

A Series on Adoption and Foster Care Issues

The Adoption Process and Children With Medical Needs

OBJECTIVES:

- Assist pre-adoptive and post-adoptive families involved in the adoption of children with significant medical needs.
- Introduce an empowerment model to help families manage all aspects of care.
- Help families determine what level of care they can handle.
- Encourage families to identify their strengths.
- Identify resources and form links to them.
- Facilitate family resiliency.
- Provide families with a framework to acknowledge the impact on the entire family and on the parenting process.
- Examine the differences that may occur in the bonding process with children who have significant medical needs.

OVERVIEW:

Children who would have spent their lives in care facilities years ago are now being cared for in homes. Children with tracheotomies, colostomies, central venous lines, g-tubes, and many other life-sustaining procedures can be managed in family homes. Children using wheelchairs, immobile oxygen-dependent children require equipment that can be handled in the home.

***When parents choose to adopt children with significant
medical needs, they are choosing a life of challenges.***

Not every parent excels at the regimen of medical care and procedures. Some parents try and fail; others know from the start that they lack the perseverance and management skills required. For these reasons and others, many children with significant medical needs, as well as those with less-demanding diagnoses are in need of forever families.

When parents choose to adopt children with significant medical needs, they are choosing a life of challenges. This can be very rewarding, and it takes a special kind of person to handle the stresses that come along with medical needs. Some people say their homes become like intensive care units, and their lives like emergency medical attendants. The trial period of several months required by many states before adoption finalization is especially helpful in situations such as these.

Many families who choose to parent children with significant medical needs have medical training and knowledge they want to use. Families who have unexpectedly had a birth child with medical needs, and successfully parented that child, sometimes feel they have learned so much from the experience that they need to apply the knowledge again. Other families are drawn for altruistic, sometimes spiritual reasons, to use their special gifts and skills to help others or they may be “super-achievers” who love a challenge.

Whatever the reason, parents who care for children with medical needs have all of the tasks of parenting and many of the tasks of medical professionals. This can be stressful, to say the least.



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Performing the many care procedures is just one part. Consider screening and hiring professional nurses as babysitters, ordering medical supplies, keeping medical equipment as part of the household supplies, traveling to endless doctor appointments, and life can become overwhelming.

This article will help parents explore whether they may be able to handle a child with significant medical needs, how they can prepare and cope with the situation.

MANAGING THE CARE OF A CHILD WHO HAS SIGNIFICANT MEDICAL NEEDS: HOW PARENTS CAN COPE

When parents adopt children with medical needs, the tasks can be overwhelming. Not only do the medical procedures exhaust parents, but the many doctor appointments can make scheduling normal life a nightmare! Add to that, the scarcity of respite resources and the ongoing need to advocate to be sure the child gets all of his needs met. This sounds like a formula guaranteed to lead to parent burnout syndrome!

Throughout these difficult times, it is essential that parents take time to relax and rejuvenate. It is also imperative that parents learn skills to manage all of the tasks and to keep motivated while doing them. Balancing personal needs with the demands of the constant care of another person is essential.

This may mean that when it comes to your family's long-term well being, attending a mom's-only exercise class is just as important as attending the M-Team. Reading a fun article and completing a self-care quiz in a new magazine is as necessary as completing a form for the doctor's appointment. Learning a new stress management skill in an adult education class is as important as updating your skills in the medical procedures for your child.

Why is it that taking care of yourself is as important as taking care of your child? Because when you have a child with chronic medical conditions, you are in for the long haul and need to look at the big picture.

Keeping up your skills and motivation is essential to the long-term well being of your children and family. Without a parent, who revitalizes on a regular basis, the long-term rehabilitation and care of a child will not be successful.

A NEW MINDSET ABOUT CHRONIC MEDICAL NEEDS

In years past, the majority of medical professionals believed in and followed a compliance model in dealing with chronic illness and medical challenges. The patient and the parent simply were expected to learn and apply skills and behaviors in a compliant fashion. Compliance with lifestyle changes would lead to management of the disease, whether it was diabetes, bronchopulmonary dysplasia or asthma. The belief was that compliance leads to control.

The focus was on fixing the things that could be fixed in a manner that required short-lived motivation. The difficulties

came in when the human-ness entered. Motivation wanes sometimes. It seemed like the system worked, but the humans erred. Now, more and more medical professionals are realizing that humans, therefore human behavior, are essential to making the system work. There is an acknowledgement that in order for medical management of chronic illness to succeed, the ongoing care of the caregiver needs to be incorporated into the model. There is a comprehensive focus on all of the life adjustments that are needed to implement change. This is called the empowerment model.

