



Dear Prospective Adoptive Parents:

Thank you for contacting our agency regarding private placement adoptions! We congratulate you on gathering as much information as possible, whether you are just now considering the option to adopt or have made the decision to adopt and are considering this your first step. We are very excited to share with you information regarding the adoption process and the services our agency has to offer. We take great pride in our staff at Adoption Choices. Our agency is able to provide valuable insight and knowledge on the joys and realities of the adoption process. Our staff works on a one to one basis with adoptive parents and birth mothers, therefore, our client base of prospective adoptive parents is small. We differ from other adoption agencies in that we are personally involved with our clients and birth parents, giving special attention to matching your needs with those of the birth mother and baby. At Adoption Choices, we work hard to provide you with that special service you require during this most critical process.

ABOUT OUR SERVICES

Although there is no set formula for the adoption process, there are particular services we offer that we have found to be crucial to the success of an agency adoption. Again, our goal is to match the needs and wishes of the adoptive parents as closely as possible with those of the birth mother and baby.

We have a three-step process that we believe will be easy to understand as well as user friendly:

Step 1: Adoptive parents initially contact our agency and receive an adoptive parent packet. The fee to apply with our agency is \$550.00. This fee is non-refundable. It allows us to process all paperwork that has been submitted through our Child Placement Supervisor. You will also need to send five color profiles of your family so that birth mothers may choose their child's adoptive parents.

Step 3: After all paperwork has been submitted, we begin working on matching you with a birth mother! We keep a chart of all the adoptive couples that lists the following: ages, length of marriage, number of children already in the home, general occupation, religious preference, your preferences for a child, and adoption budget. Each birth mother fills out a form listing her preferences for the adoptive couple. Some birth mothers want adoptive parents within a specific age range or of a certain religion; others do not care. We try to show each birth mother at least three profiles. Generally we will call you before presenting your profile and give you an opportunity to review her medical and social history and decide whether you want to be presented. You will also be given an estimate of the total cost of the adoption. In some cases, we are unable to get in touch with the adoptive couple ahead of time. In those situations, we ask the birth mother to choose a second and third choice so that we can proceed if the adoptive couple decides not to proceed with the adoption match.

Step 2: Once a match has been identified, an interview will be scheduled with either our Adoption Coordinator or our Social Services Director. The interview and counseling session will take approximately two hours. After this interview, the case worker assigned to your birth mother will have arranged a time and

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Kansas Adoption license number: 0067508-002

place for you to meet the birth mother (and birth father if he is involved in the adoption).

Our services to adoptive applicants. The services listed below are provided to adoptive applicants:

1. Initial meeting to discuss the adoption process and answer your questions.
2. Separate meetings (personally or by telephone) with each birth mother to determine her commitment level and to screen her.
3. Referrals to caring counselors for the birth mother if needed or requested.
4. Coordinate meetings between the adoptive parents and the birth mother.
5. Obtain medical authorizations from the birth mother.
6. Assist in creating a hospital plan for the birth mother and adoptive parents.
7. Coordinate with hospital staff regarding the birth mother's stay, as well as the birth mother's and the child's release.
8. Assist in obtaining all medical and hospital records concerning the birth mother and the child.
9. Obtain the birth parents' background information including health, ethnicity, and social history.
10. Arrange for drug and HIV screening of the birth mother if requested by the adoptive parents.
11. Assist the birth mother with transportation to and from treating physicians and hospitals.
12. Meet with the adoptive parents and the birth mother at the hospital after the child's birth (unless distance does not make this feasible).
13. Make follow-up telephone calls to the birth mother and adoptive parents.
14. Assist with obtaining approval from the Interstate Compact for the Placement of Children (ICPC).
15. Help with Federal tax information regarding adoption.
16. Assist with coordination between birth mother, birth father, attorney, agency, counselors and adoptive parents.

Note: All legal work needed for finalization of the adoption is to be completed by the agency or attorney in your home state.

We also:

1. Provide information about the availability of children in particular localities, including the critical need for parents for some of these children.
2. Provide information about how to collect appropriate documentation.
3. Prepare certain documents on behalf of clients.
4. Examine all required documents for sufficiency.
5. Assist with certain authentication procedures as required by the child's home state.
6. Submit documents to appropriate authorities.
7. Keep adoptive applicants informed about the progress of their applications.
8. Inform adoptive applicants about the child proposed for adoption by the appropriate organization in the child's home state.
9. Provide advice about traveling to the child's home state.

THE ADOPTION PROCESS

Your "Dear Birth Mother" letter gives you an opportunity to portray who you are. It talks about your personality, career, lifestyle, hobbies, religion, and dreams for the future. It is your opportunity to reach out to a birth mother on a personal level and relay to her all the warmth and love you can offer a child. Please review the information entitled "Preparing a Family Profile" contained in this packet.

Our extensive outreach and advertising programs allow many birth mothers from different states access to our agency. Once we are contacted by a birth mother, our agency conducts a preliminary screening and obtains information from her regarding her personal and medical history. We discuss with the birth mother what she would like in an adoptive couple and what environment she would like for her child. Based on this information, we allow the birth mother to choose an adoptive couple through their "Dear Birth Mother" letter, "Profile at a Glance" (included in this packet), and the life book photo album each adoptive couple provides to our agency. The birth mother carefully considers each couple presented to her and selects the adoptive parents with whom she feels most comfortable. Adoption Choices of Kansas, Inc. then arranges for the birth mother to meet with the adoptive parents.

Be sure to send your home study as soon as it is available. We cannot actually match you with a birth mother until you have a completed home study. However, if your home study is still in the process, go ahead and send in your completed application, profiles and other information so our Child Placement Supervisor can begin reviewing your information.

FEES

The cost of our adoption program consists of estimated birth mother living expenses, case worker fees, and legal fees, counseling fees, and court costs. If your birth mother decides to parent her child, or miscarries, or the child has a non-correctable medical condition which is detected at birth, the only costs to you will be any approved living expenses you agreed to provide to your birth mother during her pregnancy, any court related costs, and the case worker/social worker fees expended, plus \$5,000 for administrative costs and expenses. When you are matched with a birth mother, you will be provided a breakdown of any anticipated living expenses and case worker fees so you will know the total cost of your adoption. This total can run anywhere between \$22,000.00 and \$35,000.00 depending on the individual situation and the birth mother's needs. We do not accept any fees until a birth mother has chosen your profile.

