

CONFIDENTIAL ADOPTION APPLICATION

Please print or type, and return with copies of any **supporting documents** required; clear and recent **photographs** of applicant(s) and home; a floor plan identifying each room with dimensions and its purpose; and non-refundable **application fee** of \$150 payable by personal check, cashier's check or money order. (Please note that submission of fee in no way implies nor guarantees acceptance to program, and that application processing cannot be completed until all of the above-required items are received. An additional \$25 fee will be assessed for returned checks.) Thank You.

Date Submitted: _____

Office Use Only – Based on applicant data and program needs, application is tentatively approved for:

- ____ The Milagros Program (*full service: birthparent referral/s provided by agency*)
- ____ The Designated Program (*designated: ap/s networks/advertises to locate birthparents*)
- ____ The Promesa Program (*special needs: ap/s adopting hard-to-place child/ren*)

Adoptive Father's Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____

Birthplace: _____ Age: _____

Any other Name(s) used: _____

Adoptive Mother's Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____

Birthplace: _____ Age: _____

Maiden name/any other name(s) used: _____

Home Address: _____
Street City County State Zip

Phone: _____
Home His Mobile Her Mobile
His Work Her Work

E-mail address and/or Fax: _____

By whom were you referred to *Abrazo Adoption Associates*? _____

Have you had a homestudy completed previously? _____

If so, when and where? _____
(If so, please attach a copy of any previous or current homestudies, and all post-placement supervisory reports if you have adopted a child in the past from any source other than *Abrazo*.)

Have you ever been turned down or declined for placement elsewhere? _____

If so, when, where, and why? _____

Please list any other adoption agencies or attorneys with whom you are/were presently/previously working, the length of time you have been working with them, their telephone number and address, and your reasons for applying with *Abrazo Adoption Associates* at this time:

PART ONE - PERSONAL HISTORY

Present

Marriage: _____
Date City and State

Previous Marriage(s): Please list all previous marriages for either partner indicating date of marriage, how and when terminated.

Adoptive Father: _____

Adoptive Mother: _____

ADOPTIVE FATHER INFORMATION

Nationality: _____ Race: _____

Occupation: _____ Salary: _____

Employer: _____
Company/business name Supervisor

Dates of employment: _____

If employed at the above company for less than three years, please provide information regarding previous employment:

Education:

High School	Location	Date Graduated
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College Or University Attended	Dates
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Other School(s) Attended	Dates
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Degrees held and dates granted

Physical Description:

Height	Weight	Hair	Eyes
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Health: Please describe any chronic mental/physical conditions, handicaps, serious illnesses, medical or psychiatric diagnoses, operations, or infertility also indicating approximate dates and degree of recovery. *(Note that verification of infertility from physician or specialist is required for "full service" domestic adoption program.)*

Social/Religious/Professional/Civic/Fraternal membership and involvement:

Special interests, talents and hobbies:

If employed at the above company for less than three years, please provide information regarding previous employment:

Education:

High School	Location	Date Graduated
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College Or University Attended	Dates
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Other School(s) Attended	Dates
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Physical description: _____

Height	Weight	Hair	Eyes
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Health: Please describe any chronic mental/physical conditions, handicaps, serious illnesses, medical or psychiatric diagnoses, operations, or infertility also indicating approximate dates and degree of recovery. *(Note that verification of infertility from physician or specialist is required for "full service" domestic adoption program.)*

Social/Religious/Professional/Civic/Fraternal membership and involvement:

Special interests, talents and hobbies:

Her Family Background:

MOTHER

FATHER

Name:	_____	_____
Age:	_____	_____
Birthplace:	_____	_____
Occupation:	_____	_____
Health:	_____	_____
If deceased, date and cause of death:	_____	_____
Attitude towards adoption:	_____	_____
Current place of residence:	_____	_____

List all brothers and sisters in order of birth (include deceased and indicate cause of death):

Name	Age	Location	Health	Education	Occupation

How many nieces & nephews do you have? Nieces: _____ Nephews: _____

CHILDREN OF THIS MARRIAGE IN THE FAMILY:

Name	Sex	Birthday	Adopted or Biological	Nationality	Health Status (if deceased, give date & cause)
_____	___	_____	_____	_____	_____
_____	___	_____	_____	_____	_____
_____	___	_____	_____	_____	_____

CHILDREN BY PREVIOUS MARRIAGES/UNIONS:

Name	Birthday	Custody	Where Living
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other members of household: (i.e. domestic help, boarders/roommates, relatives, etc.)

