

DOMESTIC DESIRED CHILD

Complete the following, indicating which physical, medical and/or social characteristics that you are willing to consider accepting in a prospective adoptive child, whether the characteristic is presently found in the child or found to be in the child’s background history. Some traits may be difficult to determine if in an infant, but are possibilities for the future.

Please keep in mind that even “healthy” children have some minor medical problems that may or may not be treatable. When considering background issues, you should consider your own medical and family history. Please be flexible. Check all that apply. You may also make revisions at a later date.

CHARACTERISTIC	ACCEPTABLE	WILLING TO DISCUSS	NOT ACCEPTABLE
AGE:			
0 – 12 MONTHS			
12 – 24 MONTHS			
SIBLINGS/ TWINS			
OLDER CHILD (Please Specify)			
GENDER:			
MALE			
FEMALE			
NO PREFERENCE			
RACE:			
CAUCASIAN			
AFRICAN-AMERICAN			
HISPANIC			
ASIAN			
BI-RACIAL (Please Specify Acceptable Races)			
STATUS OF HEALTH:			
HEALTHY CHILD			
CORRECTABLE SPECIAL NEEDS			
MEDICAL SPECIAL NEEDS			
PHYSICAL SPECIAL NEEDS			
ORTHOPEDIC CONDITIONS:			
SLIGHT LIMP			
NEEDS LEG BRACES			
MISSING LIMB			
IS IN WHEEL CHAIR			
PARAPLEGIC			
QUADRIPLEGIC			
DIABETIC CONDITIONS:			
BORDERLINE DIABETES (Dietary control necessary)			
JUVENILE DIABETES (Requiring daily injections)			

CHARACTERISTIC	ACCEPTABLE	WILLING TO DISCUSS	NOT ACCEPTABLE
NEUROLOGICAL DISORDERS:			
HAS HAD PREVIOUS SEIZURES THAT CAN BE CONTROLLED BY MEDICATION			
DISORDER NOT CONTROLLED BUT CHILD HAS INFREQUENT SEIZURES			
ABNORMAL EEG (Electroencephalogram)			
CEREBRAL PALSY			
BLOOD DISORDERS:			
BLOOD DISORDER THAT REQUIRES TRANSFUSIONS			
CHILD HAS LIMITED LIFESPAN DUE TO BLOOD DISORDER			
HEMOPHILIA			
CHILD IS HIV POSITIVE			
CHILD HAS AIDS			
HEART CONDITIONS:			
HEART MURMUR ACTIVITY NOT CURTAILED			
HEART MURMUR VIGOROUS ACTIVITY CURTAILED			
MAY REQUIRE OPEN HEART SURGERY AT A LATER DATE, BUT AT PLACEMENT, JUST HAS TO BE WATCHED			
WILL DEFINITELY REQUIRE OPEN HEART SURGERY			
PULMONARY DISEASES:			
ASTHMA			
CYSTIC FIBROSIS			
TUBERCULOSIS			
VISUAL IMPAIRMENT:			
POSSIBLE VISUAL LIMITATION (Infant)			
HAS SIGHT IN BOTH EYES, BUT VISION IS LIMITED AND SPECIAL GLASSES ARE NEEDED			
HAS SIGHT IN ONLY ONE EYE			
IS BLIND, BUT SURGERY MAY GIVE PARTIAL SIGHT			
IS BLIND AND WILL NEVER HAVE SIGHT			
HEARING IMPAIRMENT:			
POSSIBLE HEARING LIMITATION (Infant)			
HAS HEARING PROBLEM WITH ONLY PARTIAL HEARING - SURGERY MAY HELP			
HAS HEARING PROBLEM WITH ONLY PARTIAL HEARING – SURGERY WILL NOT HELP			
HAS HEARING IN ONLY ONE EAR			
HAS TOTAL DEAFNESS AND DOES NOT SPEAK			
IS DEAF, BUT DOES SPEAK – HEARING LOSS OCCURRED AT AN OLDER AGE			
ALLERGIES:			
ALLERGIC TO MEDICATIONS			
MILD FOOD AND/OR CHEMICAL ALLERGIES			
SEVERE FOOD AND/OR CHEMICAL ALLERGIES			

