

# Adoption Planning Questionnaire

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Marriage Date: \_\_\_\_\_

## ADOPTING MOTHER'S INFORMATION

Name: \_\_\_\_\_  
**(Last) (First) (Middle) (Race)**

DOB: \_\_\_\_\_ Birthplace: \_\_\_\_\_ SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_ Prior Marriage: yes \_\_\_ no \_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## ADOPTING FATHER'S INFORMATION

Name: \_\_\_\_\_  
**(Last) (First) (Middle) (Race)**

DOB: \_\_\_\_\_ Birthplace: \_\_\_\_\_ SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_ Prior Marriage: yes \_\_\_ no \_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Children: name DOB living at home adopted from prior marriage  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Review each question carefully as the answers you provide determine which birth parents view your Family Profile. The more restrictive your APQ answers are, the fewer opportunities birth parents have to view your profile, which correlates to a longer wait. An explanation is available for each section of the APQ in the corresponding APQ Supplement.

**CHECKING** a box indicates that you are **ACCEPTING** of that situation.

For Office Use Only

version JT030101

**ID#:** \_\_\_\_\_ **PF:** \_\_\_\_\_ **HS COMPLETED:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## RACIAL AND ETHNIC BACKGROUNDS

Refer to page 1 in the APQ Supplement

To determine the racial background of the child that you are comfortable with, simply check all items that you would accept and leave blank the ones you would not. Families should feel 100% comfortable with their racial selections. The determination of race is based on information provided by the birth parent(s). Your profile will only be shown to birth parent(s) matching the racial backgrounds you select.

**Check the program applying to and complete the racial selection chart for that program only**

### TRADITIONAL PROGRAM

The Traditional Program consist of all **non** African-American races. Check all racial combinations that you are willing to accept.

Caucasian		Cauc. / Hisp. / Asian / Native Amer.	
Hispanic		Cauc. / Asian / Native American	
Asian		Cauc. / Asian / Other	
Native American		Hispanic / Asian	
Other		Hispanic / Native American	
Caucasian / Hispanic		Hispanic / Other	
Caucasian / Asian		Hispanic / Asian / Native American	
Cauc. / Native Amer.		Hispanic / Asian / Other	
Caucasian / Other		Hispanic / Native American / Other	
Cauc. / Hisp. / Asian		Asian / Native American	
Cauc. / Hisp. / Native		Asian / Other	
Cauc. / Hisp. / Other		Asian / Native American / Other	
Cauc. / Native / Other		Native American / Other	

Complete for Traditional Program only

### MINORITY PROGRAM

The Minority Program consists of children with full African-American heritage or African-American heritage combined with any other race. Please indicate all racial combination(s), and/or Full African-American, that you are willing to accept.

Full African-American		AA / Caucasian / Hispanic	
AA / Caucasian		AA / Caucasian / Asian	
AA / Hispanic		AA / Caucasian / Native American	
AA / Asian		AA / Hispanic / Asian	
AA / Native American		AA / Hispanic / Native American	
AA / Other		AA / Asian / Native American	

Complete for Minority Program

## CONTACT WITH THE BIRTH PARENTS

Refer to page 1 in the APQ Supplement  
(check at least one)

### Meetings

Semi-Open Adoption: At a specified location such as the hospital, an agency's office, or attorney's office; no identifying information exchanged.

Semi-Open Adoption: Before the baby is born, no identifying information exchanged.

Open Adoption: Identifying information exchanged, and may include future visits.

### Phone Calls

Semi-Open Adoption: Conference calls through the agency to protect confidentiality.

Open Adoption: Your phone numbers are exchanged

## MEDICAL BILLS

Refer to page 3 in the APQ Supplement

**(check all that apply)** The mother has **no** insurance or Medicaid, therefore an OBG deposit is needed for a birth mother's prenatal care. This typically ranges from \$700 to \$2,500 and is paid **before** delivery, therefore is it considered at-risk.

**Normal delivery expected-** typical costs for this type of delivery vary from approximately \$5,000-\$7,000. A \$7,000 retainer is required at placement.

**C-Section expected-** typical costs for this type of delivery range from \$7,000-\$10,000. An \$8,000 retainer is required at the time of placement.

