Collaborative Autobiography

Prospective Adoptive Parents Information
[A Collaborative autobiography needs to be completed by both prospective adoptive parents. Please type or print legibly.]

Full Legal Names Applicant #1:

_____

Full Legal Names Applicant #2:

_____

Please DESCRIBE YOUR MARTIAL RELATIONSHIP

When did you first meet each other: (month and year) _____ / _____ / _____

When did you began dating: _____ / _____ / _____

What is your wedding date: _____ / _____ / _____

In which City and State did you get married?

_____

How did you meet your spouse/significant other:

_____

_____

_____

_____

_____

What are the strengths of your marriage?

_____

_____

_____

_____

_____

What has been the biggest challenge in your marriage?

_____

_____

_____

_____

_____

How does Applicant # 1 Describe Applicant # 2?

_____

_____

_____

_____

_____

How does Applicant # 2 Describe Applicant # 1

_____

_____

_____

_____

_____

As a couple, how do you make decisions?

_____

_____

_____

_____

_____

How do you handle conflicts?

_____

_____

_____

_____

_____

ATTITUDES AND MOTIVATION TO ADOPT

Why do you want to adopt? Describe your motivation?

_____

_____

_____

_____

_____

Have you experienced fertility issues? Yes [ ] No [ ]

If “Yes” above, what type of treatment did you pursue?

_____

_____

_____

_____

_____

Do you have any close friends or family members who have been adopted or who have adopted?

Yes [ ] No [ ]

If “Yes” above, please describe (to the best of your knowledge) who, their situation or circumstances surrounding the adoption? Was their experience a positive one? Did they experience challenges? Have you asked for their input or guidance regarding your adoption?

_____

_____

_____

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_____

_____

Do you plan to join any adoptive support groups? If so which groups?

_____

_____

_____

_____

_____

ATTITUDES TOWARD PARENTING

How much time will you take off work at the time of the adoption?

Applicant # 1:

_____

Applicant # 2:

_____

What is your child care plan after returning to normal work schedule? Who will watch your child when you are working?

_____

_____

_____

_____

_____

SOCIAL AND RELIGIOUS NETWORKS

Do you currently identify with any particular Religion?

Yes [ ] No [ ] If "Yes" Which Religion _____

Do you attend any particular church?

Yes [ ] No [ ] If "Yes" Name of your church_____

Are you members of this church? Yes [ ] No [ ]

Do you actively attend this church? Yes [ ] No [ ]

Do you plan to raise your adopted child in this church? Yes [ ] No [ ]

CHILDREN CURRENTLY IN HOME

Please provide the following information for each child currently residing in your home:

Child #1 Full Legal Name:

_____

Date of Birth: _____ Current Age: _____

City and State of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____

Child relationship to you: Biological: _____ Adopted: _____ Step Child: _____

Describe this child's personality

_____

_____

_____

_____

_____

What are this child's interests?

_____

_____

_____

_____

_____

Name of School currently attends:

_____

Current Grade level: _____

How well does child perform?

_____

_____

_____

_____

_____

Does child have any health problems? Yes [ ] No [ ]

If yes, please describe:

_____

_____

_____

_____

_____

Name of the doctor who will complete the child's medical form:

_____

Describes your child's feelings about adoption plan:

_____

_____

_____

_____

_____

How well do you think this child will adjust to the addition of an adopted child into the family?

_____

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_____

Any additional information about this child that you think should be included?

_____

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_____

Child #2 Full Legal Name:

_____

Date of Birth: _____ Current Age: _____

City and State of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____

Child relationship to you: Biological: _____ Adopted: _____ Step Child: _____

Describe this child's personality

_____

_____

_____

_____

_____

What are this child's interests?

_____

_____

_____

_____

_____

Name of School currently attends:

_____

Current Grade level: _____

How well does child perform?

_____

_____

_____

_____

_____

Does child have any health problems? Yes [ ] No [ ]

If yes, please describe:

_____

_____

_____

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_____

Name of the doctor who will complete the child's medical form:

_____

Describes your child's feelings about adoption plan:

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How well do you think this child will adjust to the addition of an adopted child into the family?

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Any additional information about this child that you think should be included?

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Child #3 Full Legal Name:

_____

Date of Birth: _____ Current Age: _____

City and State of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____

Child relationship to you: Biological: _____ Adopted: _____ Step Child: _____

Describe this child's personality

_____

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_____

What are this child's interests?

_____

_____

_____

_____

_____

Name of School currently attends:

_____

Current Grade level: _____

How well does child perform?

_____

_____

_____

_____

_____

Does child have any health problems? Yes [ ] No [ ]

If yes, please describe:

_____

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Name of the doctor who will complete the child's medical form:

_____

Describes your child's feelings about adoption plan:

_____

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How well do you think this child will adjust to the addition of an adopted child into the family?

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Any additional information about this child that you think should be included?

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Child #4 Full Legal Name:

_____

Date of Birth: _____ Current Age: _____

City and State of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____

Child relationship to you: Biological: _____ Adopted: _____ Step Child: _____

Describe this child's personality

_____

_____

_____

_____

_____

What are this child's interests?

_____

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_____

Name of School currently attends:

_____

Current Grade level: _____

How well does child perform?

_____

_____

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_____

_____

Does child have any health problems? Yes [ ] No [ ]

If yes, please describe:

_____

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Name of the doctor who will complete the child's medical form:

_____

Describes your child's feelings about adoption plan:

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How well do you think this child will adjust to the addition of an adopted child into the family?

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Any additional information about this child that you think should be included?

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