Colon Conditions

- Anal Atresia
- Failure to Thrive
- Feeding/Swallowing Issues
- Gastroschisis
- Megacolon
- Pyloric Stenosis

Reproductive/Urologic Conditions

- Ambiguous Genitalia
- Concealed or Inconspicuous Penis
- Hypospadias
- Undescended Testes
- Hermaphroditism

Heart/Blood Conditions

- Diabetes
- Heart Defects
- Uncorrected Heart Problems
- Corrected Heart Problems (please remember that certain problems may not be corrected because doctors are waiting to see if it will correct naturally)

Heart/Blood Conditions (con)

- VSD- Ventricular Septal Defect
- ASD – Atrial Septal Defect
- PDA – Patent Ductus Arteriosus
- TOF – Tetralogy of Fallot
- SV – Single Ventricle
- Other heart defect
- Hemophilia
- Lead Exposure
- Thalassemia
- Turner's Syndrome

Skin Conditions

- Albinism
- Burns
- Congenital
- Blue Nevus
- Congenital Nevus
- Birthmark
- Ectodermal Dysplasia
- Eczema
- Hemangioma
- Ichthyosis
- Port Wine

Applicant One's Initials _____

Applicant Two's Initials _____

No known health problems /older child

- 5 years up to 7
- 7 years up to 9
- Older than 9 years (most often this is the range on the China Program list)

SPECIAL CHARACTERISTICS CATEGORIES FOR COLOMBIA

- Sibling groups of 3 or more
- Sibling groups of 2, when one is older than 9 years of age
- A single, healthy child, if older than 9 years of age.
- A single child of any age that has a mental or physical disability. (Please specify by selecting from the special needs categories on this match form.

Other:

- Developmental Delay (physical, cognitive, communication, social , emotional, adaptive)
- RAD - Reactive Attachment Disorder
- Malnourishment
- Premature birth
- Fetal Alcohol Syndrome
- Fetal Alcohol Effect
- Autism
- Downs Syndrome
- Mental Retardation (indicate level below)
 - Mild Moderate Severe

- Known History of Sexual Abuse
- Known History of Physical Abuse / Neglect

Other (You may add any other needs that aren't listed above)

- _____
- _____
- _____

AGE, MEDICAL, DEVELOPMENTAL AND/OR EMOTIONAL RISKS

I/we understand that La Vida cannot predict an adoptive child's mental or physical development, emotional and/or personality characteristics, health, medical problems, learning disabilities, intellectual ability, hyperactivity, attention deficits, attachment and/or bonding issues, appearance or inherited characteristics.

I/we understand and acknowledge that the medical and social information given to us by the referral source, governmental agency or by hospitals or doctors and passed on to me/us may be incomplete or erroneous. I/we should consult with a pediatrician, or appropriate medical specialist of my/our choice to review the information that is available to provide me/us with an opinion regarding this information, or absence of such information.

I/we understand and acknowledge that a referred child may have undiagnosed or misdiagnosed medical, developmental, emotional, or physical conditions which may be temporary or permanent. Such conditions may not be apparent until after the child is in my/our home and has reached a certain age. I/we understand that La Vida International cannot guarantee the accuracy or completeness of any information given to me/us about the child, including the child's age or date of birth (thus

Applicant One's Initials _____

Applicant Two's Initials _____

a child may be older or younger than reported), or the results of any testing done on the child in the foreign country.

I/we understand that in international adoptions, there are additional risks that the child has been exposed to or experienced sexual abuse, physical abuse, neglect, malnutrition, exposure to drugs or alcohol in utero, etc. Information related to a birth parents' substance use/abuse during pregnancy may or may not be available to me/us and/or may not be accurate. In many cases, if a child has been affected by any/all of the above, it is difficult or impossible to diagnose such conditions in the sending country. These risks are especially acute with international adoptions as the amount and quality of medical records may be inadequate.

I/we understand that La Vida International does not independently verify the information given to us by referral sources, governmental agencies, hospitals, doctors or other sources nor will La Vida International make an independent investigation into the child's background and health or social situation. I/we agree not to expect or rely upon La Vida International to verify or investigate the truth of information provided to me/us by the referral source or other parties at the time of referral or in the future.

Applicant One's Initials _____

Applicant Two's Initials _____

Please add any additional information you would like to share below or state "None."

*Applicant One's Signature / Date

*Applicant Two's Signature / Date

*My/our signature(s) declare that I/we have properly researched and understand the checked medical needs on page one of this document, including speaking with a physician. I/we am/are prepared to be matched to and to parent a child with the known or unknown special needs I/we have checked.