

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?

Select

Adoption Preferences

Type of Adoption Preferred

Select

Preferred Age Range of Child(ren)

Willing to adopt siblings?

Select

Willing to adopt a child with special needs?

Select

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