



## **Pre-Orientation Adoption Information Form**

Please complete this form to the best of your ability and return it along with a photo and appropriate fees made payable to FFTA.

PARENT #1 ("P1") NAME: \_\_\_\_\_

PARENT #2 ("P2") NAME: (if appropriate) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

P1: WORK PHONE#: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_ LOCATED? Home/office \_\_\_\_\_

E-MAIL: \_\_\_\_\_

P2: WORK PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_ LOCATED? Home/office \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DO YOU HAVE OTHER CHILDREN? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, Please provide names, dates of birth and indicate whether adopted or biological:

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

WHO REFERRED YOU TO US? \_\_\_\_\_

PREFERRED **WEEKDAYS** AND TIMES FOR AN ORIENTATION MEETING:

\_\_\_\_\_

ALL ORIENTATIONS ARE GROUP SESSIONS UNLESS OTHERWISE SPECIFIED BY FFTA.

**BIOGRAPHICAL INFORMATION:**

	<u>PARENT #1 (NAME)</u>	<u>PARENT #2 (NAME)</u>
SEX	_____	_____
DATE OF BIRTH	_____	_____
PLACE OF BIRTH	_____	_____
ETHNIC HERITAGE	_____	_____
CITIZENSHIP	_____	_____
SOCIAL SECURITY #	_____	_____
RELIGION	_____	_____
PREFERED PRONOUN	_____	_____
OCCUPATION	_____	_____
ANNUAL INCOME	_____	_____
CURRENT MARRIAGE	_____	_____
PRIOR MARRIAGE/DATES	_____	_____
PRIOR SPOUSE	_____	_____
CHILDREN FROM PRIOR MARRIAGE/RELATIONSHIP	_____	_____
COLOR OF EYES	_____	_____
COLOR OF HAIR	_____	_____
COMPLEXION	_____	_____
HEIGHT	_____	_____
ARREST HISTORY	_____	_____

Should you wish to share any additional information regarding your sexual orientation and/or gender identity, we welcome you to do so \_\_\_\_\_

**CHILD PREFERENCE:** You should think this through thoroughly, and, if there are two of you, you should discuss this matter until you come to agreement. Please note that any restrictions you place may **substantially** extend the time to placement. This will be discussed in more detail at your orientation meeting.

Most children placed for adoption in the United States are in "good" health and all are checked by a pediatrician. However, it is rare for any child – whether being placed for adoption or not – to have a family history that does not include some medical problem, such as diabetes, heart disease, possible exposures, etc. Also, please be prepared that many birthmothers can give little, if any, background information on the biological father of the child unless they themselves are also involved.

AGE PREFERRED: \_\_\_\_\_ SEX PREFERRED: \_\_\_\_\_

WE CANNOT ACCEPT FAMILIES WITH SEX REQUIREMENTS.

RACIAL/ETHNIC BACKGROUND PREFERRED: \_\_\_\_\_

NATIONALITIES OR RACIAL/ETHNIC BACKGROUNDS THAT YOU COULD **NOT** ACCEPT:

\_\_\_\_\_

WOULD YOU ACCEPT A CHILD WITH CORRECTABLE HANDICAPS OR MEDICAL PROBLEMS?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, Please give examples \_\_\_\_\_

CONCERNS ABOUT BACKGROUND YOU **CAN** ACCEPT – Please CHECK or SPECIFY BELOW:  
**TO BE DISCUSSED IN MUCH MORE DETAIL WITH STAFF AS WE PROCEED TOGETHER**

Medical problems in the child \_\_\_\_\_ Or in the biological family \_\_\_\_\_

Alcohol or drug use \_\_\_\_\_ Or smoking by the birth mother \_\_\_\_\_

An infant that results from rape \_\_\_\_\_ Date rape \_\_\_\_\_ Incest \_\_\_\_\_

Twins \_\_\_\_\_ Sibling groups \_\_\_\_\_

Psychiatric history in a birthparent \_\_\_\_\_ Or in the family \_\_\_\_\_

Harelip \_\_\_\_\_ Cleft palate \_\_\_\_\_ Club foot \_\_\_\_\_ Handicaps \_\_\_\_\_

Unknown birth father \_\_\_\_\_ Premature \_\_\_\_\_ Or difficult birth \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_

**Thank you!**

Please return this completed form by fax to (914)-939-1181 or by mail to FFTA, 62 Bowman Avenue, Rye Brook, NY 10573