



# A Center for Adoption Services

602 Alder Ave NE  
Bainbridge Island, WA 98110  
206.780.1972 fax 206.780.1817  
Dru@DruGroves.org  
www.DruGroves.org

## 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) \_\_\_\_\_

Email address(es): \_\_\_\_\_

### 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

## 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 Marriage(s): \_\_\_\_\_

Date of Marriage /Divorce/Filing No./Place of Marriage/Place of Divorce: \_\_\_\_\_

Children from Present Marriage:

<u>Full Name</u>	<u>Sex</u>	<u>Race</u>	<u>Birth Date/Place</u>	<u>SSN</u>	<u>Biological / Adopted</u>
------------------	------------	-------------	-------------------------	------------	-----------------------------

Other Persons Living in Your Home:

<u>Full Name</u>	<u>Sex</u>	<u>Race</u>	<u>Birth Date/Place</u>	<u>SSN</u>	<u>Biological / Adopted</u>
------------------	------------	-------------	-------------------------	------------	-----------------------------



# Adoption Information Worksheet

## 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: \_\_\_\_\_

## 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 Worksheet

### ADOPTION INFORMATION

Please explain briefly your reasons for wishing to adopt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History with Infertility (if applicable): \_\_\_\_\_  
\_\_\_\_\_

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.*

### TYPE OF CHILD DESIRED

Age Range: \_\_\_\_\_ Sex (F, M or either): \_\_\_\_\_ Sibling Group (Y or N): \_\_\_\_\_

Country: \_\_\_\_\_ Race: \_\_\_\_\_

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

Are you open to a child with special needs? \_\_\_\_\_

### REFERENCES

References might be close personal friends, employers, former teachers, co-workers, neighbors, or clergy. The reference is generally used to get a complete picture of a family's application and an idea of its 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.

Names, addresses, phone numbers and email addresses of 3 non-family references:

- 1.
- 2.
- 3.