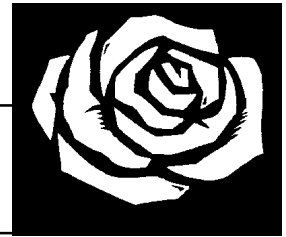


A Center for Adoption Services



602 Alder Avenue N.E.
Bainbridge Island, WA 98110
Web: www.edopt.net

Phone: 206-780-1972
Fax: 206-780-1817
Email: adoption@edopt.net

Adoption Information Worksheet

INFORMATION ON APPLICANT(S):

Name (first, middle & last name): _____

Name (first, middle & last name): _____

Physical Address: _____

Mailing Address: _____

Telephone: (home) _____ (work) _____ (cell) _____

E-Mail (s): _____

APPLICANT

CO-APPLICANT

Full Name: _____

Date of Birth: _____

Place of Birth: _____

Age: _____

Citizenship: _____

SSN: _____

Driver's License #: _____

Race: _____

Occupation: _____

Employer: _____

Address: _____

How Long There: _____

Annual Income: _____

Education: _____

Maiden Name: _____

Other Names Used: _____

Spiritual Beliefs /
Involvement: _____

Adoption Information Worksheet

(Continued -- Page 2 of 5)



APPLICANT

Describe yourself (physically and emotionally / talents and hobbies):

Describe Co-Applicant (physically and emotionally / talents and hobbies):

CO-APPLICANT

Describe yourself (physically and emotionally / talents and hobbies):

Describe Applicant (physically and emotionally / talents and hobbies)

MARITAL STATUS / BACKGROUND

(circle one) Married Single; never married Divorced Widowed

Present Marriage Date: _____ Place of Marriage: _____

Previous Marriages: _____

Date of Marriage /Divorce/Filing No./Place of Marriage/Place of Divorce: _____

Children from Present Marriage:

Full Name Sex Race Birth Date/Place SSN Biological / Adopted

(Continued on next page)

Adoption Information Worksheet

(Continued -- Page 3 of 5)



Children From Previous Marriage(s):

Full Name Sex Race Birth Date/Place SSN Biological / Adopted

Other Persons Living in Your Home:

Full Name Sex Race Birth Date/Place SSN Biological / Adopted

CRIMINAL BACKGROUND

Have you ever been arrested or been convicted of any crime? Been reported for child abuse or domestic violence? Terminated your parental rights for a biological or adopted child voluntarily? Had your rights for a biological or adopted child terminated? Had a child removed from your custody by a state agency?

(Yes or No) APPLICANT _____ CO-APPLICANT _____

If yes, please explain: _____

Note: The prospective adoptive parent(s) and all adult household members over the age of 18, whose "principal or only residence" is the prospective adoptive parents' home must disclose any history of arrest and/or conviction. Court certified copies of the indictment or information and judgment of all criminal court actions for the prospective adoptive parent(s) and each adult household member, along with a signed statement by the prospective adoptive parent(s) and/or adult household member relating to any mitigating circumstances must be disclosed.

INSURANCE

Health Insurance Company: _____

Policy Number/ Description of Coverage: _____

Will your health insurance cover the adopted child? _____

Does it cover a child with pre-existing conditions? _____

Life Insurance Company: _____

Amount of Life Insurance: _____

REFERENCES

The references might be close personal friends, an employer, a former teacher, a co-worker, a neighbor, or your pastor. The reference is generally used to get a complete picture of a family's application and an idea of your support network. Pick references that know you best. If possible, people who have known you for several years, who have seen you in various situations, who have visited your home and know of your interest in children, and who could comment on your lifestyle. The agency will send directly to the reference a letter requesting and outlining what is required.

(Continued on next page)

Adoption Information Worksheet

(Continued -- Page 4 of 5)



Name, Address & Phone Number of 3 non-family references:

- 1.
- 2.
- 3.

HOUSING

Description of house (square footage, parcel size, number of bedroom/bathrooms, description of other rooms, brief description of child's room): _____

Is your home appropriate for child rearing, safety issues, fire safety, firearm security/safety? _____

Describe your neighborhood: _____

How close are medical, educational and counseling facilities? _____

Monthly rent/mortgage: _____ If owned, property value: _____

Remaining amount on mortgage: _____ Purchase date: _____

ADOPTION INFORMATION

Please explain briefly your reasons for wishing to adopt: _____

History with Infertility: _____

Describe how your immediate and extended family feels about your decision to adopt: _____

What Agency / Attorney / Facilitator are you working with? (Name, Address, Phone Number, email and contact person) _____

International or Domestic? What Country? _____

(International only) Have you ever filed an I-600A with the INS? If yes, date/place: _____

(Domestic only) What are your feelings about meeting birth parents? Do you have specific criteria a birth parent must meet before you would be comfortable continuing with an adoption? Are you open to situations where the child has been exposed to alcohol /drugs during pregnancy? Would type of post-adoption contact are you comfortable with? Are you open to paying for medical, counseling, legal and pregnancy-related expenses involved with an adoption? What are your feelings regarding open adoption?

(Please answer these questions on a separate sheet, or at the bottom of the next page.)

Adoption Information Worksheet

(Continued -- Page 5 of 5)



TYPE OF CHILD DESIRED

Age Range: _____

Sex (female, male or either): _____

Sibling Group: _____

Country: _____

Race: _____

Would you accept a child of mixed races (two or more races and which ones)? _____

Are you open to child with minor/correctable health conditions? _____

Are you open to a child with special needs? _____