Helping caregivers to increase their self-awareness is the key. Focusing on the psychology of human behavior is the foundation. Things that can't be fixed easily, such as motivation, self-image, spirituality, perseverance, and psychological well-being are the elements that make the empowerment system work. Encouraging caregivers to make informed choices to enhance their quality of life is central. A focus on managing and coping on a long-term basis is the ultimate goal.

There is an acknowledgement that the care of a medically fragile child requires long-term motivation and management of all aspects of life, not just the medical procedures.

The empowerment model is not just for those people who have chronic illnesses. It is also for people who care for those with long-term medical needs. Parents who adopt children with significant medical needs need to have a mindset that prepares them for the long haul. Day in and day out, these caregivers give of themselves. The precious human resources they dish out need replenishment on a regular basis.

Children with severe medical needs should be introduced to the empowerment model thinking as soon as possible. This means they will need to learn their own medical procedures as soon as they are able, as soon as it is safe and practicable. Parents and teachers must also do everything possible to increase the child's coping skills and self-awareness. This will help him develop the emotional resiliency a chronic condition demands.

Even during the times when the parent is taking responsibility for the procedures, the child should be given a role. If the parent is changing a tracheotomy tube on an infant, the infant can be involved by holding still. If the procedure is a g-tube feeding, the toddler can participate by communicating/repeating information about what is being done. "We're putting food in to help me grow," he can say. As the child matures, taking a larger role in his own medical procedures, as well as taking responsibility for his own self-care and rejuvenation, will help him to feel empowered.

The four-year-old who carries his own "go-pack" with dressings, tubes, and special creams, or the five-year-old child with diabetes who is able to communicate the beginning stages of an insulin reaction are both gaining a sense of control over the chronic conditions that could run their lives.

When children can talk about the frustrations of having medical conditions and "being different," they can avoid the rebellion, depression and denial so typical of other children with chronic conditions. Expressing their feelings verbally can make the difference between a poor quality of life and overall well-being.

Art therapy, dance, writing, or psychotherapy needs to be a part of the treatment plan for children with chronic illnesses.

Letting kids be kids is just as important! Taking “time off” will help them learn to focus on the quality of life. This does not mean ignoring their medical needs, but rather, taking the time to focus on the quality of life beyond the juggling act of the medical procedures.

Mary tells the story of her teenage son, Tom, who had been diagnosed with diabetes at age 19. He came home from college at Thanksgiving. Mary, a dietician by trade and a concerned mother by nature said, “ Well how has your blood sugar been with that dorm food?” Tom replied, “Mom, I got an “A” on my Chemistry exam!” quickly turning the conversation away from medical needs and back on life at the moment. While medical needs are always there, the focus can be altered temporarily, in order to take stock of ALL life has to offer.

A myriad of emotions accompanies a chronic illness. From the moment of diagnosis, a life changes forever. Some have equated the emotions of dealing with a chronic illness as analogous to the stages of grief associated with a terminal illness. Shock, Denial, Anger, Bargaining, Depression and Resolution are familiar to the family dealing with a chronic condition. These and other intense emotions tend to cycle throughout life, each one emerging in close succession to the next.

It is important to remember that emotions are not problems to be solved, but rather, experiences that need to be expressed, explored and understood. Emotions can be changed only by changes in thinking. It is sometimes helpful to identify thoughts and behaviors that may affect feelings. Success in life depends heavily on whether people are willing (or able) to think about situations in new and more productive ways.

Success in managing a chronic illness requires numerous skills that go above and beyond medical management. Parenting a medically fragile child demands skills from multiple knowledge bases. There will be times when the disease management feels overwhelming and life seems like a juggling act. Slip-ups are nearly inevitable.

Catherine Feste, in her motivational speeches to people with chronic illnesses sums it up. “If, from time to time, in the midst of this juggling act, a ball gets dropped, it is not because of a character flaw in the juggler. It is because juggling is very difficult, tiring and tedious.”

WHAT LEVEL OF CARE CAN YOU HANDLE?

To help you explore how a child with medical needs will fit into your lifestyle, reflect on these things.