CHARACTERISTIC	ACCEPTABLE	WILLING TO DISCUSS	NOT ACCEPTABLE
COSMETIC COMPLICATIONS:			
COSMETIC SURGERY NEEDED			
BIRTH MARK(S) ON FACE			
BIRTH MARK(S) ON BODY			
HAIR LIP AND/OR CLEFT PALATE			
CLUB FOOT			
OTHER SURGERY NEEDED AFTER PLACEMENT:			
HERNIA REPAIRS			
CIRCUMCISION			
MISCELLANEOUS OUTPATIENT SURGERY			
LEARNING IMPAIRMENTS:			
POSSIBLE LEARNING IMPAIRMENT (Infancy)			
LEARNING DISABILITY – CHILD HAS DIFFICULTY IN CERTAIN AREAS RATHER THAN OVERALL CAPABILITES			
EDUCABLE RETARDATION – WILL REQUIRE SPECIAL CLASSES BUT WILL BE ABLE TO WORK IN COMPETITIVE EMPLOYMENT IN COMMUNITY			
SEVERE RETARDATION			
DOWNS SYNDROME			
MEDICAL AND SOCIAL FACTORS ON CHILD:			
NO PRENATAL CARE			
PREMATURE BIRTH			
CHILD CONCEIVED THROUGH RAPE			
CHILD CONCEIVED THROUGH DATE RAPE			
CHILD CONCEIVED THROUGH INCEST			
CHILD BORN IN PRISON			
CHILD DELIVERED AT HOME			
BACKGROUND INFORMATION ON BIRTH PARENTS AND EXTENDED FAMILY			
<p>The following characteristics apply to the birth parents and/or extended family of the child. The characteristics may or may not affect the child and are based on information provided by one or both birth parents.</p>			
AVAILABILITY OF BACKGROUND ON CHILD:			
NO BACKGROUND INFORMATION AVAILABLE			
BACKGROUND INFORMATION ON MOTHER ONLY			
BACKGROUND INFORMATION ON FATHER ONLY			

CHARACTERISTIC	ACCEPTABLE			WILLING TO DISCUSS			NOT ACCEPTABLE		
MEDICAL AND SOCIAL FACTORS OF BIRTHPARENTS:									
MATERNAL INVOLVEMENT IN PROSTITUTION									
MATERNAL SEXUALLY TRANSMITTED DISEASE:									
WITH PRENATAL CARE									
WITHOUT PRENATAL CARE									
BIRTH PARENT(S) WITH CRIMINAL RECORD									
PAST ALCOHOL ADDICTION (BEFORE PREGNANCY)									
PRENATAL ALCOHOL CONSUMPTION	Designate Trimester Usage			Designate Trimester Usage			Designate Trimester Usage		
RECREATIONAL	1 ST	2 ND	3 RD	1 st	2 nd	3 rd	1 st	2 nd	3 rd
HABITUAL	1 ST	2 ND	3 RD	1 st	2 nd	3 rd	1 st	2 nd	3 rd
PAST PARENTAL DRUG USAGE (BEFORE PREGNANCY)									
PAST PARENTAL DRUG ADDICTION (BEFORE PREGNANCY)									
PRENATAL DRUG USAGE:	Extent of Use			Extent of Use			Extent of Use		
MARIJUANA									
COCAINE									
HEROIN									
LSD									
CRYSTAL METH									
PRESCRIPTION DRUGS :									
OPIATES									
BARBITUATES									
BENZODIAZEPINES									
OTHER									

