Georgia Department of Human Resources

BACKGROUND INFORMATION FOR NON-STATE AGENCY CHILD

Responsible Party	Telephone Number	Date
Name of Child	Date of Birth	Time of Birth	Sex
Resident County	Placement County	Race/Ethnic

ALL RELATIONSHIPS ARE TO THE CHILD

CHILD'S NAME

		MATERNAL			PATERNAL	
CHILD'S	MOTHER	GRANDMOTHER	GRANDFATHER	FATHER	GRANDMOTHER	GRANDFATHER
DATE OF BIRTH:						
RACE / ETHNIC						
NATIONAL DESCENT:						
HAIR COLOR:						
EYE COLOR:						
COMPLEXION:						
WEIGHT:						
HEIGHT:						
OCCUPATION:						
GENERAL HEALTH:						
EDUCATION:						
IF DECEASED, AGE & CAUSE						
SPECIAL CHARACTERISTICS:						

	CHILD'S MATERNAL AUNTS & UNCLES			CHILD'S PATERNAL AUNTS & UNCLES		
DATE OF BIRTH:						
RACE / ETHNIC:						
NATIONAL DESCENT:						
HAIR COLOR:						
EYE COLOR:						
COMPLEXION:						
WEIGHT:						
HEIGHT:						
OCCUPATION:						
GENERAL HEALTH:						
EDUCATION:						
IF DECEASED, AGE & CAUSE:						
SPECIAL CHARACTERISTICS:						

ALL RELATIONSHIPS ARE TO THE CHILD

SIBLINGS OF CHILD
MATERNAL

DATE OF BIRTH:				
FULL OR HALF SIBLING:				
SEX:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
GENERAL HEALTH:				
SCHOOL GRADE AND ACHIEVEMENT:				
SPECIAL CHARACTERISTICS:				

PATERNAL

DATE OF BIRTH:				
FULL OR HALF SIBLING:				
SEX:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
GENERAL HEALTH:				
SCHOOL GRADE AND ACHIEVEMENT:				
SPECIAL CHARACTERISTICS:				

ALL RELATIONSHIPS ARE TO THE CHILD

FAMILY OF CHILD'S MOTHER

CHILD'S	MATERNAL		PATERNAL	
	GREAT GRANDMOTHER	GREAT GRANDFATHER	GREAT GRANDMOTHER	GREAT GRANDFATHER
DATE OF BIRTH:				
RACE / ETHNIC:				
NATIONAL DESCENT:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
OCCUPATION:				
EDUCATION:				
IF DECEASED, AGE & CAUSE:				
SPECIAL CHARACTERISTICS:				

CHILD'S	MATERNAL GREAT AUNTS AND UNCLES		PATERNAL GREAT AUNTS AND UNCLES	
DATE OF BIRTH:				
RACE / ETHNIC:				
NATIONAL DESCENT:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
OCCUPATION:				
EDUCATION:				
IF DECEASED, AGE & CAUSE:				
SPECIAL CHARACTERISTICS:				

ALL RELATIONSHIPS ARE TO THE CHILD

FAMILY OF CHILD'S FATHER

CHILD'S	MATERNAL		PATERNAL	
	GREAT GRANDMOTHER	GREAT GRANDFATHER	GREAT GRANDMOTHER	GREAT GRANDFATHER
DATE OF BIRTH:				
RACE / ETHNIC:				
NATIONAL DESCENT:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
OCCUPATION:				
EDUCATION:				
IF DECEASED, AGE & CAUSE:				
SPECIAL CHARACTERISTICS:				

CHILD'S	MATERNAL GREAT AUNTS AND UNCLES		PATERNAL GREAT AUNTS AND UNCLES	
DATE OF BIRTH:				
RACE / ETHNIC:				
NATIONAL DESCENT:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
OCCUPATION:				
EDUCATION:				
IF DECEASED, AGE & CAUSE:				
SPECIAL CHARACTERISTICS:				

FAMILY MEDICAL INFORMATION
MATERNAL

Click YES or NO to each of the following diseases or conditions, if the answer, is YES give family member, and brief description of disease/condition, its effect, age of onset, age if cause of death, in the space below.