FINALIZING YOUR ADOPTION

You can finalize your adoption in Kansas or in your own state. If finalizing in your own state, you must obtain legal counsel or use an agency in your home state to finalize your adoption. The Agency will provide you and your attorney or agency with the birth mother's consent documents. Depending upon the laws of the birth mother's state, termination of the birth father's rights may also be available. Our agency will be happy to provide you with names of adoption professionals in your area upon request.

Through our work and efforts we experience the joys of helping adoptive parents' dreams come true and in the contentment of a birth mother knowing her child is cared for and loved so very much.

Deciding on adoption is never easy. Adoption is risky and can be financially and emotionally draining. Once you have contemplated and weighed your options, you may decide you would like more information on adoption and on our agency. We would appreciate the opportunity to provide you with additional information and to arrange a meeting with you. We look forward to working with you!

Sincerely,

The Staff at Adoption Choices of Kansas

FREQUENTLY ASKED QUESTIONS OF ADOPTIVE PARENTS

The following are the most common questions that are frequently asked by prospective adoptive parents. Please note that these answers do not constitute legal advice, and you should seek the advice of an attorney in your birth mother's state of residence. Adoption Choices, Inc. has attorneys available in each state to answer your questions.

What do you mean by “semi-open” adoption? When you are first presented to a birth mother, we tell her basic information about you — first names, ages, religion, general occupation, etc. After you meet your birth mother, it is up to you to decide how comfortable you are with her as to how much information you reveal.

Our agency believes semi-open adoption is the best way to allow communication between the birth mother and adoptive couple without invading anyone's comfort zone. Letters, photos, and small gifts may be sent between parties through our agency. This allows us to maintain confidentiality of your last name and address, along with the confidentiality of the birth mother. As we receive letters and photos for the birth mother, we make copies to put in our file, and then send the letter on to the recipient.

How long does it take from the time of being placed on the active list to being matched with a birth mother? We average about six to eight months until being matched. This time frame is not a guarantee of course, and in some cases may take a little longer or not as long. If you have been on our list much longer than six months, we might want to review your profile to determine if changes should be made in the way you are representing yourselves.

When do we come to Kansas? When you have been matched with a birth mother, you will come to Kansas as soon as possible. You will have an interview with our agency, at which time you will sign the contract and pay the agency fee and estimated expenses. After that meeting, you will meet your birth mother at a restaurant for lunch or an early dinner, depending on the time of day. An agency representative will also be present at the meeting with the birth mother.

Do we have to sign the contract before we meet her? Yes. If for any reason you decided not to proceed with the situation from that first meeting, or the birth mother does not like you, we will tear up the contract and give your check back to you.

What if our birth mother is not in Kansas? If your birth mother resides in another state, your contract will be faxed to you, and you will sign it and fax it back. You will also mail us the original hard copy. You will also pay the agency fee and estimated expenses, either by overnighting a cashier's check to our office, or by wire. You will then travel to your birth mother's state to personally meet her (and the birth father if available). Our agency representative in that state will accompany you to that meeting. Again, if you know from that first meeting that the situation is not going to work for you, or if the birth mother decides not to place with you, the contract will be torn up and your money returned to you.

How long will we need to stay in the birth mother's state after our initial meeting? You may stay as long as you wish. Some couples spend the weekend so as to be able to spend more time with the birth mother and her family (if that is her situation). Some are only able to come for that day.

Can we talk to our birth mother on the phone before meeting with her? If you wish to speak over the telephone prior to the actual meeting, you must sign your contract and fax it to us first. If you decide after the initial phone call that the situation is not for your family, the contract will be void.

Why would they need housing and/or living subsidy and what kind do you provide? Some birth mothers need housing because they do not want anyone to know of the pregnancy while others may be struggling with finances to support themselves and/or family.

What percentage of the money is refundable? If your birth mother decides to parent her child, or miscarries, or the child has a non-correctable medical condition which is detected at birth, the only costs to you will be any approved living expenses you agreed to provide to your birth mother during her pregnancy, any court related costs, and the case worker/social worker fees expended, plus \$5,000 for administrative costs and expenses. When you are matched with a birth mother, you will be provided a breakdown of any anticipated living expenses and case worker fees so you will know the total cost of your adoption. This total can run anywhere between \$22,000.00 and \$35,000.00. We do not accept any fees until a birth mother has chosen your profile.

What percentage of birth mothers change their minds? About ten to thirty percent of our birth mothers change their minds, usually at the time of delivery. Our agency prides itself on the fact that our social workers are there for our birth mothers to help them throughout their pregnancy. We accompany them to doctor appointments, take them to buy groceries, etc. We work very hard to build a relationship with them. We offer counseling to all of our girls, but even if they don't accept it, they have a social worker they can call twenty-four hours a day, seven days a week. We feel that this helps us stay in touch with how the birth mother is feeling about the adoption, and if it looks like she may be having doubts, we are aware of it and can help her deal with that decision.

What is the law concerning Native American (American Indian) heritage? Can a tribe legally take the baby away after the adoption has already been finalized? Do you need to know if we have Native American Indian in our background? If a birthparent has Native American Indian in his or her background and names a tribe, we must notify the tribe of her intention to place the infant for adoption, and requesting that they provide us with a letter of non-intervention. As soon as we know of this situation we write to the tribe immediately, even if it's prior to delivery. Failure to ask for tribal permission can result in the tribe overruling an adoption, even if it has been finalized. It is extremely important to acquire their permission if the child is tribally affiliated. We would like to know if you do have this in your background because we would be able to inform the Indian Counsel and let them know we had a couple for the baby.

What is ICPC? ICPC is the Interstate Compact for the Placement of Children. Every state has an ICPC office, and all adoptions conducted between two different states must be approved by each participating state's Compact Administrator. After the birth mother has given her consent to the adoption, we put together a packet of all the documents filed in the case, such as the consent documents, background information on the birth parents and the adoptive couple, medical discharge records for the baby, home study, etc. This packet is sent to the Compact office, where the Administrator reviews it to be sure we have followed all of the proper procedures and laws for our state. When they have given their approval, they send the packet to the ICPC office in your home state, where it is again reviewed by the administrator there. When your state's administrator has reviewed the packet, he or she will telephone the Kansas Compact office and give a verbal approval for you to travel. The Kansas administrator will call our attorney, and he will call you at your hotel. Until we have received this verbal approval from your state's administrator, you are not allowed to take the baby out of the State of Kansas. How long this process takes

varies from state to state. By law, each state has thirty days to approve a placement, however, in most cases the process takes approximately one week.

