



Photo Shoot Referral Form

Child's name	
DOB	
Child's Race	
Siblings (if applicable)	
If siblings, recruiting together or separately	
County of Residence	
County Holding Custody	
Caseworker's name, phone number & e-mail address & Mailing Address	
Supervisor's name, phone number & mailing address	
Placement Specialist	
What activities does this child like to do? Are they involved in any clubs or organizations?	
If this child could plan a day all about them what would they wish to do?	
How is the child doing in school? Are they enrolled in the appropriate grade level? Do they receive special services at school? If so, what? What is the child's favorite subject?	
What is something positive that stands out to you about this child?	
What type of family do you think would suit this child best?	
Does this child have a special medical need or need to make frequent doctor's visits?	
Special Concerns that HGA needs to be aware of before the shoot (i.e., physical limitations, communication deficits, child's thoughts about adoption, etc.)	
Are there any counties that the child can NOT be shown in TV or Physical Exhibits? If yes, please list.	
Has TPR Occurred either not appealed or appeal upheld? Date	

*** Please make sure the child is in non-identifying, clean clothes. * Please make sure the child is prepared to be interviewed about adoption-related issues.**
 Questions call 205-445-1293 Fax Completed Form to 205.445.1294 or via email info@heartgalleryalabama.com