	YES	NO		YES	NO		YES	NO
1. Allergies a) drugs	☐	☐	7. Congenital Birth Abnormalities	☐	☐	b) premature births	☐	☐
b) foods	☐	☐	8. Cleft Lip	☐	☐	c) still births	☐	☐
c) asthma	☐	☐	9. Cleft Palate	☐	☐	d) incompetent cervix	☐	☐
d) hay fever	☐	☐	10. Cystic Fibrosis	☐	☐	e) ectopic pregnancies	☐	☐
e) other	☐	☐	11. Diabetes	☐	☐	f) eclamptogenic toxemia	☐	☐
2. Alcoholism/Drug Addiction	☐	☐	12. Dwarfism	☐	☐	g) spontaneous abortion	☐	☐
3. Blood Diseases	☐	☐	13. Epilepsy	☐	☐	h) other	☐	☐
a) hemophilia	☐	☐	14. Hearing Disorders	☐	☐	29. Respiratory Diseases	☐	☐
b) Rh disease	☐	☐	15. Huntington Disease	☐	☐	a) emphysema	☐	☐
c) sickle cell disease/trait	☐	☐	16. Hyperactivity (ADHD)	☐	☐	b) bacterial pneumonia	☐	☐
d) thalassemia (cooly's anemia)	☐	☐	17. Immune System Disease	☐	☐	c) tuberculosis	☐	☐
e) other	☐	☐	a) HIV Positive	☐	☐	d) other	☐	☐
4. Bone Diseases	☐	☐	b) AIDS	☐	☐	30. Skin Disorders	☐	☐
a) arthritis	☐	☐	18. Learning Disability (specify)	☐	☐	a) psoriasis	☐	☐
b) curvature of spine	☐	☐	19. Liver Disease	☐	☐	b) other	☐	☐
c) other structural malformation	☐	☐	20. Mental Illness	☐	☐	31. Speech Disorders	☐	☐
d) other	☐	☐	a) bi-polar	☐	☐	a) stuttering	☐	☐
5. Cancer	☐	☐	b) schizophrenia	☐	☐	b) tongue tie	☐	☐
a) breast	☐	☐	c) other	☐	☐	c) sound omissions	☐	☐
b) bowel	☐	☐	21. Mental Retardation	☐	☐	d) sound distortions	☐	☐
c) colon	☐	☐	a) Downs Syndrome	☐	☐	e) delayed speech	☐	☐
d) ovarian	☐	☐	b) PKU	☐	☐	f) other	☐	☐
e) skin	☐	☐	c) Lesch-Nyham syndrome	☐	☐	32. Sudden Infant Death	☐	☐
f) stomach	☐	☐	d) Hunters	☐	☐	33. Systemic Lupus Erythematosis	☐	☐
g) lungs	☐	☐	e) tuberous sclerosis	☐	☐	34. Thyroid Disorders	☐	☐
h) leukemia	☐	☐	f) other	☐	☐	35. Tay-Sachs Disease	☐	☐
i) other	☐	☐	22. Migraine Headache	☐	☐	36. Tourettes Syndrome	☐	☐
6. Cardiovascular Disease	☐	☐	23. Multiple Births	☐	☐	37. Visual Disorders	☐	☐
a) atherosclerosis	☐	☐	24. Multiple Sclerosis	☐	☐	a) cataracts	☐	☐
b) congenital heart defect	☐	☐	25. Muscular Dystrophy	☐	☐	b) dyslexia	☐	☐
c) heart attack	☐	☐	26. Myasthenia Gravis	☐	☐	c) glaucoma	☐	☐
d) hyperlipidemia	☐	☐	27. Obesity	☐	☐	d) retinitis pigmentosa	☐	☐
e) stroke	☐	☐	28. Pregnancy Complications	☐	☐	e) strabismus	☐	☐
f) high blood pressure	☐	☐	a) drug/alcohol use during pregnancy	☐	☐	f) other	☐	☐
g) other	☐	☐				38. Any other diseases which have occurred repeatedly in family (specify)	☐	☐

Biological Mother's age at onset of menses

Code number and letter when describing disease/condition. (attach additional page if needed)

FAMILY MEDICAL INFORMATION
PATERNAL

Click YES or NO to each of the following diseases or conditions, if the answer, is YES give family member, and brief description of disease/condition, its effect, age of onset, age if cause of death, in the space below.