What is the process of discharging the baby? The baby will be discharged in the agency's custody. When leaving the hospital, the baby is normally handed to the person there representing our agency. After this, you will have physical custody of the baby and will be able to take the baby back to the hotel with you.

Will we need a car seat, clothing, formula, etc. for when the baby is discharged from the hospital? You will need a car seat for the baby during your stay. We also recommend you bring whatever outfit you would like for the baby to be discharged in. After all, those hospital outfits just aren't cute enough! When it comes to the formula, ask the nurse in the nursery what the baby has been using and if he or she seems to be taking to it. Some hospitals will give you plenty of samples to take with you, others may give you the brand name so you can purchase some prior to discharge.

Who pays the medical and hospital bills for the birth mother and the baby? Most of our birth mothers are on Medicaid, which covers the expenses for the birth mother. The adoptive couple are responsible for any expenses that are not covered by insurance or Medicaid. If a girl is unable to get Medicaid and does not have insurance, then the adoptive couple must pay the medical bills.

By federal law, the adoptive couple's insurance company must cover the baby. When the birth mother consents to the adoption, we will get a temporary custody order, signed by the judge, which states that custody reverts back to the date of birth. Generally this document is all you need to provide to your insurance company. However, if your insurance company balks at covering the baby, we will help you deal with them.

Will a social worker visit our home between the time we receive the baby and the finalization? Yes. Our agency requires three post placement visits before you finalize your adoption, one of which must be done in person in your home. There is no set time frame, as long as the three visits are completed within six months. Generally we suggest that you schedule your first visit as soon as you return home with your baby, your second visit around 2 1/2 to 3 months, and your third visit around 5 months. However, if the laws of your state allow you to finalize sooner than six months, you may schedule the visits closer together to fit the appropriate time frame.

PROCEDURE FOR ADOPTIVE PARENTS TO APPLY WITH ADOPTION CHOICES OF KANSAS, INC.

1. You send in your profile and adoption information with the following:
 - a. Non-refundable application fee of \$550.00.
 - b. Dear Birth Mother letter: Write a letter telling potential birth mothers as much as you can about yourselves. Include hobbies and interests, your occupations, your personalities, your experience and loss at not having children (or more children), your pets, your favorite vacations, your extended family, your dreams, and a description of your home.
 - c. Pictures: Include at least ten to twenty pictures of yourselves, fun times, vacations, pets, your home, relatives, etc. Place your pictures on 8½ by 12 paper and write or type in captions explaining each photo. Then put them in a notebook with your birth mother letter. You will not get your profile back, so you may wish to send us copies, which can be made at Kinkos or another copying place. Be as creative as you wish when putting your profile together. Please send us five copies.
 - d. Home Study: If you have a home study please send us two copies with original signatures. Your home study is good for one year. If it is older than one year, you must have an update done. We cannot actually match you with a birth mother until we have a completed home study or update.
 - e. Below you will find a Memo of documents needed to complete your application. We must have all of these documents in order to complete your adoption with our agency.
2. Our Child Placement Supervisor reviews your application packet and contacts you regarding any missing items or information that she may need.
3. Adoption Choices shows your pictures and letter to birth mothers once they have signed a statement of intention to place their child for adoption with our office. Usually three couples are presented to each birth mother.
4. You are chosen! You sign a contract and deposit agency fees and living expenses in Adoption Choices' client funds account. You must come to Kansas for a personal interview with the agency, and then you may meet your birth mother. Keep in touch with us and with your birth mother throughout the pregnancy.
5. Go to the city where the child is to be born close to the date of delivery. Sometimes you will be allowed to be present at the delivery. This is the birth mother's option. Usually you can be with the baby while it is in the hospital.
6. When your baby is born, you will receive a temporary custody placement agreement allowing the baby to leave the hospital with you. Thereafter, the hospital releases the baby and the adoptive couple takes the baby with you to the hotel and wait. The placement agreement should be faxed to your insurance company so the baby will have medical coverage. If your baby is delivered outside of Kansas, other states have similar documents which you will receive that will allow you to provide the child with medical care while you are waiting for a final decree.
7. In Kansas, our office will give the packet to the Kansas Compact in Topeka, and Kansas approves the adoption. The ICPC office will overnight the packet to your home state and they will review it. They have thirty days to approve it, but **generally approval is received within seven to ten days** from the day the child's state receives your packet.
8. Return home and have three post placement home studies performed.

Congratulations! You now have a new member in your family!

FINANCIAL AID INFORMATION:

Adoption is not inexpensive! Here are a few resources for help in financing an adoption:

Three websites on adoption subsidy rates and policies have been updated to include 2005 contacts and rates. They are: www.nacac.org/adoptionssubsidy.html

naic.acf.hhs.gov/parents/prospective/funding/adopt_assistance
ndas.cwla.org/whatsnew/061505.asp

The Dave Thomas Foundation for Adoption. Founded in 1992 by Dave Thomas, founder of Wendy's Old fashioned Hamburger Restaurants. The Foundations three goals: 1) Educate Americans about benefits of adoption; 2) Make adoption more affordable by helping public and private sectors initiate innovative programs; and 3) Cut red tape from the process. For more information contact: Dave Thomas Foundation for Adoption in Columbus, OH, at 614-764-3009

JSW Adoption Foundation. Grants of \$2,000 or more awarded on the basis of need. Preference given to childless couples with an income under \$35,000. Average grant amount is \$3,000 but can go as high as \$5,000. Contact person: Gene Wyka. Call 262-268-1386 for application; 127 E. Main Street; Port Washington, WI 53074

God's Grace Adoption Ministry. Grants and Loans. Call 209-572-4539 for more information. P.O. Box 4, Modesto, CA 95353

National Adoption Foundation. Grants and Loans. Call 203-791-3811 or 203-791-9811.

A Child Waits, www.achildwaits.org. Loans for International Adoption (7% int). 914-962-0886

National Adoption Foundation Loan Program. Fixed-rate MBNA Home Equity Loans and MBNA Home Equity Lines of Credit. Contact your MBNA representative today by calling 1-800-841-1982 (code AAAP). 100 Mill Plain Road Danbury, CT 06811

First Union Bank, Att: Norman Hecht, 502 Hunger Drive, Tockville, MD 20850; 888-314-KIDS or 888-314-5437.

