



Prospective Adoptive Parent Information

Full Legal Name: Last _____
Middle _____
First _____

Have you gone by any other name? ___ Yes ___ No

If yes, please list previously used names: _____

Include maiden name and previous married names: _____

What is your date of birth: _____ Current Age: _____

In which city and state were you born: _____

What is your current: Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Race: _____

Were you born in the US? _____ YES, _____ NO

If not, what is your country of birth? _____

Are you a US Citizen? _____ YES, _____ NO

If not, Explain Status:

Describe Your Personality:

Which of the following best describe you? Check all that apply:

___ Outgoing ___ Responsible ___ Reserved ___ Caring ___ Loving ___ Kind

___ Loyal ___ Demanding ___ Patient ___ Intense ___ Detail-Oriented ___ Impatient

___ Honest ___ Easy-going ___ Fretful ___ Driven ___ Cautious ___ Intelligent

___ Positive ___ Family-focused ___ Direct ___ Polite ___ Thoughtful ___ Impatient

___ Quick-tempered ___ Respectful ___ Funny ___ Serious

What is your current health status: ___ Poor ___ Fair ___ Good ___ Excellent

Do you currently have any chronic illness: _____

If yes, please describe diagnosis, when you were diagnosed and how this illness impacts your daily functioning:

Have you had any surgeries in the past 10 years? ___ Yes ___ No

If yes, please describe type of surgery and how this impacts your daily functioning:

Are you currently taking medications? ___ Yes ___ No

If yes, please list

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

What condition is treated with each medication:

Does taking the medication keep you symptom-free? ____ Yes ____ No

If no, please describe the symptoms that remain after medication.

Does/will your medical condition interfere with your ability to work, live, or function as a parent?

Please Clearly print the name of the Doctor who will complete your medical form:

Doctor: _____

What is your doctor's full medical license number: _____

Have you ever been prescribed medication for depression, anxiety or any other type of mental health or emotional difficulties? ____ Yes ____ No

If yes, please explain what diagnosis:

What were the circumstances that led to the diagnosis:

What treatment did you receive?

When did you start treatment and when did you finish treatment?

What medication were you prescribed?

Please provide the name of the Doctor or Therapist who prescribed the medication.

Name: _____

Address: _____

Phone Number: _____

Do you have a history of Substance Abuse? ____Yes ____No

If yes, please explain:

Have you ever had a DUI, DWI, OVI, OVUAC? ____ Yes _ ____No

Do you have any criminal history? ____ Yes ____ No

If yes, to any of these charges please list the charge, date, and court jurisdiction, and your age at the time of the arrest

Please also describe the circumstances that led to the arrest.

Please list the disposition of the court case(s):

If you have a history of substance abuse, how can you verify that this is no longer an issue and that your history will not put a child at risk?

Were you married previously? __Yes ____ No

How many previous marriages? ____

If yes, please provide this info for each previous marriage:

Name of Ex-Spouse: _____

Date of Marriage: _____ Date of Divorce: _____

Name of Ex-Spouse: _____

Date of Marriage: _____ Date of Divorce: _____

Please describe your thoughts about why this relationship did not last:

What did you learn from this experience?

Did you have any children from this/these relationship(s)? ____ Yes ____ No

If yes, please provide information regarding children residing outside your home:

Child's Name: _____

Date of Birth: _____ Age: _____

Where and with whom does child resides: _____

Child's Name: _____

Date of Birth: _____ Age: _____

Where and with whom does child resides: _____

Child's Name: _____

Date of Birth: _____ Age: _____

Where and with whom does child resides: _____

Child's Name: _____

Date of Birth: _____ Age: _____

Where and with whom does child resides: _____

Child(ren) Personality:

Physical description of each child(ren):

School attends:

Grade level/type of student:

Child(ren) Interests:

Describe your current relationship with this child

What is your visitation schedule? _____

Do you [or did you] pay child support? _____

Did this child live with you after the divorce? _____

Please Provide Information Regarding Your Parents & Siblings

Were you adopted? __Yes __ No If yes, when? _____ at what age? _____

If adopted, do you have any memories of your biological parents? __Yes ____ No Please explain and Describe:

___ Biological Father OR ___ Adoptive Father [For Step Parent Description See Below]

Father's Name: _____ Age: _____

Address: _____

If deceased: (when) _____ (how) _____

Describe your father's personality when you were a child:

Which of the following best describes your father? Check all that apply:

___ Outgoing ___ Responsible ___ Reserved ___ Caring ___ Loving ___ Kind

___ Loyal ___ Demanding ___ Patient ___ Intense ___ Detail-Oriented ___ Impatient

___ Honest ___ Easy-going ___ Fretful ___ Driven ___ Cautious ___ Intelligent

___ Positive ___ Family-focused ___ Direct ___ Polite ___ Thoughtful ___ Impatient

___ Quick-tempered ___ Respectful ___ Funny ___ Serious

Was your father a good role model for you? ___ Yes, ___ No If yes, describe important values your father taught to you. If no, explain why not:

___ Biological Mother OR ___ Adoptive Mother [For Step Parent Description See Below]

Mother's Name: _____ Age: _____

Address: _____

If deceased: (when) _____ (how) _____

Describe your mother's personality when you were a child:

Which of the following best describes your mother? Check all that apply:

☐ Outgoing ☐ Responsible ☐ Reserved ☐ Caring ☐ Loving ☐ Kind
☐ Loyal ☐ Demanding ☐ Patient ☐ Intense ☐ Detail-Oriented ☐ Impatient
☐ Honest ☐ Easy-going ☐ Fretful ☐ Driven ☐ Cautious ☐ Intelligent
☐ Positive ☐ Family-focused ☐ Direct ☐ Polite ☐ Thoughtful ☐ Impatient
☐ Quick-tempered ☐ Respectful ☐ Funny ☐ Serious

Was your mother a good role model for you ☐ Yes ☐ No If yes, describe important values your mother taught to you. If no, explain why not:

Parent's Marriage

How many years were your parents married? _____

Describe what their marriage relationship was like when you were a child:

If your parents Divorced:

When? _____

How old were you when your parents divorced? _____

With which parent did you reside after the divorce?