1. How many hours per day would you like to be involved in performing medical and care procedures?
2. How many people do you have in your life that are willing to be trained as back-up caregivers? (These can be people in your immediate or extended family, close friends or professionals)
3. How much money can you afford to pay other caregivers? Are there some you would not need to pay? Would your

medical insurance cover some of the costs, such as with nurses, nurses aides or personal assistants? Would you qualify for state or county funded respite care programs? How long are the waiting lists? Could the programs meet your needs for assistance?

4. What degree of “margin of error” are you comfortable with? For example, a child with certain medical needs requires continuous care and one slip-up could cost his life. Other needs can be addressed in a more casual fashion. For example, it usually doesn’t matter if a session of physical therapy exercises is delayed one-half hour, but it could be life threatening to delay a breathing treatment or suctioning of a tracheotomy tube. Can you handle the intensive demands required when a child’s condition can tolerate a minimal or no margin of error?
5. How many doctors’ appointments would you like to attend monthly? Weekly? Daily?
6. Do you live in an area where specialists would be likely to practice?
7. How close are you to emergency medical care? Does your closest hospital have special pediatric emergency services?
8. How familiar are you with parent support groups? Exceptional educational services? Adaptive toys and equipment? Modified playgrounds? Accessible buildings? The ADA (Americans with Disabilities Act)? Be prepared to get an education in all of the above.
9. To what degree are other areas of your life stable? Little changes in lifestyle, job responsibilities, or even household tasks demand a scheduling expert when trying to manage the care of a medically-fragile child.
10. How well can you and your family “roll with the flow” when handling stressful situations or those with many unknowns?

After reflecting on these ten items, discuss them with your family and extended family. Close friends who may be respite care resources would also be good people to talk with.

Then make three columns. In column one, list your strengths in caring for a medically needy child. In column two, list your weaknesses. In column three, list resources - people, reading material, classes, or videos that could help you learn more about different areas so that you could build on your strengths and eliminate your weaknesses.

There is no magical formula or perfect solution to the question of whether parenting a special needs child is for you. These are simply some tools to help you in a profoundly personal decision. Only you and your family can decide for sure whether this parenting situation is right for you.

COMMON MEDICAL DIAGNOSES AND WHAT THEY MEAN

Broncho-Pulmonary Dysplasia (BPD) - This is a lung condition where irregular cells develop, usually due to oxygen treatment administered to premature babies. As the irregular cells prevent the full lung (or bronchial tube) from using oxygen, the breathing system is inefficient, and the child may need oxygen

or special treatments. As the child grows, the new healthy lung tissue becomes proportionately larger as compared to the affected spot, and the child may improve in overall health while the need for oxygen decreases.

Central Venous Line - A tube is inserted directly into the bloodstream for administering medication or nutrients. If a child's gastro-intestinal system is not working effectively, the central venous line can be used for feeding. This is called parenteral nutrition, and it can be a supplement to other feeding or the main source of food. Medications put into the line can be chemotherapy for cancer treatment, or many others. Care of the line is time-consuming and demands strict attention to keeping a sterile environment, as infections in the line can be life threatening.

Club Foot - An irregular formation of the foot where the heel cord is tight. This can be corrected surgically or by a succession of casts or braces.

Colostomy - An artificially made opening for solid waste to exit from the body. Usually the result of a problem with the colon, a colostomy is surgically placed and can sometimes be reversed later. Colostomy care involves emptying and changing the attached bag, cleaning and irrigating the opening, and monitoring for signs of difficulty.

G-tube - A tube inserted for feeding. Usually inserted due to feeding difficulties, the tube can go in through the nose and then down the throat, or be surgically inserted into the abdomen through the wall of the stomach. Liquid food is poured into the tube, either all at once or a few drops at a time. Care of the g-tube involves cleaning, replacement, and training in assessing and monitoring the site and the feeding progress.

Hearing Impaired - Any degree of irregularity in hearing. For some children, this is correctable with surgery, while others benefit from hearing aids. In a classroom setting, the child can wear headphones with the teacher wearing a device that transmits what she says directly to the child. Sign language is a language used by some people with hearing impairments. Many adaptive devices will convert sound to writing, including software programs, phones (TDD), etc.

Heart Defects - There are many surgical procedures to correct heart problems and also a variety of medications available. The types of heart problems are so varied it is difficult to give a prognosis, but cardiac specialists are usually able to review medical records, examine a child and make recommendations. Left untreated, heart problems can worsen as the child grows, but can also diminish. Children with hearts not working properly may have less energy, as they are not using oxygen efficiently.

