

Date:

Adoptive Parent Intake Form

Husband's Legal Name *(Please list full name — first, middle & last — as it appears on legal documents & vital record forms)*

Wife's Legal Name *(Please list full name — first, middle & last — as it appears on legal documents & vital record forms)*

Wife's Maiden Name *(Please list full maiden name — first, middle & last — as it appears on legal documents & vital record forms)*

Marriage Date City State

Home Address

City State Zip County

Home Phone Fax Who should we call first?
Husband Wife

Cell *(his)* Cell *(hers)* Business *(his)* Business *(hers)*

Email *(his)* Email *(hers)*

Children

Name	Date of Birth	Race	Relationship
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(If more than 5, please list under additional notes section at the end of this form)

Family Information

Adoptive Father

Adoptive Mother

Date of Birth

Place of Birth

Height

Weight

Hair Color

Eye Color

Number of previous marriages

Religion

Race

Last grade or degree completed

Occupation

Occupational Industry

Annual Salary

Hobbies & Interests

Adoption Information & Preferences

Do you have a current Home Study (*completed within the last 9 months*)? Completed by:

Are you willing to travel to another state?

Budget Range

Matching Preference Self-matching

 Traditional Matching

 Both

Minimum Age Preference

Maximum Age Preference

Adoption Information & Preferences (continued).....

Gender	Either male or female	Prefer boy, consider girl	Male only
	Prefer girl, consider boy	Female only	
Race	Caucasian	Caucasian/Hispanic	Asian
	Caucasian/American Indian	Caucasian/Asian	American Indian
	Caucasian/African-American	Hispanic	African American
Number of Children	One Child	Sibling Group (2 children)	
	Twins	Sibling Group (3 children)	

Additional Information.....

Why do you wish to adopt?

Are you willing to consider a child with special needs? If so, to what extent?

Are you open to accepting a drug-exposed child? Are you open to a birth mom who drinks alcohol? To what extent?"

Are you willing to consider a situation where the birth mother has been diagnosed with a mental illness (*i.e. depression, bipolar, schizophrenia*)? Please specify what conditions you would consider if given more information:

Have you read any books on adoption or attended any seminars? If so, please explain:

How soon do you hope to complete an adoption?

After the child is placed in your home, will both parents work outside the home? If so, what are your plans for childcare?

Most of our adoption placements are semi-open placements; however, some birth mothers prefer more openness. What is your comfort level responding to the following: phone calls, letters, pictures, updates, and visits?"

Please list any additional languages you speak:

How did you hear about our office?

Any additional notes?

We hereby give our permission for Raymond W. Godwin, Esq. to use any photos that we send him or his office for use on his website, pamphlets, booklets, or published material.

We agree

We disagree

Attach the completed Intake Form to an email and send to our office at assistant@scadopt.net.