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:

_____

_____

_____

_____

_____

_____