



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 \_\_\_\_\_  
 • As the adoptive mother, do you plan to:  Work part-time?  Return to work full-time?  Quit to be full-time mom?

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

So that we might advise you on the Federal Adoption Tax Credit, please state the range in which your Combined Gross Income falls:  
 Under \$207,580  \$207,580-\$247,580  Over \$247,580

Fertility History Summary  
 Years that encompass your infertility work: \_\_\_\_\_ Infertility Diagnosis: \_\_\_\_\_

Adoption History Summary  
 Have you retained an adoption attorney?  Y  N Name? \_\_\_\_\_  
 Are you interested in a Home Study Only?  Y  N  
 Have you completed a home study in the last 12 months?  Y  N Date Completed: \_\_\_\_\_  
 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  
 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 which would apply. "I would be interested in adopting a sibling group where the children were between the ages of..."  
 0-2yrs.  0-3yrs.  0-4yrs.

Please check the following elements you might embrace in an adoption plan with a birth mother:  
 Correspondence (pictures and letters) with a birth mother after placement (handled confidentially through the agency)  
 A predetermined number of visits with the birth mother after placement (handled confidentially through the agency)  
 An open adoption with shared identities  
 Gender preference in a child (boy or girl?)  
 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.

Once active, we hope to adopt...  immediately upon approval  within 0-3 months  within 0-6 months  within 12 months

What is the most important in your adoption journey? Rank from 1-5. (one being most important)  
 Support & guidance (not DIY)  Speed of placement  Adopting in Indiana  Least expensive route  Having control of my adoption (cost, speed & openness with birth mom)

What has been your biggest disappointment as you researched adoption? \_\_\_\_\_  
 How did you find out about ASC? \_\_\_\_\_