Name	Sex	Age	Occupation	Relationship	Health Status
_____	___	___	_____	_____	_____
_____	___	___	_____	_____	_____

Please indicate whether either individual has ever been convicted of any criminal offense, other than minor traffic violations: (If so, please identify which partner and explain in detail)

Please indicate whether either individual has ever experienced problems with or been treated for psychiatric conditions, alcohol and/or chemical dependency: (if so, please identify which partner and explain in detail)

Please provide names and numbers of three resources whom the agency has permission to contact should we need to locate you in event of emergency:

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Description of your home:

Length of time at this address: _____

Texas Residents Only: *please attach a separate listing of all cities within the state in which either spouse has lived, with dates; if either spouse also resided out of state during the past five years, please provide this information, including street addresses, city, state, and zip code. (Required by TDFPS.)*

Do you own your home: _____ If so, please list value: _____

Type of neighborhood (check one): ___ Rural ___ Suburb ___ City

Number of bedrooms: _____ Number of bathrooms: _____

Please check all of the following which are present in your home:

___ Living Room ___ Dining Room ___ Eat-In Kitchen ___ Den/Family Room

___ Laundry Facilities ___ Basement or Cellar ___ Garage ___ Backyard

___ Pool or Jacuzzi ___ Other: _____

Do you have any pets? If so, please list number and species, indicating how you anticipate your pets would adjust to a child in the home:

Do you smoke? Him: _____ Her: _____

Do you drink? Him: _____ Her: _____

Religious background: Him: _____ Her: _____

Name of church or synagogue, if applicable:

Address: _____

Clergy/Rabbi: _____

In what religion will your child be raised? _____

What are your plans for childcare after placement? _____

Are you involved with an adoption parent or infertility support group? If so, please provide group name, length of your involvement and extent of participation: *(If not, we strongly recommend you seek involvement now, to support you in your journey towards parenthood.)*

Are you presently or have you previously made use of professional counseling services to help you with resolution of infertility issues and prepare you (and spouse, if applicable) for the stressors of adopting and the challenges of parenthood? If so, please describe services used, length of involvement and provide name and phone number of therapist. *(If not, we strongly suggest you pursue counseling now, to support you throughout this process.)*

Are you a registered member of Abrazo's Forum community? (circle answer) YES NO

(If not, please sign up now, at www.abrazo.org/forum; the Forum is an excellent source of information and support and active participation and frequent posts may qualify for credit towards pre-adoption education requirements.)

PART TWO - FINANCIAL INFORMATION

Please note that all information requested must be provided in full detail and returned with the listed supporting documentation before any application is considered to be complete and ready for review.

Total average annual income from employment:

His: _____ Hers: _____

List other income and sources:

Description of retirement plan(s), if applicable:

His life insurance (List name of carrier, amount and policy number):

Her life insurance (List name of carrier, amount and policy number):

His health insurance (List name of carrier, policy number and group number):

Her health insurance (List name of carrier, policy number and group number):

Will the child you adopt be covered from birth? Please attach your insurance carrier's statement concerning coverage of your adopted child from birth. (This will better facilitate your efforts in filing your claim after placement.)

List any additional health insurance policies:

ASSETS:

Property and value (Please include both real and personal property):

Savings and investments (Please list location and value):

DEBTS (Please list amount owed and monthly payments):

Rent / Mortgage payment: _____

Other: _____

Has either spouse ever filed for bankruptcy? _____ If so, who and when? _____

Liens or judgments outstanding (Please list in detail):

Please list names of any persons not residing in your home to whom or for whom full or partial support is paid, including amount and frequency of support payment(s):

Although we realize this in no way guarantees our final cost, we wish to be considered for adoption cases which fall into the following cost ranges: **Note: applicants seeking to adopt newborns and infants must be prepared to accept full financial responsibility for any and all prenatal/birthing costs as well as related medical expenses, as birthparent insurance/Medicaid coverage can never be guaranteed in advance.** Check all that apply

_____ \$ 7,000 - \$13,000* (applies to special needs adoptions only)

_____ \$14,000 - \$20,000*

_____ \$21,000 +

* Cost ranges do not include prenatal/birthing/medical expenses, which are additional and case specific.

PART THREE - ADOPTION PREFERENCES

With regards to the child you adopt, what are your racial preferences?

What nationalities or racial backgrounds could you **not** accept?

Do you have a preference for the sex of your child? _____

Could you accept a child of the opposite sex? (Please note that a specific sex requirement could extend your wait by twelve months or more.)