The DOMOI Foundation. Promotes international adoptions, primarily from Russia and Eastern European countries, by providing interest-free loans and financial assistance. 1915 Polk Curt, Mountain View, CA 94040; 650-969-1980.

Employee Adoption Assistance Benefits Program. Many employers will help with costs by reimbursing adoption expenses with a cash benefit of up to several thousand dollars. If your employer does not offer this benefit, call Adoption and the Workplace, National Adoption Center, (800-862-3678) for material to guide you in requesting adoption assistance from your employer.

Adoption Tax Credit. A federal income tax credit up to \$5000 is allowed in the tax year in which an adoption is completed for families who meet income guidelines. For detailed information, order Publication 968 from the IRS at 800-829-3676.

Subsidies for Military Families. The U.S. Armed Forces offers financial assistance to active members of the military who are adopting a child. Adopting parents can receive up to \$2000 reimbursement on adoption expenses for one child or \$5000 for siblings.

Capital One. www.222.capitalone.com. Offering a credit card with a limit of up to \$20,000 at a fixed rate of 9.9% over the long term (not just an introductory rate).

For a list of corporations who give grants for adoption contact The National Adoption Center in Philadelphia, 1500 Walnut St., Ste 701, Philadelphia, PA, 19102; 215-735-9988; Fax 215-735-9410; Email nac@adopt.org

ADOPTION INFORMATION/APPLICATION FOR ADOPTION CHOICES OF KANSAS, INC.

Application fee is \$550.00 made out to Adoption Choices and must accompany application. This fee is non-refundable.

(All information will remain confidential unless your permission is granted, in writing, to release part or parts of it.) Please remember that with the new age of technology and the internet, your name, address and phone can possibly be located through diligence by a birth parent.

Domestic Application

Date: _____

Husband's full name: _____

Wife's full name (including maiden): _____

For court papers/legal documents which your full name, do you sign with your middle name or your maiden name? _____

Home address: _____

Home telephone number: (____) _____

Husband's cell/mobile number: (____) _____ Pager (____) _____

Wife's cell/mobile number: (____) _____ Pager (____) _____

Home fax number: (____) _____

E-mail address: _____

Date and place of marriage: _____

Names and birth dates of children of this marriage. State whether adopted or biological.

Who referred you to us? _____

PERSONAL INFORMATION

Please provide pictures in the blocks below:

Picture of yourselves	Picture of your home
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HUSBAND: Age and date of birth: _____
Social Security No.: _____
Race/Nationality: _____
Weight & Height: _____
Education: _____
Occupation: _____
Employer: _____
How long? _____
Office address: _____
Office telephone: _____ Fax _____
Office e-mail: _____
Annual income: _____
Religious preference: _____
Dates of previous marriages and divorces: _____
Children: (ages and custody status) _____

WIFE: Age and date of birth: _____
Social Security No.: _____
Race/Nationality: _____
Weight & Height: _____
Education: _____
Occupation: _____
Employer: _____
How long? _____
Office address: _____
Office telephone: _____
Fax _____
E-mail : _____
Annual income: _____
Religious preference: _____
Dates of previous marriages and divorces: _____
Children: (ages and custody status) _____

FAMILY BACKGROUND

HUSBAND: Father's name: _____
Address: _____
Phone number: _____
Age and occupation: _____

Mother's name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Brothers and/or sisters:
Name: _____
Address: _____

Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

WIFE: Father's name: _____
Address: _____
Phone number: _____
Age and occupation: _____

Mother's name: _____
Address: _____
Phone number: _____
Age and occupation: _____

Brothers and/or sisters: Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

MEDICAL PROBLEMS

Past or present
Husband: _____

Wife: _____

REFERENCES

Please list three references who have written letters on your behalf. Please also enclose the letters. It is the policy of our agency to call these references to verify that the individual(s) actually wrote the letters.

Name: _____
Address: _____
Phone number: _____

Name: _____
Address: _____
Phone number: _____

Name: _____
Address: _____
Phone number: _____

Have you had an adoption fail or fall through? If so, briefly describe the circumstances.

Have you had a home study done by anyone for adoption purposes? If so, who did it and when? Please enclose a copy if you were given one. _____

Have you ever been denied a favorable home study? If so, when and for what reason?

What other methods are you using to try and adopt? _____

How long have you been trying to adopt? _____

Have either of you ever had psychiatric problems or problems with alcohol or drug abuse? Please explain. _____

Have you applied for a child elsewhere? If so, when and where? What were the results? _____

INFORMATION ON CHILD YOU WISH TO ADOPT

Sex and age preference: _____

Would you accept twins? _____

Nationality you would accept:

Caucasian:	_____	Hispanic mix:	_____
Hispanic:	_____	African American mix:	_____
African American:	_____	Asian/Oriental mix:	_____
Asian/Oriental:	_____	Hawaiian mix:	_____
Hawaiian:	_____		
Other:	_____		

Are either of you enrolled or eligible for enrollment in any Indian Tribe? What Tribe?

Would you accept:

An older child? _____ To what age? _____

More than one older child if siblings? _____

A child with a correctable medical condition? _____

INDICATE
YES NO MAYBE

Openness in Your Adoption

Would you accept a semi-open adoption where the agency would show your profile to the birth mother and you would meet the birth parent(s). Your first names would only be given to the birth parent(s) unless you choose to give them more information.

Would you accept an adoption, where the birth parents know your names and possibly meet with you before placement? For example, with the introduction of the internet, a birth parent who knows your first name, your profession and the state in which you live could easily find you through the internet or other technological means.)

Would you accept an open adoption, where the birth parents would periodically meet and visit the child after the adoption is final?

Our agency requires you to send pictures of the child, through our office, on a yearly basis. Are you willing to do so?

Would you be willing to send pictures and/or letters more often?