Our insurance will cover the costs of the birth mother's medical bills (complete and return Insurance Form located in APQ.)

Important: Unlike the OBG bills, delivery bills are normally due after birth. Once the agency receives all of the medical bills, we will return the unused portion of the retainer, or bill you for any amount over the retainer, as these are the responsibility of the adoptive family. Note: \$1,000 of the medical retainer is used for administrative mediation between the medical facilities and the adoptive families. Copies of actual bills will be furnished.

## LIVING EXPENSES

Refer to page 3 in the APQ Supplement  
(check all that apply)

Up to \$4,000 paid **before** placement (i.e., at-risk), will be contacted before match

More than \$4,000 paid **before** placement (i.e., at-risk), will be contacted before match

Paid **after** placement, amount family can provide determined from Adoption Cap.

## ADOPTION CAP

Refer to pages 3 in the APQ Supplement

\$ \_\_\_\_\_

Do **NOT** include application fees or travel expenses for the adoptive family.

## CONFIDENTIAL DRUG USAGE DURING PREGNANCY

Refer to Appendix A in the APQ Supplement  
(check all that apply)

Please check alcohol and drug usage that you will accept regarding the birth mother. If, for example, you do not check alcohol during pregnancy we will not send your information to birth mothers that indicate they had one drink of alcohol. Think very carefully on each response. It should be noted that all medical and health history questions are answered by the birth parents and verifying the validity of each response is sometimes difficult or impossible. It is highly recommended that adoptive families research the effects of substance usage through a qualified medical professional.

DRUG & ALCOHOL USAGE	If used occasionally (1-5 times) during pregnancy	If used daily during pregnancy	If used weekly during pregnancy	If used monthly during pregnancy
Cigarettes				
Alcohol				
Marijuana				
Cocaine				
Methamphetamine				
Heroin				
Ecstasy				
Methadone				
LSD				
Drug Stimulants				
Depressants				
Diet Pills				
Tranquilizers				
Anti-Convulsants				
Other- due to the number of different substances it is impossible to list them all. If you would like to be considered for items not listed above check this category. You will be contacted by telephone at which time you can accept/reject situation				

**BIRTH PARENT MEDICAL  
AND FAMILY HISTORY**  
**Refer to Appendix B in the APQ Supplement**  
**(check all that apply)**

Mark an 'X' if you are willing to accept a child whose parents have a medical or family history of such disorders or if you would accept the miscellaneous situations. "Birth Parents/Baby" means the biological mother, biological father or the baby has, or has had, the condition listed. "Immediate/Extended Family" means the parents of the biological parents or another relative has, or has had, the condition listed.

Birth parents	Immediate/ Extended family	HEALTH HISTORY	Birth parents	Immediate/ Extended family	
		HIV/AIDS			Developmental disorders
		Cancer			Diagnosed schizophrenia (medications prescribed)
		Diabetes			Diagnosed manic depression (medications prescribed)
		Retardation: mental or physical			Sickle cell anemia or trait (Minority Programs)
		Down's Syndrome			Cystic fibrosis
		Hydrocephalus (water on the brain)			Leukemia
		*Other			*Other

**MISCELLANEOUS SITUATIONS**  
**Refer to pages 5 in the APQ Supplement**

	Birth mother was raped		Twins
	Older Children (list max. age)		Sibling Groups
	Premature- Under 35 weeks		Special Needs

\*Due to the number of different issues it is impossible to list them all. If you would like to be considered for items not listed here check this category. You will be contacted by phone at which time you can accept/reject these situations.

Adoptive Family Insurer Contact Form

Name of Medical Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Contact \_\_\_\_\_

Will your insurance cover medical expenses for a birth mother? \_\_\_\_\_  
(If yes, we will need a letter from your insurance company detailing coverage)

What percentage of medical bills will be covered and for whom? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

At what time (birth, temporary custody, finalization) does your insurance cover medical expenses for your baby?

\_\_\_\_\_  
\_\_\_\_\_

Group # or policy # \_\_\_\_\_

Copy of medical card:

(copy here)

**Do you want to release that information directly to the hospital where the child is born or do you want confidentiality there as well?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