Age preference: _____

How old a child would you accept? _____

Would you be interested in siblings or multiple births? _____

Please prioritize these factors by numbering them 1, 2, 3, in order of their importance to you:
_____ Child's age _____ Child's health _____ Child's race

How soon, realistically, would you be ready for placement to occur? _____

Will you provide medical treatment for a child, should problems arise which are not apparent at birth? _____

If medically advised, would you permit blood transfusions? _____

If the child is a male, would you like him to be circumcised prior to discharge from the hospital?

(please note that birthparent approval may also be required, as well as physician's consent: many physicians now prefer that such procedures be done after newborn discharge from a hospital.)

Would you accept a child with a minor, correctable handicap or medical problem? (If so, specify what types of handicaps or problems would be acceptable o you.)

What permanent handicaps or medical problems would you be willing to consider? _____

*It should be noted that **there is no such thing as a "risk-free adoption."** All adoptions entail a significant amount of risk over which no adoption agency nor professional have any control. Abrazo Adoption Associates will provide you with whatever medical background information it receives regarding your child's birthparents and their families, and will insure that all children placed for adoption are checked thoroughly by pediatric staff. However it is important to remember that most families do have some history of health or medical problems, and sometime birthparents may be lacking in their knowledge of the health or medical history of their partners or families. There is always considerable risk of information not known or unavailable at time of placement, and this should be anticipated in both domestic and international adoption placements. Following is a checklist of common birthparent lifestyle or genetic risk factors, most of which are prevalent to some or all placements done today.*

Which of the following circumstances would you be willing to consider? Please check the correct answers.

- | | | |
|---------|--------|--|
| Yes ___ | No ___ | Premature or difficult birth |
| Yes ___ | No ___ | Alcohol use by the birthmother during pregnancy |
| Yes ___ | No ___ | Drug use by the birthmother prior to pregnancy |
| Yes ___ | No ___ | Drug use by the birthmother during pregnancy |
| Yes ___ | No ___ | Child with (known) medical problems / poor health |
| Yes ___ | No ___ | Child with no available or unknown medical history |
| Yes ___ | No ___ | Medical problems in biological family |
| Yes ___ | No ___ | Psychiatric problems in biological family |
| Yes ___ | No ___ | Child at risk for developmental delay/s |
| Yes ___ | No ___ | Child with demonstrated developmental/growth delay/s |
| Yes ___ | No ___ | Mental retardation in the child |
| Yes ___ | No ___ | Mental retardation in biological family |
| Yes ___ | No ___ | Child who is the result of rape or sexual assault |
| Yes ___ | No ___ | Child with unknown father |
| Yes ___ | No ___ | Child with cleft palate / harelip / birthmark |
| Yes ___ | No ___ | Child with (known) handicap(s) or disability |
| Yes ___ | No ___ | Child with (known) terminal illness |
| Yes ___ | No ___ | Obesity in biological family |

Texas law prohibits the use of corporal punishment by families adopting through all private, state-licensed adoption programs. Are you familiar with alternative means of discipline and willing to commit to use of same?

Do you understand the importance of talking with your child about adoption from the very beginning, or do you intend to wait until the child reaches a certain age to discuss the fact he/she is adopted? (Please explain):

Have you ever been investigated by Child Protective Services or any other law-enforcement/regulatory body for child abuse, injury, neglect or suspicion of same? (If so, please provide dates, details and disposition of complaint/s):

Abrazo specializes in compassionate adoption planning, in which our programs enable the birthfamily and adoptive family to develop genuine bonds of caring in the interest of a child's future.

Would you be willing to:

- | | | |
|--|---------|--------|
| Meet with birthparent/s prior to birth and/or placement? | Yes ___ | No ___ |
| Be present for labor and delivery to support the birthmother in this process? | Yes ___ | No ___ |
| Reunite with birthparent/s at the time of finalization?
(6-18 months after placement?) | Yes ___ | No ___ |
| Participate in continued visits with birthfamily after the adoption? | Yes ___ | No ___ |
| Provide the agency/birthparents with additional annual photographs of the child after finalization, through the child's eighteenth birthday? | Yes ___ | No ___ |
| Accept a birthparent's letters, photos, gifts, keepsakes, to be shared with your child at the earliest appropriate time? | Yes ___ | No ___ |

What does "open" adoption mean to you, and what kinds of contact are you willing to *maintain* with the birthparent/s both *before* and *after* the placement? (i.e., direct correspondence or correspondence via *Abrazo Adoption Associates*, telephone calls, meetings and/or visits, etc.):

In light of the birthparents' lifelong commitment to their adoption plan with you, would you consider offering personal, identifying information about yourself to the birthparent(s), i.e. last name or address/phone? If not, to what extent would you be willing to demonstrate your trust in the birthfamily? (It is essential that the agency have an understanding of any boundaries regarding openness; this information will not necessarily affect your acceptance status.)

