

ADOPTION INTAKE SHEET

DATE _____

ADOPTIVE PARENTS -

ADDRESS: _____

HOW LONG: _____

LIST PERSONS IN HOUSEHOLD: _____

PHONE NUMBERS:

Home _____

Husband work _____

Wife work _____

Husband cell _____

Wife cell _____

E-MAIL: _____

DATE OF MARRIAGE: ____/____/____

HEALTH INSURANCE INFORMATION: _____

DOES ANYONE IN YOUR HOME USE TOBACCO PRODUCTS? _____

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WIFE -

NAME: _____
 First Middle Last Maiden

DOB: ____/____/____ PLACE OF BIRTH: _____

SSN: ____-____-____

EDUCATION/EMPLOYMENT: _____

EMPLOYER: _____

HEALTH HISTORY: _____

OTHER CHILDREN: _____

FERTILITY JOURNEY: _____

HEIGHT _____ WEIGHT _____ BUILD _____

HAIR COLOR _____ EYE COLOR _____

RELIGIOUS PREFERENCE: _____

If you were previously married, please give the following information for each marriage:

Name of Spouse: _____

Length of Marriage: _____

Date and grounds for divorce: _____

Children of the marriage: _____

Why the marriage ended: _____

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HUSBAND -

NAME: _____
 First Middle Last

DOB: ____/____/____ PLACE OF BIRTH: _____

SSN: ____ - ____ - ____

EDUCATION: _____

EMPLOYER: _____

HEALTH HISTORY: _____

OTHER CHILDREN: _____

PHYSICAL CHARACTERISTICS

HEIGHT _____ WEIGHT _____ BUILD _____

HAIR COLOR _____ EYE COLOR _____

RELIGIOUS PREFERENCE: _____

If you were previously married, please give the following information for each marriage:

Name of Spouse: _____

Length of Marriage: _____

Date and grounds for divorce: _____

Children of the marriage: _____

Why the marriage ended: _____

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ATTACH A COPY OF HEALTH INSURANCE CARD

ATTACH A COPY OF YOUR LAST YEAR'S TAX RETURN.

WHAT KIND OF CHILD ARE YOU LOOKING FOR? Age 0 - _____ years.

Race:

Caucasian _____

Bi-racial:

Hispanic _____

Cau/Hisp _____ Cau/African American _____

Marshallese _____

Any kind God makes: _____

African American _____

(Check all that apply)

HAVE YOU HAD A PREVIOUS HOME STUDY? _____. IF SO, ATTACH A COPY.

WHO REFERRED YOU TO ME? _____

OTHER INFORMATION YOU THINK IS IMPORTANT FOR ME TO KNOW: _____