	YES	NO		YES	NO		YES	NO
1. Allergies a) drugs	☐	☐	7. Congenital Birth Abnormalities	☐	☐	b) premature births	☐	☐
b) foods	☐	☐	8. Cleft Lip	☐	☐	c) still births	☐	☐
c) asthma	☐	☐	9. Cleft Palate	☐	☐	d) incompetent cervix	☐	☐
d) hay fever	☐	☐	10. Cystic Fibrosis	☐	☐	e) ectopic pregnancies	☐	☐
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3. Blood Diseases	☐	☐	13. Epilepsy	☐	☐	h) other	☐	☐
a) hemophilia	☐	☐	14. Hearing Disorders	☐	☐	29. Respiratory Diseases	☐	☐
b) Rh disease	☐	☐	15. Huntington Disease	☐	☐	a) emphysema	☐	☐
c) sickle cell disease/trait	☐	☐	16. Hyperactivity (ADHD)	☐	☐	b) bacterial pneumonia	☐	☐
d) thalassemia (cooly's anemia)	☐	☐	17. Immune System Disease	☐	☐	c) tuberculosis	☐	☐
e) other	☐	☐	a) HIV Positive	☐	☐	d) other	☐	☐
4. Bone Diseases	☐	☐	b) AIDS	☐	☐	30. Skin Disorders	☐	☐
a) arthritis	☐	☐	18. Learning Disability (specify)	☐	☐	a) psoriasis	☐	☐
b) curvature of spine	☐	☐	19. Liver Disease	☐	☐	b) other	☐	☐
c) other structural malformation	☐	☐	20. Mental Illness	☐	☐	31. Speech Disorders	☐	☐
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5. Cancer	☐	☐	b) schizophrenia	☐	☐	b) tongue tie	☐	☐
a) breast	☐	☐	c) other	☐	☐	c) sound omissions	☐	☐
b) bowel	☐	☐	21. Mental Retardation	☐	☐	d) sound distortions	☐	☐
c) colon	☐	☐	a) Downs Syndrome	☐	☐	e) delayed speech	☐	☐
d) ovarian	☐	☐	b) PKU	☐	☐	f) other	☐	☐
e) skin	☐	☐	c) Lesch-Nyham syndrome	☐	☐	32. Sudden Infant Death	☐	☐
f) stomach	☐	☐	d) Hunters	☐	☐	33. Systemic Lupus Erythematosis	☐	☐
g) lungs	☐	☐	e) tuberous sclerosis	☐	☐	34. Thyroid Disorders	☐	☐
h) leukemia	☐	☐	f) other	☐	☐	35. Tay-Sachs Disease	☐	☐
i) other	☐	☐	22. Migraine Headache	☐	☐	36. Tourettes Syndrome	☐	☐
6. Cardiovascular Disease	☐	☐	23. Multiple Births	☐	☐	37. Visual Disorders	☐	☐
a) atherosclerosis	☐	☐	24. Multiple Sclerosis	☐	☐	a) cataracts	☐	☐
b) congenital heart defect	☐	☐	25. Muscular Dystrophy	☐	☐	b) dyslexia	☐	☐
c) heart attack	☐	☐	26. Myasthenia Gravis	☐	☐	c) glaucoma	☐	☐
d) hyperlipidemia	☐	☐	27. Obesity	☐	☐	d) retinitis pigmentosa	☐	☐
e) stroke	☐	☐	28. Pregnancy Complications	☐	☐	e) strabismus	☐	☐
f) high blood pressure	☐	☐	a) drug/alcohol use during pregnancy	☐	☐	f) other	☐	☐
g) other	☐	☐		☐	☐	38. Any other diseases which have occurred repeatedly in family (specify)	☐	☐

Code number and letter when describing disease/condition. (attach additional page if needed)

ALL RELATIONSHIPS ARE TO THE CHILD

NAMES AND ADDRESSES

NAME **DATE OF BIRTH** **ADDRESS**

CHILD: _____

MATERNAL

	NAME	DATE OF BIRTH	ADDRESS
MOTHER:			
GRANDMOTHER:			
GRANDFATHER:			
AUNTS & UNCLES:			
SIBLINGS:			

PATERNAL

	NAME	DATE OF BIRTH	ADDRESS
FATHER:			
GRANMOTHER:			
GRANDFATHER:			
AUNTS & UNCLES:			
SIBLINGS:			

Is mother aware of the provision of 19-8-23(f) Reunion Registry **YES** ☐ **NO** ☐

Is father aware of the provision of 19-8-23 (f) Reunion Registry) **YES** ☐ **NO** ☐