Indicate your level of acceptance of a child who has the following problems:

NEWBORNS

A. Low Apgar score, prognosis uncertain

Drugs

Would you accept a child whose biological mother:

A. Is drug addicted?

B. Had previously used drugs?

C. Had previously been drug addicted?

D. Had used drugs before realizing she was pregnant?

E. Who's biological father had used drugs at conception or was addicted to drugs during the pregnancy?

YES NO MAYBE

Alcohol

Would you accept a child whose biological mother:

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| A. | Had abused alcohol, prognosis uncertain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Was presently using alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Is alcohol addicted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Had previously been alcohol addicted but is not at time of conception? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Had used alcohol before realizing she was pregnant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CHILDREN

- | | | | | |
|----|---------------------|--------------------------|--------------------------|--------------------------|
| A. | Slight limp | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Leg braces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Missing limb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Is in a wheel chair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Is paraplegic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. | Is quadriplegic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. | Cerebral Palsy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. | Cystic Fibrosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Seizures

- | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|
| A. | Seizure disorder controlled by medication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Seizure disorder not controlled but has infrequent seizures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Seizure disorder not controlled and has frequent seizures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Blood Disorders

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| A. | Blood disorder requiring blood transfusions every 3 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Blood disorder requiring hospitalization once a month | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Blood disorder resulting in a limited lifespan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Heart Problems

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| A. | Heart murmur, activity not curtailed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Heart murmur, vigorous activity curtailed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | May require open heart surgery at a later date but at Placement needs only to be watched | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Definitely will require open heart surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Will require more than one open heart surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Sight Problems

- | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|
| A. | Sight in both eyes but vision is limited/glasses needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Sight in one eye only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Blind but surgery may give partial sight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Blind and will never have sight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

YES NO MAYBE

Hearing Problems

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| A. | Hearing problem with only partial hearing/surgery may help | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Hearing problem with partial hearing/surgery will not help | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Hearing in only one ear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | No hearing, deaf and does not speak | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Physical Deformities

- | | | | | |
|----|-------------------|--------------------------|--------------------------|--------------------------|
| A. | Deformed hand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Deformed arm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Deformed leg | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Deformed face | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Two deformed arms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. | Two deformed legs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Special Needs Children

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| A. | In special education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | In EMR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | In TMR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Retarded and will always need supervision / such as
as a sheltered home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Downs Syndrome | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Hyperactive problems (older children)

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| A. | Hyperactive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Hyperactive, requires medication/functions normally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Hyperactive, requires medication and some kind of
special classroom setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Emotional Problems (older children)

- | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|
| A. | Emotionally damaged, very withdrawn and will require
therapy for an extensive period of time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | So emotionally damaged he/she is very abusive toward
other people; a child who is abusive to animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Emotionally damaged; he/she is very abusive toward
his/her person (pulling hair, pinching self) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Speech Problems (older children)

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| A. | Stutters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Lisp | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Speech at age 6 is very hard to understand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Will always have trouble speaking and being understood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Cleft Problems (older children)

- | | | | | |
|----|--------------------------------|--------------------------|--------------------------|--------------------------|
| A. | Hare lip | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Cleft palate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Both hare lip and cleft palate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

YES NO MAYBE

Sickle Cell Anemia Disorder (older children)

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| A. Sickle Cell carrier | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Sickle Cell Anemia but relatively controlled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Sickle Cell Anemia with frequent episodes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Burns (older children)

- | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| A. Burn scars | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Slight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Extensive, needing surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Birth Markings (older children)

- | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|
| A. Birth marks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Small | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Large or extensive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bi-Polar Disorder

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| A. Had one parent diagnosed with bi-polar disorder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Had both parents diagnosed with bi-polar disorder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Had grandparent(s) diagnosed with bi-polar disorder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Had one parent who was taking medication during pregnancy for bi-polar? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Schizophrenia

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| A. Schizophrenic child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Had one parent diagnosed as schizophrenic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Had two parents diagnosed as schizophrenic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Had grandparents diagnosed as schizophrenic? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Depression

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| A. Had one parent who was depressed but not on medication? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Had two parents who were depressed but not on medication? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Had one parent who was depressed and on medication? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

YOUR HOME

Do you own or rent your home? _____

If own, value of home: _____

Mortgage left on home: _____

Rent or house payment: _____

FINANCES

List your assets and liabilities on the Statement of Net Worth form attached.

Do you have health insurance? _____

Life insurance? How much? _____

GENERAL QUESTIONS

The cost of our adoptions generally range between \$20,000 and \$30,000, excluding finalization and all travel expenses. How much are you willing and able to spend on an adoption, excluding finalization and travel expenses? _____

Why do you wish to adopt a child? _____

Have you ever been arrested, or do you have any type of criminal record? If yes, please explain: _____

Any other comments or information you would like to add: _____

We understand and acknowledge that our application fee of \$550.00, which is non-refundable, guarantees our being on Adoption Choices' waiting couples list for a period of one year. We further understand that adoption costs vary from situation to situation, and that upon our being matched with a birth mother and/or child we will be responsible for paying the full estimated amount of that particular situation. We understand that those funds will be placed in an escrow account and costs incurred by the agency on behalf of our birth mother will be paid from that account. We further understand that if the adoption fails, the agency placement fee will be credited to another birth mother/child situation. All other fees and costs are at risk.

SIGNATURES:

Husband

Date

Wife

Date

MEDICAL STATEMENT
Medical Statement for Adoptive Applicant
And all Household Members for
Domestic Adoption

Name (Last, First, Middle)	Date of Birth:
Address (Street, City, State & Zip):	

1. Have you had treatment for a serious or chronic illness: Yes No
 Have you been hospitalized in the past five years? Yes No
 Have you ever received, or been advised to seek, mental health services? Yes No
 Have you ever received, or been advised to seek, treatment for Alcohol/substance abuse? Yes No
 Have you ever had a communicable disease? Yes No

If the answer to any of these questions is yes, please explain:

2. Do you have or have you had any of the following? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Arthritis _____
<input type="checkbox"/> Asthma _____
<input type="checkbox"/> Cancer _____
<input type="checkbox"/> Epilepsy _____
<input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Heart Disease _____
<input type="checkbox"/> Hypertension _____
<input type="checkbox"/> Kidney Disease _____
<input type="checkbox"/> Tuberculosis _____
<input type="checkbox"/> Ulcers _____ |
|--|--|

If any are checked, please explain: _____

3. Is there a history of other hereditary disease? Yes No
 If yes, please explain: _____

AUTHORIZATION FOR RELEASE OF INFORMATION	
I hereby affirm that I have completed this form to the best of my ability, and that the information provided is true and correct. I further authorize the physician completing the reverse side of this form to release any information he/she may have concerning my physical or mental health to:	
Name/Address of Agency:	
Signature of Applicant:	Date:

COMPLETION OF THIS FORM IS REQUIRED FOR THE AGENCY TO PROCEED WITH YOUR APPLICATION.