CHARACTERISTIC	ACCEPTABLE	WILLING TO DISCUSS	NOT ACCEPTABLE
BIRTH PARENT(S) WITH LEARNING DISORDER:			
A.D.D./A.D.H.D.			
DYSLEXIA			
OTHER			
BIRTH PARENT(S) WITH MENTAL RETARDATION			
BIRTH PARENT(S) WITH EMOTIONAL/ MENTAL ILLNESS:			
DEPRESSION			
BIPOLAR PERSONALITY			
BORDERLINE PERSONALITY DISORDER			
SCHIZOPHRENIC			
OTHER			
BIRTH PARENT(S) ARE HIV POSITIVE			
BIRTH PARENT(S) DIAGNOSED WITH AIDS			
MENTAL HISTORY OF CHILD'S EXTENDED FAMILY:			
ISOLATED INSTANCE OF MENTAL ILLNESS			
PATTERN OF MENTAL ILLNESS			
ISOLATED INSTANCE OF LEARNING DISABILITY			
PATTERN OF LEARNING DISABILITY			
MEDICAL HISTORY OF CHILD'S FAMILY INCLUDING EXTENDED FAMILY:			
HEART DISEASE			
HIGH BLOOD PRESSURE			
CANCER			

CHARACTERISTIC	ACCEPTABLE	WILLING TO DISCUSS	NOT ACCEPTABLE
DIABETES			
EPILEPSY			
HEMOPHILIA			
STROKE			

It is understood that medical conditions and the health of a prospective adoptive child cannot be predicted. It is understood that Lifeline Children's Services will provide all available medical and background information. However, Lifeline Children's Services cannot guarantee that any of the above medical conditions will not arise with the child in the future, or that actual background characteristics were left unreported by the birthparent(s).

COMMENTS:

HUSBAND'S SIGNATURE

WIFE'S SIGNATURE

DATE

DATE

(Both signatures required)

PRE AND POST ADOPTION BIRTHPARENT CONTACT

As we seek to meet the needs of birth parents, we are witnessing the increase of requests for open adoption. Please keep in mind that as you are more open, your opportunities for placement will increase. Also, please remember that all correspondence will go through the agency without releasing contact information of either party. Feel free to write in the margins to clarify any of the following statements.

The following are program requirements we ask that all prospective adoptive parents be open to:

*Meet the birthmother at her request. This will happen after her rights are relinquished and before placement of the child.

*Provide correspondence in the form of an update letter and pictures:

- quarterly for the 1st year
- every six months to age 5
- annual from age 6- 13

NOTE: The couple will send to Lifeline electronically, who will send to the birth families.

*Consider additional options such as meeting the birthmother before birth and providing post-adoption visits with the child present and hosted by Lifeline up to age 3.

*Attend a training session that provides education on open adoption.

Below are optional areas of correspondence and contact. Please mark any that you will consider.

Pre-Birth Contact

- _____ Having a phone call before the birth.
- _____ Having several phone calls before the birth.
- _____ Having a face-to-face meeting before the birth.
- _____ Having several face-to-face meetings before the birth.
- _____ Being a participant in the prenatal care.
- _____ Being a participant in the delivery of the child.
- _____ Visit the birthmother and/or child at the hospital

Post-Placement Contact

- _____ Letters and pictures from age 14-18 with child's consent
- _____ Having a phone call after the placement.
- _____ Having several phone calls after the placement.
- _____ Having a face-to-face meeting after the placement.
- _____ Having several face-to-face meetings after the placement.
- _____ Having a face-to-face meeting after the placement with the child present.
- _____ Having several face-to-face meetings after the placement with the child present.

If you choose to consider meetings with the birth parents, they can be held at a neutral location, such as the agency's office. Information that is given to the birthparents about yourselves would be up to you (i.e.: names, city of residence could be kept confidential). Additional non-identifying information could be given in the form of a profile, which you will complete at a later date.

HUSBAND'S SIGNATURE

WIFE'S SIGNATURE

DATE

DATE