



## CONFIDENTIAL ADOPTION INQUIRY

Please print or type, and return inquiry *with a clear photo or photos of you and a non-refundable inquiry processing fee of \$35*, payable by personal check, cashier's check or money order. (Note: be sure to answer all written questions in full; materials submitted cannot be returned.) An additional fee of \$25 will be assessed for returned checks. We appreciate your interest in Abrazo, and will respond to your submission in writing within 2-4 weeks of receipt.

Date Submitted: \_\_\_\_\_

Your Name/s: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Home Telephone (please include area code): (\_\_\_\_\_) \_\_\_\_\_

Work Phones: His (\_\_\_\_\_) \_\_\_\_\_ Hers: (\_\_\_\_\_) \_\_\_\_\_

Cell Phones: His (\_\_\_\_\_) \_\_\_\_\_ Hers:(\_\_\_\_\_) \_\_\_\_\_

Length of Marriage (if adoption by couple): \_\_\_\_\_

Your Ages: (his) \_\_\_\_\_ (hers) \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

His Occupation: \_\_\_\_\_ Salary: \_\_\_\_\_

Her Occupation: \_\_\_\_\_ Salary: \_\_\_\_\_

Please list any and all children of this marriage and/or any previous union/s, including names, ages, place of residence, and whether biological or adopted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For which of the following Abrazo programs do you wish to be considered? (*check all that apply*)

\_\_\_\_\_ *The Promesa Program* (Subsidized placement of special needs child/ren. Available to singles or couples with or without documented infertility.)

\_\_\_\_\_ *Designated Program* (Reduced-fee facilitation of client-controlled placement plans in which birthparents are located via adopting parents' nationwide advertising and outreach efforts. Program is open to singles or couples with or without documented infertility.)

\_\_\_\_\_ *Milagros - Little Miracles* (Full placement-planning services for American-born infants or children located and matched through agency. Open only to those with infertility, defined by Abrazo as "a medically-documented inability to conceive.")

What is your primary reason for pursuing open adoption services through Abrazo? \_\_\_\_\_

\_\_\_\_\_

Have you sought placement services elsewhere? (If so, where?) \_\_\_\_\_

Does either partner have infertility (medically-documented inability to conceive)? Please describe:

\_\_\_\_\_

\_\_\_\_\_

When did infertility treatment(s) formally end? \_\_\_\_\_

What steps have you taken to resolve the emotional pain of your infertility experience? \_\_\_\_\_

\_\_\_\_\_

In terms of age, which of the following would you be willing to accept? *Check all that apply:*

\_\_\_\_\_ Newborn (birth - 9 weeks)

\_\_\_\_\_ Infant/Baby (9 wks - 15 mos)

\_\_\_\_\_ Toddler (15 mos - 3 yrs)

\_\_\_\_\_ Preschooler (3 to 6 yrs)

\_\_\_\_\_ Child (6 to 12 yrs)

\_\_\_\_\_ Adolescent (over 12 yrs)

Do you have a restricted gender preference? (If so, male or female?) \_\_\_\_\_

Would you be willing to adopt a sibling group (brothers/sisters placed together)? Specify group size/ages:

\_\_\_\_\_

In terms of racial/cultural backgrounds, which of the following could you accept? *Check all that apply:*

Full Hispanic\*     Full Asian     Full Black     Full Indian\*\*     Anglo-Saxon only\*  
 Blend: Anglo &     Asian     Hispanic     Black     Indian  
 Blend: Hispanic &     Anglo     Asian     Black     Indian  
 Blend: Asian &     Anglo     Hispanic     Black     Indian  
 Biracial: Black &     Anglo     Hispanic     Asian     Indian  
 Blend: Indian &     Anglo     Hispanic     Asian     Black

*\*Persons of Hispanic descent are Caucasian; hence the use of the term "Anglo" to differentiate Caucasians of Anglo-Saxon descent. Over half of the children placed at Abrazo are of part or full Hispanic ancestry.*

*\*\*Please note that "Indian" refers to Native American, and the adoption of such children is generally subject to tribal consent under the Indian Child Welfare Act.*

If you would be able to provide a loving home to a child with special needs, what type(s) of challenges would you be willing to consider? Please list all correctable or non-correctable conditions that apply:

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*Considering that Abrazo specializes in open adoptions, please review the following questions and check the appropriate answers:*

Would you be willing to have telephone conversations with birthparent(s) during pregnancy / after placement?

YES     NO

Would you be willing to meet with your child's birthparent(s) prior to / at / after placement?

YES     NO

Would you be willing to send letters and baby pictures to/for the birthparent(s) after placement?

YES     NO

Would you be willing to raise your child from infancy with knowledge of his or her adoption?

YES     NO

Are you able to comply with agency policies that require that information about the adoption and birth family be shared with the child from placement throughout the life span, via age-appropriate means?

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Has either partner ever been arrested? (If so, please identify and on the back of page four give full details, including the date and nature of the arrest, and whether there was a subsequent conviction.)

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*Abrazo* seeks to ensure that its adopting families have realistic expectations about budgeting for adoption. What is your anticipated budget range (or what amount of financial resources are you prepared to commit to your adoption plan)?

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How did you find out about *Abrazo Adoption Associates*? \_\_\_\_\_

TERMS OF SUBMISSION

I/WE UNDERSTAND AND AFFIRM THAT UPON RECEIPT OF THIS INQUIRY AND THE (NONRETURNABLE) MATERIALS SUBMITTED WITH IT, THE AGENCY'S OBLIGATION TO ME/US IS LIMITED TO REVIEW OF SAID ITEMS TO DETERMINE MY/OUR SUITABILITY AS PROSPECTIVE ADOPTIVE PARENT/S WITHIN ABRAZO'S PROGRAM, AND THE POTENTIAL FOR ABRAZO (OPERATING WITHIN ITS POLICIES AND PROCEDURES) TO MEET MY/OUR NEEDS. I/WE ALSO UNDERSTAND THAT THE ABRAZO ADOPTION PROGRAM MAY NOT BE DEEMED THE MOST APPROPRIATE RESOURCE FOR ALL PROSPECTIVE ADOPTORS. I/WE UNDERSTAND THAT THE AGENCY RESERVES THE RIGHT TO MAKE THESE DETERMINATIONS IN ITS SOLE DISCRETION, AND THAT SUBMISSION OF A FEE FOR INQUIRY PROCESSING IN NO WAY IMPLIES OR WARRANTIES ACCEPTANCE AND/OR FUTURE SERVICES. I/WE ARE AWARE THAT THE SUBMISSION OF THIS INQUIRY MUST BE FOLLOWED BY A FULL APPLICATION TO QUALIFY US FOR ORIENTATION, THE FINAL ADMISSIONS PROCEDURE.

I/WE ATTEST THAT THE INFORMATION PROVIDED ON THESE PAGES IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT SUBMISSION OF ANY FALSE, INACCURATE OR INCOMPLETE INFORMATION MAY DISQUALIFY ME/US FROM FURTHER INVOLVEMENT WITH ABRAZO, FORFEITURE OF FUNDS AND/OR TERMINATION OF SERVICES.

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Signature

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Signature