**MEDICAL STATEMENT
For Adoptive Applicant
And all Household Members for
Domestic Adoption**

(This form to be completed by a licensed physician.)

Patient's name: _____

Date you last completed a physical exam of this individual:	Date you last treated this individual:
Do you provide medical services to this individual: <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> First Time	

Please respond to each of the following to the best of your knowledge:

1. Does this individual suffer from an illness, including a communicable disease that would be detrimental to the care of an adoptive child placed in his/her home? Yes No
2. Are there any chronic or serious disorders for which this individual has received treatment? Yes No
3. Is this individual currently taking medication? Yes No
4. Is this individual experiencing any physical, behavioral or emotional problems that would be detrimental to an adoptive child placed in his/her home? Yes No
5. Have you ever referred this individual to other medical services, mental health services or treatment for alcohol/substance abuse? Yes No

If the answer to any of the above questions is YES, please explain: _____

6. In your opinion, does the individual have a normal life expectancy? _____

7. Physical Examination:

Weight:	Blood Pressure:	Pulse
Height:	Temperature:	Lungs:
Heart:	Abdomen:	Nervous System:

8. Laboratory Tests:

HIV:	Urinalysis:
Hep B:	Tine or Mantoux:
Hep C:	CBC:

9. Any recommendations for medical care? _____

Please state your professional opinion regarding this individual's suitability as an adoptive parent from the standpoint of health, considering the individual's medical history as given on the medical statement completed by the individual and from knowledge you have of the individual. _____

Physician's Signature:	Date:	Name of Physician (Print or Type)
Physician's Work Address:	Physician's Work Phone Number	Physician's State License Number

STATEMENT OF NET WORTH

Name(s) _____

ASSETS		LIABILITIES AND NET WORTH	
Cash on hand and in banks	\$ _____	Mortgage and real estate notes	\$ _____
Investments	\$ _____	Notes payable	\$ _____
Savings accounts	\$ _____	Credit card (balances)	\$ _____
Cash surrender value of life insurance	\$ _____		\$ _____
Other stocks and bonds	\$ _____		\$ _____
Real estate:			\$ _____
1. _____	\$ _____	Loans (balances)	
2. _____	\$ _____	_____	\$ _____
Automobiles	\$ _____	_____	\$ _____
	\$ _____	_____	\$ _____
Trucks, boats, planes	\$ _____	_____	\$ _____
Personal property	\$ _____		
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____

NET WORTH* \$ _____
 (*Net worth is the difference between Assets and Liabilities)

Dated this _____ day of _____, 20____.

Signature

Signature

PARENTS' PROFILE AT A GLANCE

Please complete this form and return it to our office along with your application. **This information will be shown to birth parents giving them preliminary information. Do not place your identifying information on this form unless you want all information given at the onset of your adoption.** Please be concise on comments, as space is limited. Please type or print the information. Thank you.

FIRST NAMES _____

LENGTH OF MARRIAGE _____

NUMBER OF CHILDREN _____

PARENTING PHILOSOPHY _____

CHARACTERISTICS OF ADOPTIVE FAMILY MEMBERS

	HUSBAND	WIFE
Age and/or birth date		
Height		
Weight		
Build		
Hair color		
Eye color		
Birth order		
Siblings		
Personality		
Sense of humor		
Family role		
Most disliked chore		
Education		
Religion		
Occupation		
Favorite date with spouse		
Hobbies/interests		
Favorite color		
Food		
Restaurant		
Dessert		
Ice cream flavor		
Sport to play and/or watch		

	HUSBAND	WIFE
Animal/pet		
Music		
Book		
Author		
Movie		
TV show		
Toy/plaything		
Family activity		
Vacation spot		

CHILDREN IN THE HOME

Age and birth date		
Height		
Weight		
Build		
Hair color		
Eye color		
Birth order		
Adopted Or biological		
Personality		
Sense of humor		
Most disliked chore		
Grade		
Hobbies/interests		
Favorite color		
Food		
Restaurant		
Dessert		
Ice cream flavor		
Sport to play and/or watch		
Animal/pet		
Music		
Book		
Author		
Movie		
TV show		
Toy/plaything		
Family activity		
Vacation spot		

HEALTH HISTORY
INFORMATION OF ADOPTIVE APPLICANTS

Please make a copy of this form or print two copies so you can each fill one out separately. Thank you.

NAME: _____

MENTAL HEALTH

Have you or anyone in your family received counseling or other mental health treatment? _____ If yes, please provide additional information, including date(s), reason for care, and medications prescribed. _____

PHYSICAL HEALTH

Describe your general health _____

Please check any of the following childhood diseases you have had:

- | | | |
|---|---|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Rubella (3 days) | <input type="checkbox"/> Rubella (2 weeks) |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Roseola | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay fever |
| <input type="checkbox"/> Encephalitis | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Ear infections |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Urinary/bladder infections | | |
| <input type="checkbox"/> Other (specify) _____ | | |

Have you had any major surgeries? If yes, please provide reasons and dates.

HEALTH HISTORY SELF, YOUR PARENTS, AND OTHER RELATIVES

Indicate by checking the appropriate box if you or any relatives (for example, your parents, brothers, sisters, aunts, uncles, grandparents, children, etc.), have or have had any of the medical conditions listed below. If yes, please indicate that person's relationship to you and complete the COMMENTS section. If a medical condition resulted in death of a family member, please indicate and give the person's approximate age at the time of death in the COMMENTS section.