Hepatitis B - A blood-borne pathogen that can cause damage to the liver. If a child develops hepatitis B, he can become a carrier of the disease and must be regularly checked and treated. Currently, the widespread use of immunizations to prevent hepatitis B are eradicating the disease, especially in developed countries. Children adopted internationally, especially those born before the hepatitis B vaccine was popular, may be affected and it is a good idea to follow up with a blood test.

HIV Positive or AIDS - An acquired autoimmune deficiency

syndrome (AIDS). This is a disease of the blood for which there is no known cure. Research has led to treatments that prolong life and keep the disease from having as big of an impact. HIV is the virus that causes AIDS. The virus is transmitted through exchange of bodily fluids, especially blood, semen and breast milk. Currently, a person newly infected with HIV, who is in otherwise good health, can expect to be symptom free for some time, and to live up to 15 years. Treatment includes lifestyle changes, oral or intravenous medications, and a regular course of medical treatment. People with HIV (as determined by a blood test) and symptoms such as weight loss, diarrhea, frequent illnesses and fatigue are classified as having AIDS. One important thing to consider in adopting a child with HIV/AIDS is the possibility of transmission to other household members. If the person infected with HIV is bleeding, gloves should be worn to treat him. If he needs blood drawn or surgery of some sort, medical personnel should be informed so they can take precautions. The possibility of transmission through sexual intercourse can be lessened with condoms and eliminated with abstinence.

Ileostomy - An artificially made opening for urine to exit from the body. Usually the result of a problem with the urethra or bladder, an ileostomy is surgically placed and can sometimes be reversed later. Care involves emptying and changing the attached bag, cleaning the opening, and monitoring for signs of difficulty.

Muscle Tone Variations - Low muscle tone or high muscle tone that is usually the result of a brain irregularity, but sometimes the side effect of other disorders. Low-tone refers to floppiness, while high-tone refers to a taut, rigid-looking posture and movements. After the cause of the variation in tone is determined, some children benefit from physical or occupational therapy, while others benefit from medication.

Muscular Dystrophy - A progressive disease in which the muscles atrophy, and get weaker and weaker. There are many varieties of MD, each with a different treatment and prognosis. Some forms of the disease are heredity, and overall, MD affects more boys than girls. Quite a bit of research on MD has enabled the medical profession to make considerable progress in predicting outcomes and in treatment. As muscles grow weaker, adaptive devices, braces and wheelchairs all help the person with MD to lead a productive and happy life.

Seizure Disorder - Seizures are associated with many other medical conditions, but especially with brain damage. Electrical impulses in the brain that "short circuit" can cause seizures ranging from brief periods of inattention to major jerking in all areas of the body, sometimes accompanied by loss of bodily functions such as bowel or bladder control, breathing or other muscle control. Children with seizure disorders frequently outgrow the condition. Other children find very good control with medications. Some surgeries remove portions of the brain or connecting areas between brain cells to halt seizures. A special diet, called a ketogenic diet, has shown promise with some children. Very strict dietary guidelines including limits on the amounts of carbohydrates puts the body into a state of ketosis, where it burns its own fat and sometimes muscle. The diet must be monitored under close medical supervision or it can be dangerous.

Tourette's Syndrome - A neurological disorder resulting in tics, or involuntary movements, jerks and verbal outbursts. The tics can sometimes be controlled by medicine, biofeedback or behavior therapy. The long-term prognosis varies depending on the degree and nature of the patient's situation.

Tracheotomy - A hole in the throat through which air flows for breathing. Usually placed due to breathing difficulty, some tracheotomies can later be reversed. Air usually flows through the nose and is naturally heated and humidified. Air going through an artificially made opening needs to be heated and humidified before it enters the hole in the neck. Some children with tracheotomies learn to eat and talk, while others have difficulty with these skills and may require therapy.

Tracheotomy care involves cleaning and changing the stoma (the little stem that exits the throat) as well as monitoring and adjusting the humidity and oxygen levels.

Urinary Catheter - A tube through which the urine exits. This tube goes directly into the urethra. Reasons include urinary reflux (back up) which can cause infections, and other problems with the urinary system.

Visually Impaired - Any degree of visual impairment is classified under this, whether it is caused by cortical blindness (a brain disorder) or an irregularity with the eye. Early intervention may involve retraining another system, such as the hearing system to "see" objects through a sonar-type device. This needs to be introduced very early in order to have a successful outcome. Other times, vision can be corrected through surgery, corrective lenses or eye exercises.