How often did you have contact with the non-custodial parents?

Did the non-custodial parent pay child support?

Did your parents maintain a respectful/polite relationship with each other after the divorce?

List the occupations of your parents during your childhood:

Occupation of Adoptive Father: _____

Occupation of Biological Father: _____

Occupation of Step Father: _____

Occupation of Biological Mother: _____

Occupation of Adoptive Mother: _____

Occupation of Step Mother: _____

Where do your parents currently reside? [List City and State]

Current City & State of Adoptive Father: _____

Current City & State of Biological Father: _____

Current City & State of Step Father: _____

Current City & State of Biological Mother: _____

Current City & State of Adoptive Mother: _____

Current City & State of Step Mother: _____

How far away does each parent live from you?

Describe the amount of contact that you have with each parent. [How often do you visit in- person, talk on the phone, email. Do you share holidays and special occasions?

Have you shared your adoption plan with your parents yet? ____ Yes ____ No

If yes, what was their reaction?

What are their concerns?

Do you believe that your parents will accept your adopt child into the family? Why or why not?

How Many Siblings do you have? _____

Where are you in the birth order? _____

Please complete for each sibling:

Name of sibling: _____ Age: _____

Is this sibling: _____ Single _____ Married _____ Divorced

Name of sibling's spouse: _____

Number of children: _____

Sibling's City and State: _____

Occupation of sibling: _____

Name of sibling: _____ Age: _____

Is this sibling: _____ Single _____ Married _____ Divorced

Name of sibling's spouse: _____

Number of children: _____

Sibling's City and State: _____

Occupation of sibling: _____

Name of sibling: _____ Age: _____

Is this sibling: _____ Single _____ Married _____ Divorced

Name of sibling's spouse: _____

Number of children: _____

Sibling's City and State: _____

Occupation of sibling: _____

Name of sibling: _____ Age: _____

Is this sibling: _____ Single _____ Married _____ Divorced

Name of sibling's spouse: _____

Number of children: _____

Sibling's City and State: _____

Occupation of sibling: _____

How much contact do you have with each sibling? Do you share holidays? Explain:

What type of Contact do you have? (in person, email, phone, etc.)

Are your siblings supportive of your adoption plan? Why or Why Not:

CHILDHOOD OF ADOPTIVE APPLICANT

Describe your primary Childhood neighborhood:

Was this neighborhood in or near a large city? Which city?

Was this neighborhood in a rural area? Farm? On how much land was your home situated?

Were there other children living nearby? Grandparents, Aunts, Uncles or Cousins nearby?

Did your family have indoor pets? Any outdoor animals?

Did your family move to any other cities, states or countries during your childhood? Where?

If your family moved to other cities, states or countries...Please explain Why they moved:

Childhood Activities

What were some of your favorite activities during your younger childhood years?

What were some of your favorite activities during your teenage years?

What were some of your favorite family activities during your childhood?

What type of a student were you? Did enjoy school? Explain:

What type of discipline did your parents use? ____Physical or ____Nonphysical? Were they fair? Consistent?
Describe:

What types of expectations did your parents have for you?

Did you experience any type of abuse or neglect from your parents? If Yes, Explain:

Did you experience any type of abuse or neglect outside your home from others? If Yes, Explain:

CAREER AND ADULT LIFE

What High School did you attend? _____

What year did you graduate? _____

If you did not graduate from high school, please list highest level of education completed
and name of school attended:

Please list the names of colleges attended and degrees earned:

University/Trade School: _____

Graduation Date: _____

Degree earned: _____

University/Trade School: _____

Graduation Date: _____

Degree earned: _____

University/Trade School: _____

Graduation Date: _____

Degree earned: _____

Please list any State Licensed earned:

License Earned: _____

Dated Received: _____

Field of training: _____

License Eared: _____

Dated Received: _____

Field of training: _____

License Earned: _____

Dated Received: _____

Field of training: _____

Please list any other specialized training completed or certifications earned

Training/Certification: _____

Dated Received: _____

Field of training: _____

Training/Certification: _____

Dated Received: _____

Field of training: _____

Please Describe any Military Services:

Date entered: _____

Enlisted or Commissioned: _____

Branch of Service: _____

Date service ended: _____

Type of Discharge: _____

If currently active duty please describe how long you plan to serve:

Do you anticipate that you will be deployed? Please explain:

Please Describe Employment History:

Who is your current employer: _____

What is your current job title: _____

How long have you been employed in this position? _____

How long have you been employed by this employer? _____

In what field do you currently work? _____

How long have you worked in this field? _____

In what fields have you worked in the past? _____

How many hours per week do you typically work? _____

Which days per week do you typically work? _____

Do you typically work _____ Day Hours? _____ Afternoons? _____ Evenings? _____ Overnight?

If your schedule varies, please explain:

Are you able to work from a home office? How many hours? Please explain:

Please List Your Hobbies and Free Time Activities:
