



Pre-Orientation Adoption Information Form

PLEASE COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY AND RETURN IT ALONG WITH A PHOTO.

PARENT #1 ("P1") NAME: _____

PARENT #2 ("P2") NAME: (if appropriate) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE #: _____

P1: WORK PHONE#: _____ CELL PHONE #: _____

FAX #: _____ WHERE IS IT LOCATED? _____

E-MAIL: _____

P2: WORK PHONE #: _____ CELL PHONE #: _____

FAX #: _____ WHERE IS IT LOCATED? _____

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 DAYS AND TIMES FOR AN ORIENTATION MEETING: _____

ALL ORIENTATIONS ARE GROUP SESSIONS UNLESS OTHERWISE SPECIFIED.

BIOGRAPHICAL INFORMATION:

PARENT #1

PARENT #2

SEX

DATE OF BIRTH

PLACE OF BIRTH

ETHNIC HERITAGE

CITIZENSHIP

SOCIAL SECURITY #

RELIGION

OCCUPATION

ANNUAL INCOME

PRIOR MARRIAGE/DATES

PRIOR SPOUSE

CHILDREN FROM PRIOR
MARRIAGE/RELATIONSHIP

COLOR OF EYES

COLOR OF HAIR

COMPLEXION

HEIGHT

ARREST HISTORY

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, etc. Also, please be prepared that many birthmothers can give little, if any, background information on the biological father of the child.

AGE PREFERRED: _____ SEX PREFERRED: _____ SEX REQUIRED: _____

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:

Medical problems in the child _____ Or in the biological families _____

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 families _____

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