



Last Name \_\_\_\_\_ Her First \_\_\_\_\_ His First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Her Work / Cell \_\_\_\_\_ His Work / Cell \_\_\_\_\_ Her Age \_\_\_\_\_ His Age \_\_\_\_\_ Years Married \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Children	Names	Age	Gender	Relationship	Race
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adopted	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adopted	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adopted	_____

Her Religion \_\_\_\_\_ Her Race \_\_\_\_\_ His Religion \_\_\_\_\_ His Race \_\_\_\_\_

Her Place of Employment \_\_\_\_\_ Title/Position \_\_\_\_\_

His Place of Employment \_\_\_\_\_ Title/Position \_\_\_\_\_

• As an adoptive parent, do you plan to:  Work part-time?  Return to work full-time?  Quit to be full-time mom?  Quit to be full-time dad?

So that we might advise you on the Federal Adoption Tax Credit, please state the range in which your Combined Gross Income falls:

Under \$197,880  \$197,880-237,880  Over \$237,880

**Fertility History Summary**

Years that encompass your infertility work: \_\_\_\_\_

Infertility Diagnosis: \_\_\_\_\_

**Adoption History Summary**

Have you retained an adoption attorney?  Y  N Name: \_\_\_\_\_

Have you completed a home study in the last 12 months?  Y  N Date Completed: \_\_\_\_\_ With whom? \_\_\_\_\_

If you have adopted before, was it a private or agency adoption?  Private  Agency

• With whom? \_\_\_\_\_

**Tentative Adoption Interests**

Check number of children you would consider:  Single child  Twins  Triplets  Sibling group of 2  Sibling group of 3

Check age ranges you would consider for a single child:

0-6 months  0-12 months  0-24 months  0-36 months  0-48 months  0-60 months  6 years and up

Check races you would consider:

Cauc.  Cauc/Hisp  Hispanic  Asian  Cauc/Asian  Cauc/Amer.Indian  Black  Cauc/Black  Hisp/Black

Check what prematurity you would consider:

1 month  1½ months  2 months  over 2 months

Check age ranges you would consider for a sibling group:

0-2 yrs.  0-3 yrs.  0-4 yrs.  0-5 yrs.  0-6 yrs.  0-7 yrs.  0-8 yrs.  0-9 yrs. Other \_\_\_\_\_

Please check the following elements you will embrace in an adoption plan with a birth mother:

- Correspondence (pictures and letters) with a birth mother after placement.
- Visits with the birth mother after placement, including:  texting  pictures  letters  emails  videos  blogs  social media  
How many visits a year? \_\_\_\_\_ For how many years? \_\_\_\_\_
- Would you share identities with a birth mother?
- Do you have a gender preference in a child (boy or girl?)
- Minimal drug/alcohol use by the birth mother during her pregnancy.
- Addictive drug or alcohol use by the birth mother during her pregnancy.
- If I had an opportunity for a "fall-in-your-lap" adoption from the hospital (with ASC having no previous relationship with the birth mom) I could make the decision to accept the placement in as little as 1-4 hours, and I recognize that ASC will be determining drug/alcohol use by the birth mother at the hospital.

Describe your ideal adoption: \_\_\_\_\_

Once active, we hope to adopt...  within 0-3 months  within 0-6 months  within 12 months  within 18 months

The Federal Tax Credit is approx \$13,460, but please show what you can afford in adoption, without the tax credit:

Under \$17,000  \$18-25,000  Over \$26,000

What has been your biggest disappointment as you called other adoption resources? \_\_\_\_\_

How did you find out about us? \_\_\_\_\_