



Adoption Planning Application

Coordinator Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Marriage Date: _____

ADOPTING MOTHER'S INFORMATION

Name: _____
(Last) (First) (Middle) (Race)

DOB: _____ Birthplace: _____ SSN: _____

Occupation: _____ Religion: _____ Prior Marriage: yes ___ no ___

Work Phone: _____ Cell: _____

E-mail address: _____

ADOPTING FATHER'S INFORMATION

Name: _____
(Last) (First) (Middle) (Race)

DOB: _____ Birthplace: _____ SSN: _____

Occupation: _____ Religion: _____ Prior Marriage: yes ___ no ___

Work Phone: _____ Cell: _____

E-mail address: _____

Children: name DOB living at home adopted from prior marriage

Review each question carefully as the answers you provide determine which birth parents view your Family profile. The more restrictive your APQ answers are, the fewer opportunities birth parents have to view your profile, which correlates to a longer wait.

CHECKING a box indicates that you are **ACCEPTING** of that situation. Talk to your Adoptive Family Coordinator about making changes to you APQ responses at a later date. You may, under no circumstances, change you APQ responses if a birth mother has already selected your profile.



We will **not** show your profile to birth parents who do not meet your APQ responses. Any additional comments or notes handwritten on the APQ will not be taken into consideration when matching a Family Profile with a birth parent.

RACIAL AND ETHNIC BACKGROUNDS

To determine the racial background of the child that you are comfortable with, simply check all items that you would accept. Families should feel 100% comfortable with their racial selections. The determination of race is based on information provided by the birth parent(s). Your profile will only be shown to birth parent(s) matching the racial backgrounds you select.

Do you have a gender preference? Boy _____ Girl _____ Any _____
 Are you open to siblings or multiples? _____ How many? _____
 Newborn or up to what age (?) _____

Check all racial combinations that you are willing to accept

Caucasian		Cauc. / Hisp. / Asian / Native Amer.	
Hispanic		Cauc. / Asian / Native American	
Asian		Cauc. / Asian / Other	
Native American		Hispanic / Asian	
Other		Hispanic / Native American	
Caucasian / Hispanic		Hispanic / Other	
Caucasian / Asian		Hispanic / Asian / Native American	
Cauc. / Native Amer.		Hispanic / Asian / Other	
Caucasian / Other		Hispanic / Native American / Other	
Cauc. / Hisp/ / Asian		Asian / Native American	
Cauc. / Hisp. / Native		Asian / Other	
Cauc. / Hisp. / Other		Asian / Native American / Other	
Cauc. / Native / Other		Native American / Other	
Full African-American		AA / Caucasian / Hispanic	
AA / Caucasian		AA / Caucasian / Asian	
AA / Hispanic		AA / Caucasian / Native American	
AA / Asian		AA / Hispanic / Asian	
AA / Native American		AA / Hispanic / Native American	
AA / Other		AA / Asian / Native American	



CONTACT WITH THE BIRTH PARENTS

Meetings

- Semi-Open Adoption:** At a specified location such as the hospital, the agency's office, or attorney's office; no identifying information exchanged.
- Open Adoption:** identifying information exchanged, and may include future visits.
- Open Adoption:** sending letters/pictures/updates to the birth parents.

Phone Calls

- Semi-open Adoption:** conference calls through the agency to protect confidentiality.
- Open Adoption:** Your phone numbers are exchanged

MEDICAL BILLS

- The mother has no insurance or Medicaid, therefore an OBGYN deposit is needed for a birth mother's prenatal care. This typically ranges from \$700 to \$2,500 and is paid **before** delivery, therefore is it considered at-risk.
- Normal delivery expected** - typical costs for this type of delivery varies from Approximately \$5,000-\$7,000. A \$7,000 retainer is required at placement.
- C-Section expected** - typical costs for this type of delivery range from \$7,000-\$10,000. An \$8,000 retainer is required at the time of placement.
- Our insurance will cover the costs of the birth mother's medical bills

Important: Unlike the OBGYN bills, delivery bills are normally due after birth. Once the agency receives all of the medical bills, we will return the unused portion of the retainer, or bill to you for any amount over the retainer, as these are the responsibility of the adoptive family. Note: \$1,000 of the medical retainer is used for administrative medication between the medical facilities and the adoptive families. Copies of actual bills will be furnished.

LIVING EXPENSES

Agency requires a maternity reserve fund of \$3,000.00 for birth mother expenses to be held in escrow. The account balance is to be maintained at this level every month. Costs are accrued as actual expenses are incurred. A report of expenses will be provided that includes expense category, date, amount, and description of each expenditure.

ADOPTION CAP

\$ _____

This is the TOTAL amount you can spend for your adoption, including agency fees, attorney fees and birth mother expenses. Do not include travel expenses in this amount.



CONFIDENTIAL DRUG USAGE DURING PREGNANCY

(check all that apply)

Please check alcohol and drug usage that you will accept regarding the birth mother. If, for example, you do not check alcohol during pregnancy we will not send your information to birth mothers that indicate they had one drink of alcohol. Think very carefully on each response. It should be noted that all medical and health history questions are answered by the birth parents and verifying the validity of each response is sometimes difficult or impossible. It is highly recommended that adoptive families research the effects of substance usage through a qualified medical professional.

DRUG & ALCOHOL USAGE	If used occasionally (1-5 times) during pregnancy	If used daily during pregnancy	If used weekly during pregnancy	If used monthly during pregnancy
Cigarettes				
Alcohol				
Marijuana				
Cocaine				
Methamphetamine				
Heroin				
Ecstasy				
Methadone				
LSD				
Drug Stimulants				
Depressants				
Diet Pills				
Tranquilizers				
Anti-Convulsants				
Other- due to the number of different substances it is impossible to list them all. If you would like to be considered for items not listed above check this category. You will be contacted by telephone at which time you can accept/reject situation				



BIRTH PARENT MEDICAL AND FAMILY HISTORY

(check all that apply)

Mark an 'X' if you are willing to accept a child whose birth parent have a medical or family history of such disorders or if you would accept the miscellaneous situations. "Birth parents/Baby" means the biological mother, biological father or the baby has, or has had, the condition listed. "Immediate/Extended Family" means the parents of the biological parents or another relative has, or has had, the condition listed.

Birth Parents	Immediate/Extended family	HEALTH HISTORY	Birth parents	Immediate/Extended family	
		HIV/AIDS			Developmental Disorders
		Cancer			Diagnosed schizophrenia (medications prescribed)
		Diabetes			Diagnosed manic depression (medications prescribed)
		Retardation: mental or physical			Sickle cell Anemia or trait (Minority Programs)
		Hydrocephalus (water on the brain)			Leukemia
		*Other			*Other

MISCELLANEOUS SITUATIONS

	Birth mother was raped		Twins
	Older Children (list max. age)		Sibling Groups
	Premature- Under 35 weeks		Special Needs

* Due to the number of different issues it is impossible to list them all. If you would like to be considered for items not listed here check this category. You will be contacted by phone at which time you can accept/reject these situations.

