

# Prospective Parent Adoption Questionnaire

## Personal Information

Full Name

Date of Birth

Address

City

Phone Number

Email Address

## Family Information

Marital Status

Partner/Spouse Name (if applicable)

List current children (names & ages, if any)

Other household members

## Employment & Financial Information

Occupation

Employer

Annual Household Income

Do you have health insurance?

## Adoption Preferences

Type of Adoption Preferred

Preferred Age Range of Child(ren)

Willing to adopt siblings?

Willing to adopt a child with special needs?

Other preferences or restrictions

## Background Information

Why do you wish to adopt? Please explain.

Previous experience with adoption (if any)

Any criminal history (please explain, if any)

Any health issues the agency should be aware of?

Please list references