PART FOUR - FEELINGS AND ATTITUDES REGARDING ADOPTION

(Use additional paper if necessary)

1. Why are you seeking to adopt a child at this time in your lives?

2. What actual steps have you already undertaken in order to get ready to be good parents?

3. In what ways have you and your spouse responded to or dealt with the stress of infertility? In which ways are your coping skills similar? In what ways did the stress of the experience affect you differently?

4. If you are a survivor of the infertility process, in what ways have you and your partner grieved the loss of your “biological dreamchild?” Are you prepared for the child you adopt to be different than the dreamchild, and if so, how? If you have not experienced infertility, what needs do you anticipate your adopted child will have and how do you anticipate meeting those needs?

5. What is your understanding about birthparents that place children for adoption or must otherwise release them to the care of others, and what do you think you might need from an adopting family, if you were in their position?

6. In what ways do you hope that your parenting styles will be/are similar or different than that of your parent/s?

7. What are your thoughts on raising children and the use of discipline?

8. Please describe your marriage and the most difficult challenges or experiences you have had to bear in your lives together and how your relationship has been impacted by such:

9. What are your hopes for the child you adopt and expectations for his/her future?

10. What are your concerns regarding adoption?

11. Any other information you wish to add regarding your thoughts or feelings about adoption, parenting, birthparents or your personal journey to building a family:

PART FIVE - PERSONAL REFERENCES/SUPPORTING DOCUMENTS

Please provide three non-related personal references who know you well as a couple or family (or individual, in the case of single adoptive parent applicant) whom you have asked to send letters of reference to this agency.

Name: _____

Address: _____
 Street City State Zip

Telephone (*please include area code*): _____

Nature & length of acquaintance/relationship: _____

Name: _____

Address: _____
 Street City State Zip

Telephone (*please include area code*): _____

Nature & length of acquaintance/relationship: _____

Name: _____

Address: _____
 Street City State Zip

Telephone (*please include area code*): _____

Nature & length of acquaintance/relationship: _____

Family Physician: _____

Address: _____
 Street City State Zip

Telephone (*please include area code*): _____

Clergy person or Rabbi: _____

Name of church or synagogue: _____

Address: _____
Street City State Zip

Telephone (please include area code): _____

Please attach copies of the following documents or send under separate cover:

- * Copies of your tax return for the year past or a financial statement.
- * Your medical insurance policy, including proof of coverage for your adopted child.
- * Copies of any child support or alimony agreements which may apply to you or your spouse.
- * Letter or verification from physician/specialist confirming infertility diagnosis/diagnoses (required only for those seeking to enter agency's "full-service" domestic program.)
- * Current photographs of your home, inside and outside.
- * Copies of any previously-completed or current homestudies, plus copies of any/all post-placement supervisory reports for families who have formerly adopted anywhere other than Abrazo.
- * Floor plan for your home, showing every room with dimensions and denoting the purpose of each (these can be hand-drawn and need not be to scale).
- * TX residents: for each spouse, a listing of all cities in-state where you have lived, and if you have lived out-of-state during the past five (5) years, provide those street addresses, cities, states and zip codes. Also include a legible copy of your driver's license.
- * Three current letters of reference from non-relatives (these may also be sent directly from senders)

PART SIX - AFFIRMATION

"I/we swear that the information provided in this application is true and correct to the best of our knowledge and belief, and I/we understand that any false or incomplete information constitutes grounds for immediate termination of the application and/or placement process. I/we understand and agree that with the submission of this application, I/we am/are voluntarily seeking entrance into the agency's programs but that acceptance of my/our application fee in no way implies or guarantees acceptance of me/our application. I/we am/are in receipt of the agency's policy manual, and affirm my/our responsibility to acquaint myself/ourselves with the information contained therein. I/we am/are aware that Abrazo makes acceptance decisions in accordance with its need for placement resources, and that my/our application may be under consideration for a period of up to six months, and kept on file by the agency indefinitely following this time period. I/we agree with the agency policy by which all materials submitted become the permanent property of the agency and will not be returned nor refunded for any reason. It is my/our understanding that Abrazo does not guarantee placement not the time period during which I/we may wait for such, in the event that we are accepted. I/we understand that Abrazo is a licensed child-placement program which advocates for the best interests of children in need via open adoption practices, and we recognize the rights of the agency to seek to develop or supplement the information we have provided within these pages in its efforts to help me/us to assess our readiness to provide a loving home for a child in need."

Signature

Date

Signature

Date