Medical Condition	Yes, No, or Unknown	Relationship To You	Comments
CONGENITAL IMPAIRMENTS Club foot or any orthopedic problem (i.e., flat footed, etc.)			
Harelip (cleft lip) or cleft palate			
Downs Syndrome			
Other chromosome abnormality			
Hydrocephalus			
Muscular Dystrophy			Areas affected and age at onset
Dwarfism			
Spina Bifida			
Congenital heart defect			
Tay-Sachs Disease			
ALLERGIES Eczema or other skin condition			Treatment or medication received
Hay fever			
Medication allergy			To what medication?
Food allergy			To what foods?
EYE, DENTAL, EAR AND DEVELOPMENTAL DISORDERS Blindness, Glaucoma, color blindness, or other visual problems			

Medical Condition	Yes, No, or Unknown	Relationship To You	Comments
Corrective glasses or contact lenses			At what age were prescription lenses necessary?
Farsighted or nearsighted			
Astigmatism (inability to focus)			
Strabismus (cross-eye)			
Other (explain)			
Braces on teeth or other orthodontic work			What orthodontic work and for how long?
Deafness or other ear problems			Special education? Age at onset
Speech problems			Special education? Age at onset
Learning disability			Any diagnosis/hospitalization?
Retardation - mental or physical			Any diagnosis/hospitalization?
CIRCULATORY DISORDERS			
Hemophilia			
Sickle Cell Anemia or trait			
Hypertension (high blood pressure)			Age at onset, what treatment? Hospitalization?
Stroke			Age, treatment?
Heart Attack (coronary)			Age, treatment?
Arthritis			What kind? Age at onset and areas affected

Medical Condition	Yes, No, or Unknown	Relationship To You	Comments
Hepatitis			What type? Age at onset and treatment
Kidney disease			Age at onset and treatment
HORMONAL DISORDERS Diabetes			Age at onset and treatment
Thyroid Disorder			Age at onset and treatment
Obesity (overweight)			Age at onset and treatment
RESPIRATORY DISORDERS Asthma			Treatment
Tuberculosis			What kind and age at onset
Emphysema			Age at onset
MENTAL AND BEHAVIORAL DISORDERS Diagnosed Schizophrenia			Age at onset and treatment. Hospitalization?
Diagnosed Manic Depressive			Treatment
Other mental illness			Describe, using additional paper if necessary
Alcoholism or heavy drinking			Treatment/hospitalization?
Drug usage			Kind, amount and when taken?
LYMPHATIC DISORDERS Cancer			Kind, age at onset, areas affected

Medical Condition	Yes, No, or Unknown	Relationship To You	Comments
Tumors			Kind, age at onset, areas affected
Cystic Fibrosis			Age at onset, areas affected
Hodgkin's Disease			Age at onset, areas affected
NERVOUS SYSTEM DISORDERS Multiple Sclerosis			Age at onset, areas affected
Huntington's Disease			Age at onset, areas affected
Cerebral Palsy			Age at onset
Seizures or convulsions			Frequency, age at onset, what treatment
Epilepsy			Frequency, age at onset, what treatment
INFECTION, HOSPITALIZATION Repeated attacks of fever with known Infection			Diagnosis
Repeated severe infection necessitating hospitalization			Diagnosis
Hospitalization, operation or injury			When and for what
OTHER MEDICAL OR HEALTH PROBLEMS			Describe

Signature

Date

QUESTIONS FOR BIRTH MOTHERS

Please answer the following questions as thoroughly as you can. Your answers will be given to your birth mother so she can have an idea of what kind of parents you will be and how you plan to raise your child. Please do not include your name on this document. **We will not delete identifying information from this or any other form if the adoptive parents place the information on this form.**

First Names: _____

1. When do you plan to tell your child he/she was adopted? How will you approach this subject? _____

2. What do you believe will be the effect on your adopted child if you have a biological child after your adoption? _____

3. If you already have children, how will the adoption of this child affect them? _____

4. How do you plan to discipline your child? _____

5. What are your educational goals for your child? _____

6. How will you react if your child does not achieve this goal? _____

7. What will you do if a physical or mental handicap develops? _____

8. What is your plan for religious training? _____

9. Have you given care to children in your home prior to your plan to adopt?

10. Why do you want to adopt? _____

11. If you are adopting a child of another race or nationality, how do you plan to preserve your child's ethnic and cultural heritage? _____

PROSPECTIVE ADOPTIVE PARENT QUESTIONNAIRE

Please make a copy of this questionnaire or print two copies so you can each fill one out separately. Thank you.

Name: _____

Date: _____

1. Describe yourself (hair, eyes, height, weight, complexion, personality).

2. Describe your spouse's personality.

3. If you have children, describe their physical appearances and personalities.

4. Do you have pets? If so, what types?

5. What do you feel are the strong points in your marriage?

6. What qualities do you appreciate most in your spouse?

7. If you could change anything about him/her, what would it be?

8. Describe your views and approaches to parenting, including discipline.

9. What activities do you enjoy sharing with your spouse?

10. What activities do you enjoy separately from your spouse?

11. What things do you do for fun as a family?

12. What goals are you working toward in your marriage?

13. Why are you applying for adoption?

14. At this time, what type of child do you feel you can parent?

15. What are the experiences and strengths you feel you have that will enable you to parent this type of child?

16. What are your expectations for this child?

17. How will you handle the situation if your child does not meet your expectations?

18. What things could you absolutely not accept in a child?

Why?

19. What are your views on religion, and what is its role in your life?

20. If you are working outside of the home, what is your child care plan?

21. What is your greatest fear concerning adoption?

PREPARING A FAMILY PROFILE

Your family profile is often a birth parent's first introduction to your family, so it should provide a picture of what the child's life will be like with you. Show your unique personality and lifestyle through specific and descriptive examples of your activities, feelings, and relationships. Think about what you like to know about people when you first meet them, and share that information about yourselves. As you write, it may sound like the biographical information in your home study. However, this is written TO THE BIRTH PARENTS, who will not see your home study. **Any identifying information that is provided by the adoptive parents on any forms that are given to the birth parents will not be deleted since it is presumed that it is intentionally placed on the documents.**

CONTENT IDEAS

Opening/Introduction. Begin with any informal greeting that is comfortable. Describe to the birth parents how you feel about being considered. You could also use this first paragraph to acknowledge their courage in deciding to make an adoption plan.

Biographies. Briefly describe your lives, and include highlights. Have you always lived in the same town? Did your family travel during summer vacations? Where did you go to college? Does one of you have a mischievous nature?

Your relationship. How did you meet? How long have you known each other? What strengths do you each bring to your marriage?

Your lives now. What do you both do for a living? What do you both enjoy about your jobs? What hobbies do you pursue? Do you have pets? Do you attend church? Do you go out regularly with a special group of friends?

Your family. Do you have lots of siblings? Do you visit each other frequently? Do you have relatives who are adopted or adoptive parents? How does your family feel about your decision to adopt?