Webbed Fingers - Extra skin between the fingers that can be removed surgically.

Extra Fingers or Toes - These can often be removed surgically.

PREPARATIONS FOR THE FAMILY CONSIDERING ADOPTION OF A CHILD WITH RISK FACTORS

1. Become informed about the medical condition and current trends in treatment, the possible outcomes, and resources available to assist your family. Talk to your doctor and other medical experts.
2. Talk to other parents whose child has the medical condition or join a general support group for parents who have medically fragile children. If there is a support group available, ask if you can attend a session before you decide about the adoption.
3. Read about and research specifics about the medical condition. There are many good sites on the Internet that have expert medical information.
4. Ask yourself, why do I want to adopt a child with identified medical needs? If you have special skills for caring for a medically fragile child, how long has it been since you updated your skills? Examine your motives and ability to accept the complex tasks of parenting a child with special needs.
5. Spend time with other children who have the medical condition.

HOW CAN A FAMILY PREPARE FOR THE MANY UNKNOWN'S?

The best advice is to seek information before you really need it, find support before you are desperate, and anticipate all of the unknowns.

HELPFUL HINTS AND QUICK TIPS

1. Remember that you are in for the long haul. Don't try to be a "super-parent" and do everything perfectly all of the time or you will burn yourself out.
2. Think of your role as an on-going collector of knowledge and skills. Remain flexible in how you manage the medical procedures and the other elements of your life, always seeking for the best way.
3. Organize your time in blocks of 1/2 to one-hour tasks followed by 1/2 to one hour of "down-time." That way you will have enough flexibility in your schedule to handle the unexpected things that come up.
4. Develop checklists for ordering medical supplies, making doctor appointments, or grocery shopping. Having a list of items where you check off what you need is a better system than trying to think of each item. Also, if you are interrupted in the middle of completing your checklist, it is easier to return to your train of thought than if you were working with a blank sheet of paper.
5. Have a specific time each week for ordering supplies, grocery list making, scheduling doctor's appointments, and organizing cupboards. Then have a few blocks of open time in case your scheduled time is interrupted by emergencies.
6. Keep a calendar of when M-Teams, conferences and other school requirements are held. Keep days open around these times, remembering that teachers have tight schedules, too.
7. Keep a list of your personal resources to call in an emergency BEFORE the emergencies arise. (See "Safety Net" article)
8. Schedule your private time IN INK on your calendar. Feel free to use your "back-up" slots of time if your private time gets interrupted.
9. Keep a "Things To Do" list. Make duplicate copies of these headings on the list: calls to make, appointments to schedule, things to order, school-related items, things to do for myself, etc. Or list by the roles you fill: mother, friend, wife, caregiver, medical mom, nurturing mom, lifetime learner, etc.
10. Have a pad made of your master forms for lists with inspirational verses and phrases. When people ask for gift ideas, ask them to have a new pad made, and then to fill in each day with a personalized inspiration.
11. You should be good to yourself. It's ok to purchase something for your own self-nurturing. Bubble bath, your favorite coffee or tea, a magazine - all of these can be great "treats" for a busy mom.
12. Keep your personal enrichment books and magazines in the same pile as the books and pamphlets you need to read related to your child's medical condition. This will remind you of the need to take care of yourself.

Adoption Resources of Wisconsin maintains an extensive lending library. Contact: 1-800-762-8063, 414-475-1246 or visit our website at www.wiadopt.org to see if we have the following materials available.

RESOURCES:

Suggested Resources Available to Increase Your Knowledge and Understanding of This Topic

RECOMMENDED READING:

- **Adopting the Hurt Child.** Keck, Gregory C., Ph.D.
- **From the Heart.** Marsh, Jane (Editor).
- **Mostly I Can Do More Things Than I Can't.** Johnson, Gordon.
- **Adopting Children with Special Needs.** Dunn, Linda.
- **Young People and Chronic Illness.** Huegel, Linda.
- **Bruised Before Birth (fetal alcohol).** Bullock, Amy.
- **Broken Cord (fetal alcohol).** Dorris, Michael.
- **Fantastic Antoine Succeeds! (fetal alcohol).** Kleinfeld, Judith.

