



Adoptive Family Face Sheet (Domestic placement only)

Adoptive Mother Name: _____

Adoptive Father Name: _____

Address: _____

Contact Information: _____

Profession/Occupation (her) _____ (him) _____

Annual Income: _____

Religious affiliation or spiritual beliefs: _____

Relationship Continuum:

How do you feel about pre-placement contact with a birth family?

How do you feel about post placement contact with a birth family?

How do you feel about knowing the identity of the birth parent(s)?

How do you feel about the birth parent(s) knowing your identity?

How do you feel about not knowing the identity of the birth parent(s)?

Please circle adoption situations that you would feel comfortable with. Feel free to circle more than one and make comments in the allotted space.

- **Fully Disclosed (Open) Adoption;**
where there is contact before and after placement and the identities of both parties are shared. The level of contact is negotiated prior to placement.
- **Time Limited Disclosed (Open) Adoption;**
where there is contact before the birth, identities are known, but there is limited or no contact after placement.
- **Disclosed (Open) Adoption;**
where identifying information is shared by both parties but there is limited or no contact.
- **Semi- Open Adoption;**
where contact is limited contact (phone calls, letters). Addresses and last names are not shared.
- **Confidential Adoption;**
where no identifying information is shared by either party. There is no contact- direct or phone.

Child Requested:

Please circle your preferences regarding the child to be placed in your home.

New born

Infant

Caucasian

African American

Bi-racial (C/AA)

Bi-racial (Caucasian/ Latino)

Bi-racial (Caucasian/ Asian)

Latino

Asian

Multi-racial

Health:

Would you consider a match with a birth mother who has had limited or no pre-natal care?

Would you consider the placement of a child born pre-maturely?

Would you consider a match with a birth mother who smoked cigarettes during her pregnancy?

Would you consider a match with a birth mother who used substances during her pregnancy?
Please specify

Would you consider the placement of a child with a known medical condition or birth defect?
Please specify

Financial:

What are your expectations regarding the cost of your adoption? Please give a range.