

Will you accept twins?

	TYPE OF CHILD REQUESTED	
Husband's Choices	Age	Wife's Choices
_____		_____

CHARACTERISTICS OF CHILD NOT WILLING TO ACCEPT:

SPECIAL NEEDS Listed below are disabilities and problems that some children may have or medical problems that may exist in the child's genetic history. Often the child does not reveal problems at the time of adoptive placement but may develop them later. Inheritance Adoptions cannot accurately assess medical problems for you. If you have any concerns, you should seek the advice of a medical professional.

Please check the special conditions in a child that you are willing to accept:

- | | | |
|---|--|---|
| _____ AIDS | _____ Vision Impaired | _____ Convulsions |
| _____ HIV Positive | _____ Chemical Dependency | _____ Hearing Impaired |
| _____ Heart Condition | _____ Lung Condition | _____ Bone Disorder |
| _____ Asthma | _____ Physically Handicapped | _____ Migraines |
| _____ Diabetes | _____ Learning Disabilities | _____ Prematurity |
| _____ Alcohol Exposed
During Pregnancy | _____ Drug Exposed
During Pregnancy | _____ Cigarette Exposed
During Pregnancy |

Biological family history of depression _____ alcoholism _____ drug use _____

- _____ Will consider surgically correctable handicaps
- _____ Will consider any special needs as presented at the time of birth or prior to birth

List all children that you have including those not living with you. Tell where they were born, dates of birth, their school activities, grade, how they do in school, personality and interests, and who they live with.

Describe how you function as a husband and wife team with regard to the division of household responsibilities and duties. How are financial decisions made in your marriage? Who pays the bills?

Who do you wish to become legal guardians of your children if something happens to both of you?
Please, include address & phone number.

In addition, please write a brief paragraph outlining the potential guardian'(s) ability to parent children.

Have the potential guardian(s) given consent? Has a discussion taken place regarding your wishes?

I. MOTIVATION TO ADOPT

Do you already have children? If so, please give their names, ages, activities, and interest in adoption.

Describe your motivation for wanting to adopt.

When did your interest in adoption begin?

How do your current children feel about your decision to adopt and how have you prepared them?

II. EXPECTATIONS AND PLANS FOR CHILD What goals do you have in mind for you adopted child?

What do you think are the most important values for a child to learn?

Describe an ideal home environment for children.

How do you know that now is the right time to adopt?

Describe risks involved in adopting a child.

III. HOME AND ENVIRONMENT Give a description of your home and neighborhood. What is the population of your town or city?

What will be the sleeping arrangements of your child? Where is that room in relation to the room that you sleep in?

Describe your daily routine, including weekends.

IV. OPEN ADOPTION

What is your definition of open adoption?

What are your feelings on open adoption?

What are your fears on open adoption?

Do you feel that it is in the best interest to have contact with the biological parents? If not what are your reasons?

What are your thoughts when you hear the phrase “an adoptive child has two mothers (or fathers)?”

Have you or anyone in your family been adopted?

V. CHILD CARE

Inheritance Adoptions strongly believes that an adoptive child should spend as much time with a parent as possible because of attachment and bonding issues. Would it be within your means for one of you to stay home with the adoptive child? How do you feel about this?

Do you intend to continue working after receiving a baby?

Who will care for your child(ren) if you work?

If you and your spouse both work, who will take care of your child(ren) during illness or injury?

Will you work full-time or part-time? Hours?

Husband: _____

Wife: _____

Whether or not you work outside the home, what are your personal feelings about daycare facilities?

CHURCH HISTORY

Name of current church & address: _____

Pastor's name & phone Number: _____

Members or in attendance how long? Husband: _____ Wife: _____

If less than two years, please give name, address and pastor's phone number of former churches and reason(s) for leaving.

If your church is non-denominational, please explain the doctrine and attach a doctrinal statement, if available.

Are your personal doctrinal views different from the church you attend? _____ If yes, please give details.

How often do you attend church services?

Husband:

Wife:

Husband and wife both need to write in their own handwriting, on separate paper, the following:

1. At least one paragraph describing your salvation experience and current personal relationship with Jesus Christ.
2. At least one paragraph describing all your church or other religious activities.
3. One paragraph describing other social activities or community involvement. List all organizations you are part of or involved with.
4. What does being a Christian spouse and parent mean to you?

FINANCIAL STATEMENT

Monthly Net Income: Husband _____ Wife _____

Monthly Gross Income: Husband _____ Wife _____

Monthly Expenditures

\$ _____ Church Contributions

\$ _____ House payment or rent

\$ _____ Utilities

\$ _____ Groceries

\$ _____ Car Payment(s)

\$ _____ Gasoline

\$ _____ Clothing

\$ _____ Credit Cards

\$ _____ Child Care

\$ _____ Other Loans

\$ _____ Other _____

SAVINGS

_____ US Bonds

_____ Passbook

_____ CD's

_____ Stocks

_____ Other

INSURANCE COVERAGE

Husband

Wife

_____ Life Insurance Company _____

_____ Amount _____

_____ Monthly/Annual Premium _____

_____ Medical Insurance Company _____

_____ Type of Coverage _____

_____ Monthly/Annual Premium _____