

INTAKE FORM: ADOPTION

ADOPTIVE MOTHER

ADOPTIVE FATHER

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Place of Birth: _____

Place of Birth: _____

Social Security Number: _____

Social Security Number: _____

Maiden Name: _____

Indian or Alaskan Native?

Yes _____ No _____

Yes _____ No _____

Address:

Length of Time at this Address: _____

Previous Addresses for last 5 years and amount of time at each address:

Home Telephone Number: _____

Work Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

Former Name(s): _____

Employers: _____

Position: _____

Employer's Address:

Length of Time with Employer: _____ years _____ years

Gross Monthly Income: \$ _____ \$ _____

Other Income: _____

Source/Amount: _____

Source/Amount: _____

Source/Amount: _____

Previous Employer(s) (for last 10 years)

Date of Marriage: _____

Place of Marriage: _____

Previous Marriage(s): Yes _____ No _____ Yes _____ No _____

Ended by: _____ Ended by: _____

Death _____ Divorce _____ Date _____ Death _____ Divorce _____ Date _____

Death _____ Divorce _____ Date _____ Death _____ Divorce _____ Date _____

Children of Current Marriage

Name	Date of Birth	Adopted? Yes/No	Living in home? Yes/No	Race/ Nationality
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Children from Other Marriages or Relationships

<i>Name</i>	<i>Date of Birth</i>	<i>Adopted? Yes/No</i>	<i>Living in home? Yes/No</i>	<i>Race/ Nationality</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have a completed home study? Yes _____ No _____

Has an adoption ever been denied to you? Yes _____ No _____

Have you ever been arrested? Adoptive mother: _____ Adoptive father: _____

If yes, explain: _____

Are you in good health? Adoptive mother: _____ Adoptive father: _____

Explain all current and chronic illnesses, past and future surgeries, medications you are currently taking, and other relevant health information: _____

Do you have a history of alcohol or drug abuse?

Adoptive mother: _____ Adoptive father: _____

List three references who have known you for at least five years. Include a family member, a co-worker, and a social friend or neighbor.

<i>Name</i>	<i>Address</i>	<i>Relationship</i>	<i>How long known?</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILD(REN) TO BE ADOPTED:

Name: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Indian or Alaskan Native? Yes _____ No _____

If yes:

Name of Village: _____ ANCSA membership: _____

If the child is not a member of a village, is child eligible for membership?

Yes _____ No _____ Yes _____ No _____

Address:

Length of Time at this Address: _____

Previous Addresses for last 5 years and amount of time at each address:

Name: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Indian or Alaskan Native? Yes _____ No _____

If yes:

Name of Village: _____ ANCSA membership: _____

If the child is not a member of a village, is child eligible for membership?

Yes _____ No _____ Yes _____ No _____

Address:

Length of Time at this Address: _____

Previous Addresses for last 5 years and amount of time at each address:

Name: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Indian or Alaskan Native? Yes _____ No _____

If yes:

Name of Village: _____ ANCSA membership: _____

If the child is not a member of a village, is child eligible for membership?

Yes _____ No _____ Yes _____ No _____

Address:

Length of Time at this Address: _____

Previous Addresses for last 5 years and amount of time at each address:

Name: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Indian or Alaskan Native? Yes _____ No _____

If yes:

Name of Village: _____ ANCSA membership: _____

If the child is not a member of a village, is child eligible for membership?

Yes _____ No _____ Yes _____ No _____

Address:

Length of Time at this Address: _____

Previous Addresses for last 5 years and amount of time at each address:

BIOLOGICAL PARENTS OF CHILD(REN) TO BE ADOPTED

MOTHER

FATHER

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Place of Birth: _____

Place of Birth: _____

Social Security Number: _____

Social Security Number: _____

Maiden Name: _____

Indian or Alaskan Native?

Yes _____ No _____

Yes _____ No _____

If yes:

Name of Village: _____

Name of Village: _____

ANCSA membership: _____

ANCSA membership: _____

If the parent is not a member of a village, is parent eligible for membership?

Yes _____ No _____

Yes _____ No _____

Phone Number: _____

Phone Number: _____

Address:

Is the biological mother willing to consent to the adoption? Yes _____ No _____

Is the biological father willing to consent to the adoption? Yes _____ No _____

Are the biological parents married? Yes _____ No _____

If no, what relationship does the biological father have with the child(ren)? (For example, does the father have any contact with the child(ren), is his name on the birth certificate, does he pay support, etc.?)