AUDIOVISUAL MATERIALS:

- **AIDS Orphans.** (audiocassette) Loperena, Ernesto.
- **Bent But Not Broken: Building Resilient Adoptive Families.** (audiocassette) Paddock, Dee.
- **Can I Do It? Making a Decision to Adopt a Child with Special Needs.** (audiocassette) Maczka, Susan.
- **Lifetime of Living with an Adopted Child with a Disability.** (audiocassette) Maczka, Susan.
- **Most Difficult Child to Place - The Terminally Ill Child.** (audiocassette) Reinert, Pamela and Roger.
- **The Middle Years and Adolescence.** (audiocassette) Shinyei, Marilyn.
- **Legacies of Loss.** (audiocassette) Kunstal, Frank.
- **Challenge of Being a Family When Expectations Are Not Met.** (audiocassette) Stumph, Al.
- **Fetal Alcohol Syndrome: What We Need to Know.** (audiocassette) DeVries, Jocie and Collins, Vincent.
- **Children Exposed to Crack and Cocaine.** (audiocassette) Van Bremen, Jane.
- **Broken Cord (fetal alcohol).** (video) Dorris, Michael.
- **Trauma and Loss in Children.** (video) Steele, Bill.
- **Barriers to Attachment.** (video) Mahoney, James.
- **With Loving Arms.** (video) Child Welfare League of America.
- **See and Sign.** (video) Kidsrights.
- **Roots and Wings.** (video) American Video.
- **First They're Children.** (video) National Resource Center for Special Needs.
- **Adoption As I Am.** (video) Brodie, James.

SUPPORT GROUPS & WEBSITES:

- **Adoption Resources of Wisconsin...** www.wiadopt.org
- **Adoptions of Dwarf and Little People of America...** http://www.lpaonline.org/lpa_adoptions.html
- **American Cleft Palate-Craniofacial Association...** www.cleft.org
- **American Society for Deaf Children...** www.deafchildren.org
- **Asthma and Allergy Foundation of America...** www.aafa.org
- **Attachment Center at Evergreen...** www.attachmentcenter.org
- **Autism Society of America...** www.autism-society.org

- **Children with Aids Project...** www.aidskids.org
- **Cystic Fibrosis Foundation...** www.cff.org/
- **Epilepsy Foundation of America...** www.efa.org/
- **Family Village...** www.familyvillage.wisc.edu/
- **Family Voices...** www.familyvoices.org
- **FAS/FAE Information Services...** www.ccsa.ca/fasgen.htm
- **Health Guide...** www.healthguide.com
- **Health Finder...** www.healthfinder.org
- **Juvenile Diabetes Foundation...** www.jdfcure.org
- **LD Online- Learning Disabilities Resources...** www.ldonline.org
- **Medi Consult ...** <http://www.mediconsult.com.my/>
- **MedLine...** www.medline.cos.com
- **National Down's Syndrome Congress...** <http://members.carol.net/ndsc/mission.html>
- **National Federation of the Blind...** <http://www.nfb.org/>
- **The National Multiple Sclerosis Society...** www.nmss.org/
- **National Organization for Rare Disorders...** www.rarediseases.org
- **National Organization on Fetal Alcohol Syndrome...** www.nofas.org
- **National Parent Network on Disabilities...** <http://web.syr.edu/~thechp/npnd.htm>
- **Post Traumatic Stress Disorder Resources...** www.hcptsd.org
- **Resource Room (general adoption and disability info)...** www.geocities.com
- **Schwab Foundation for Learning (general brain-related disorders)...** www.schwablearning.org
- **Society for Auditory Integration Training...** www.up-to-date.com/saitwebsite
- **Special Child Magazine...** www.specialchild.com/
- **Spina Bifida Association of America...** www.sbaa.org
- **University of Minnesota International Adoption Clinic...** www.cyfc.umn.edu
- **Easter Seals...** www.easter-seals.org
- **Special Olympics...** www.specialolympics.org
- **Wide Smiles (cleft lip and palate)...** www.widesmiles.org

Services of Adoption Resources of Wisconsin Include:

- Resource for Adoption Information
- Pre-Adoption Information & Referral
- Training for Foster & Adoptive Families
- Advocacy for Children & Families
- Family Resource Center
- Post Adoption Services



6682 W. Greenfield Ave.
Suite 310
Milwaukee, WI 53214-4960
414-475-1246 • 800-762-8063
Fax: 414-475-7007
E-mail: info@wiadopt.org
Internet: www.wiadopt.org