Your community. Do you live in or near a large town? Are you in a house or an apartment? Are there a lot of children in your neighborhood? Do you enjoy attending cultural festivals, theater presentations, or concerts in your community? Describe any special features about your home that makes it enjoyable for you and that makes it a positive environment for a family, but do not make it sound like a real estate ad!

Life as parents. Why do you want to adopt? How do you expect your lives to change when a child enters your life? What experiences with children have you had? Given your work situations, who will be available to be with the child after placement? What are your long-range childcare plans – flexible schedules, one parent at home, in home care?

Child desired. If you are interested in a child of another race or ethnic group, you may want to mention this, either within the profile or in a separate cover letter to our office.

Relationship with birth parents. You may want to mention how you see your relationship with the birth parents, especially the birth mother. Do you want to meet her? Exchange letters and pictures? How flexible are you about the openness in your relationship?

Photographs. Like the text, photos should convey your personality and lifestyle. Include pets, your home, hobbies or activities, and at least one shot of the two of you that shows your faces clearly. Photos should be in focus and not be over or under developed. Be sure to include captions.

FORMATTING IDEAS

Organization. Each family's profile is different from all the others. After the introductory paragraph, group thoughts together as you feel they are important. You may intersperse photographs with text, or

follow the text in a group. You may want to use subheadings, or you may prefer a more free-flowing style.

Style. Use the first person, and refer to each other by first names only. Write as though you are conversing with someone, or writing to a friend. Some couples will each write about the other, or will write about themselves first, then “combine authorship” on other parts. Use specific examples. Check for grammatical and spelling errors.

Printing. Type your text with a typewriter or computer. Use a standard font size and style for legibility. Type photograph captions also. Sign your names at the end.

Presentation. You may want to enclose your profile in a 3-ring notebook, 3-prong folder, or other cover for protection. You may use white, pastel, or other decorative paper. You may want to slide pages into sheet protectors. If you are working with more than one intermediary, you may wish to create a master profile with original photographs, and make a color photocopy of pages with photos for the profile. Your profile should look like a thoughtful well-put-together presentation of yourselves. Your profile should contain between ten and twenty photographs, with no more than three or four photographs on one page.

DO NOT...

- Try to present yourselves as what you think a birth parent might want, but as you really are.
- Include identifying information (last names, address, telephone number, name of workplace or church) unless your intermediary has requested it.
- Hand write information unless specifically requested by your intermediary.
- Forget to ask your intermediary for specific guidelines – information to be included, number of photographs, length, etc.

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DOCUMENTS + TO COMPLETE APPLICATION

The following documents will be needed in order to complete your application with our office. Many of these documents will have already been obtained by your home study professional. You may need to contact them and request that they attach those documents to your home study, or provide you or us with copies. Your home study and all information below need to have been completed within one year of your pending adoption. Otherwise, you must also provide our agency with a home study update along with updating all correlating documents.

	H	W
1. Birth certificate(s)		
2. Financial statement		
3. Divorce Decree from previous marriages (if applicable)		
4. HIV test results; Hep B and Hep C test results		
5. Home Study (<u>and</u> update if applicable) (two copies with original signatures from your home study professional)		
6. Income tax returns for last three years for <u>both</u> Adoptive Parents (first page only)		
7. Verification of income (letter from employer) and current employment history (where and for how long)		
8. Copy of Indian Heritage enrollment card (if applicable)		
9. Marriage license		
10. Verification of medical insurance under which child will be covered		
11. Military discharge papers (if applicable)		
12. Updated physician's report		
13. Three reference letters, with date, address and phone number (for example, minister, employer, friend) No family members		
14. Copy of social security cards		
15. FBI fingerprints, State Bureau of Investigation report, Sex Offender and Child Abuse Registry, where available		
16. Picture profile / "Dear Birth Mother" letter (five copies)		
17. Prospective Adoptive Parent Questionnaire		
18. Medical History form		

We do not need originals of any documents EXCEPT the home study and update. For your convenience we have provided a column on the right hand side of the page so you can check off the items you are providing to our agency. ("H" is for "Husband" and "W" is for "Wife".) Please call our office at 877-903-4488 or email us at adoptioninfo@adoptionchoiceskansas.org if you have any questions about the requested documents.



Dear Home Study Agency or Preparer:

Adoption Choices of Kansas, Inc. is an adoption agency that matches adoptive parents with children from various states. To meet the requirements of all of the states in which we receive or place children and to assist you in preparing the home study, we are listing the required information as follows:

- At least one joint & one individual interview** with the adoptive couple (also, if they have children, please include information about them & document an interview if they are old enough);
- Child desired;**
- Current FBI & state criminal history investigations including fingerprints** (attach copies);
- Current child abuse registry clearances** (attach copies);
- Social history**, e.g., childhood, how discipline was handled, current information about extended family, marriage(s);
- Family lifestyle/marital relationship**, e.g. how they spend their time, degree of satisfaction; how they handle stress, resolve differences;
- Employment/income** (verify);
- Financial management;**
- Health**, including current doctors' statements (attach copies);
- Health insurance coverage for the adopted child** (verify);
- Home**, e.g., description, verification of health and safety;
- Adoption/parenting**, e.g., motivation to adopt; attitudes re. themselves, infertility, the child's biological parents; open vs. closed adoption; how they will explain adoption to the child; parenting philosophy & practices; expectations of the child;
- 3 current letters of reference** from non-relatives (attach copies);
- Assessment & recommendation;**
- Credentials of person preparing the study & authority to place.**

An annual home study update is needed if the original home study is over a year old at the time of placement and must include:

- Home visit;**
- Joint interview;**
- Inquiry re. significant changes**, e.g., relocation, job change, children added to the family;
- Current criminal background checks including FBI fingerprints;**
- Current child abuse clearances;**
- Current doctor's statements;**
- 3 current letters of reference (non-relatives).**

Additionally, please forward two signed originals of the study or update. If you have any questions, please feel free to contact us.

Sincerely,

Virginia Frank
Executive Director

WHERE TO STAY?

In Wichita, our agency has been given a special rate of \$69.00 per night at TownePlace Suites Marriott. Their contact information is:

**TownePlace Suites Wichita East -
9444 E 29th St N
Wichita, KS**

(316) 631-3773- ask for Jed Schanz, and tell him you are working with our agency.