



Pre-Orientation Adoption Information Form

Please complete this form to the best of your ability and return it along with a photo and appropriate fees made payable to FFTA.

PARENT #1 ("P1") NAME: _____

PARENT #2 ("P2") NAME: (if appropriate) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE #: _____

P1: WORK PHONE#: _____ CELL PHONE #: _____

FAX #: _____ LOCATED? Home/office _____

E-MAIL: _____

P2: WORK PHONE #: _____ CELL PHONE #: _____

FAX #: _____ LOCATED? Home/office _____

E-MAIL: _____

DO YOU HAVE OTHER CHILDREN? YES _____ NO _____

IF YES, Please provide names, dates of birth and indicate whether adopted or biological:

WHO REFERRED YOU TO US? _____

PREFERRED **WEEKDAYS** AND TIMES FOR AN ORIENTATION MEETING:

ALL ORIENTATIONS ARE GROUP SESSIONS UNLESS OTHERWISE SPECIFIED BY FFTA.

BIOGRAPHICAL INFORMATION:

	<u>PARENT #1 (NAME)</u>	<u>PARENT #2 (NAME)</u>
SEX	_____	_____
DATE OF BIRTH	_____	_____
PLACE OF BIRTH	_____	_____
ETHNIC HERITAGE	_____	_____
CITIZENSHIP	_____	_____
SOCIAL SECURITY #	_____	_____
RELIGION	_____	_____
OCCUPATION	_____	_____
ANNUAL INCOME	_____	_____
CURRENT MARRIAGE	_____	_____
PRIOR MARRIAGE/DATES	_____	_____
PRIOR SPOUSE	_____	_____
CHILDREN FROM PRIOR MARRIAGE/RELATIONSHIP	_____	_____
COLOR OF EYES	_____	_____
COLOR OF HAIR	_____	_____
COMPLEXION	_____	_____
HEIGHT	_____	_____
ARREST HISTORY	_____	_____

Should you wish to share any additional information regarding your sexual orientation and/or gender identity, we welcome you to do so _____

CHILD PREFERENCE: You should think this through thoroughly, and, if there are two of you, you should discuss this matter until you come to agreement. Please note that any restrictions you place may **substantially** extend the time to placement. This will be discussed in more detail at your orientation meeting.

Most children placed for adoption in the United States are in "good" health and all are checked by a pediatrician. However, it is rare for any child – whether being placed for adoption or not – to have a family history that does not include some medical problem, such as diabetes, heart disease, possible exposures, etc. Also, please be prepared that many birthmothers can give little, if any, background information on the biological father of the child unless they themselves are also involved.

AGE PREFERRED: _____ SEX PREFERRED: _____

WE CANNOT ACCEPT FAMILIES WITH SEX REQUIREMENTS.

RACIAL/ETHNIC BACKGROUND PREFERRED: _____

NATIONALITIES OR RACIAL/ETHNIC BACKGROUNDS THAT YOU COULD **NOT** ACCEPT:

WOULD YOU ACCEPT A CHILD WITH CORRECTABLE HANDICAPS OR MEDICAL PROBLEMS?

YES _____ NO _____ IF YES, Please give examples _____

CONCERNS ABOUT BACKGROUND YOU **CAN** ACCEPT – Please CHECK or SPECIFY BELOW:
TO BE DISCUSSED IN MUCH MORE DETAIL WITH STAFF AS WE PROCEED TOGETHER

Medical problems in the child _____ Or in the biological family _____

Alcohol or drug use _____ Or smoking by the birth mother _____

An infant that results from rape _____ Date rape _____ Incest _____

Twins _____ Sibling groups _____

Psychiatric history in a birthparent _____ Or in the family _____

Harelip _____ Cleft palate _____ Club foot _____ Handicaps _____

Unknown birth father _____ Premature _____ Or difficult birth _____

OTHER: _____

Thank you!

Please return this completed form by fax to (914)-939-1181 or by mail to FFTA, 62 Bowman Avenue, Rye Brook, NY 10573