



1. Other household members including children. Include name, age, and relationship. If children, please indicate whether they are adopted or biological:

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2. Other children not in household. Include name, age, and relationship. Also, state whether the children are from previous marriages:

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3. How did you learn about Cradle of Hope? \_\_\_\_\_

4. Are you currently working with another agency or attorney? If so, please list names of agencies and/or attorneys. \_\_\_\_\_

5. Have you worked with or been rejected by any other adoption agency? If so, state by whom, when and why. \_\_\_\_\_

6. List recently read adoption/infertility/parenting books and adoption courses/conferences you have attended, if any.

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7. Name, address and telephone number of agency providing your homestudy. Please include date of completed homestudy or expected date of completion.

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8. Please explain your motivation to adopt. If you have dealt with infertility, please provide diagnosis and date of last treatment. \_\_\_\_\_

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9. Have you ever been charged with or convicted of any misdemeanor or felony? If so, describe nature of event and dates, even if records have been sealed or expunged.

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10. Please provide a **DETAILED** discussion of **ANY** physical, medical, or mental health issues or diseases, including drug or alcohol abuse, **either past or present during adulthood**. Include diagnosis, description of issue, treatment, and effect on functioning. Full disclosure is required and essential to ensuring our best ability at a successful adoption outcome. Undisclosed issues which come to light during the adoption process could be grounds for termination of adoption services.

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11. Have you received counseling in the past 10 years for individual or family problems, including infertility? If so, please explain. \_\_\_\_\_

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12. Racial considerations: Please check appropriate boxes:

RACE	WOULD CONSIDER	WOULD NOT CONSIDER
BLACK		
PART BLACK		
ASIAN		
PART ASIAN		
HISPANIC		
PART HISPANIC		
CAUCASIAN		

13. Please state the age range of the child you would consider: \_\_\_\_\_

14. Would you consider siblings? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you consider twins? YES \_\_\_\_\_ NO \_\_\_\_\_

15. Please rank the following, 1-3 with 1 being the highest ranking, the most important issues to you in considering the referral of a child:

\_\_\_\_\_ Age

\_\_\_\_\_ Gender

\_\_\_\_\_ Health

16. Social/Medical Factors:

<b>FACTORS</b>	<b>WOULD CONSIDER</b>	<b>NEED MORE INFORMATION</b>
<b>Pre-maturity</b>		
<b>Correctable vision problems</b>		
<b>Correctable heart defect</b>		
<b>Cleft palate/cleft lip</b>		
<b>Missing fingers/toes</b>		
<b>Minor hearing loss</b>		
<b>Hepatitis</b>		
<b>Alcohol/drug exposed</b>		
<b>Maternal mental illness</b>		
<b>Venereal Disease</b>		
<b>Asthma</b>		
<b>Maternal HIV</b>		

17. HIGHER RISK CLIENTS: Some families may face additional challenges due to issues in their family background. Any of the following issues may cause birthparents to refuse to select you for the placement of their child:

- Significant medical issues, currently or in the past, including cancer, diabetes, epilepsy, asthma, heart disease, organ transplant, drug abuse, alcohol abuse, hepatitis or other communicable diseases;
- Significant mental health issues, currently or in the past, including depression, anxiety, psychosis, chronic fatigue syndrome or other mental health diagnoses;
- Convictions for criminal activity, even if long ago;
- You become pregnant during the adoption process.

18. Please use the space below to clarify any of your responses to this application or to tell us anything else we should consider when matching you with a birthmother or a child.

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I/We have received and read Cradle of Hope Adoption Center's statement of fees and estimated expenses and a copy of the Adoption Services Agreement. I/We understand that this application becomes a part of my/our file with Cradle of Hope Adoption Center, Inc. and that the completion of this application does not guarantee the placement of a child with me/us. Any untrue answer on this application or subsequent documents will be grounds to terminate adoption services.

I/We hereby give my/our consent to Cradle of Hope Adoption Center, Inc. (CHAC) to release or obtain any and all information, including but not limited to medical, psychological, employment, financial and personal. This information may be requested by CHAC staff for any reason deemed necessary during the adoption process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Rev. 12/17*