

APPLICATION

TO

ADOPT

705 E. Lincoln Street, Suite 303, Normal, IL 61761 (309) 451-9495, adopt@abccounseling.org www.abccounseling.org

DATE SUBMITTED:					
REFERRED BY:					
ADOPTIVE APPLICANTS:					
APPLICANT 1 NAME:					
LAST	FIRST	MIDDLE			
SOCIAL SECURITY NUMBER:					
DRIVERS LICENSE NUMBER:		STATE ISSUED:			
PREFERRED NAME:					
APPLICANT 2 NAME: LAST					
LAST	FIRST	MIDDLE			
SOCIAL SECURITY NUMBER:					
DRIVERS LICENSE NUMBER:		STATE ISSUED:			
PREFERRED NAME:	MAIDEN N	AME:			
ADDRESS:					
STREET					
CITY DATE OF	STATE	ZIP CODE			
MARRIAGE:					
CHILDREN:					
CHILDREN:					
TELEPHONE NUMBERS:					
HOME PHONE:					
WORK/CELL PHONE - APPLICANT 1:					
WORK/CELL PHONE - APPLICANT 2:					
EMAIL ADDRESSES:					
PREFERRED METHOD OF CONTACT:					
OTHER ADOPTION AGENCIES YOU'RE WORKIN INFORMATION):					

PERSONAL HISTORY OF APPLICANT 1:

DATE AND PLACE OF BIRTH:						
RELIGIOUS/SPRITUAL AFFILIATION:						
RACIAL IDENTITY:	RACIAL IDENTITY:					
GENDER IDENTITY:						
CITIZENSHIP:						
HEIGHT:	WEIGHT:					
COLOR OF EYES:	COLOR OF HAIR:					
PLEASE LIST ALL STATES AN LAST 5 YEARS:	ND COUNTRIES IN WHICH YOU HAVE RESIDED FOR THE					
GENERAL HEALTH:						
	ID – HIGHEST DEGREE ATTAINED:					
MILITARY SERVICE:						
BRANCH AND RANK A	TTAINED:					
DATES OF SERVICE:						
EMPLOYMENT:						
EMPLOYER:						
OCCUPATION:						
DATES:						
SALARY:						
	OYED AT THE ABOVE COMPANY FOR LESS THAN TWO FORMATION CONCERNING PREVIOUS EMPLOYMENT:					

PERSONAL HISTORY OF APPLICANT 2:

DATE AND PLACE OF BIRTH:					
RELIGIOUS/SPRITUAL AFFILIATION:					
CITIZENSHIP:					
HEIGHT: WEIGHT:					
COLOR OF EYES:	COLOR OF HAIR:				
PLEASE LIST ALL STATES AND COLAST 5 YEARS:	OUNTRIES IN WHICH YOU HAVE RESIDED FOR THE				
GENERAL HEALTH:					
EDUCATIONAL BACKGROUND - F					
DEGREE:					
DATE GRADUATED:					
PROFESSIONAL LICENSES:					
MILITARY SERVICE:					
BRANCH AND RANK ATTAI	NED:				
DATES OF SERVICE:					
EMPLOYMENT:					
EMPLOYER:					
OCCUPATION:					
DATES:					
IF YOU HAVE BEEN EMPLOYED	O AT THE ABOVE COMPANY FOR LESS THAN TWO IATION CONCERNING PREVIOUS EMPLOYMENT:				

	TIC	ON SITUATION	Accept	Not Accept	Wou Discu
I	RAC	IAL ORIENTATION			
			T	1	T
	<u>A.</u>	Caucasian			
	B.	Caucasian/African American			
	<u>C.</u>	Caucasian/Asian			
	<u>D.</u>	Caucasian/Native American			
	<u>E.</u>	African			
	F. G.	African American African American/Asian			
	<u>Н.</u>	African American/Hispanic African American/Native American			
_	I. J.	Asian Asian			
	<u>у.</u> К.	Hispanic			
	L.	Hispanic/Caucasian			
	<u>г.</u> М	Hispanic/Asian			
	N.	Hispanic/Indian			
	O.	Eastern Indian			
	<u>о.</u> Р.	Middle Eastern			
	Q.	Native American			
	v. R.	Multi-Racial			
				J.	II.
I	MUI	TIPLE BIRTHS			
	A.	Twins			
	B.	Triplets			
	A.	Mother has signed surrenders, but father's identity or whereabouts are unknown.			
1	A.	Mother has signed surrenders, but father's identity or whereabouts are unknown. Because of varying personal reasons, some birth mothers elect not to name the birth			
	A.				
,	A.	Because of varying personal reasons, some birth mothers elect not to name the birth father. Termination of unknown father's rights does not occur until the family petitions to adopt (approximately 1 month after birth).			
	A. B.	Because of varying personal reasons, some birth mothers elect not to name the birth father. Termination of unknown father's rights does not occur until the family petitions to adopt (approximately 1 month after birth). Mother will sign surrenders but father or father's parents oppose the adoption. Father			
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] N	B. MED A. B.	Because of varying personal reasons, some birth mothers elect not to name the birth father. Termination of unknown father's rights does not occur until the family petitions to adopt (approximately 1 month after birth). Mother will sign surrenders but father or father's parents oppose the adoption. Father has requested information regarding the adoption proceedings and may go to court before finalization to establish custody of the infant. DICAL CONDITIONS Child born with non-correctable handicap or disorder of any degree. Child born with correctable problem, which will have no permanent effect on child. Child born healthy, but genetic family health history shows there is a potential for an illness or disorder occurring later on.			
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	B. A. B. C. D. E.	Because of varying personal reasons, some birth mothers elect not to name the birth father. Termination of unknown father's rights does not occur until the family petitions to adopt (approximately 1 month after birth). Mother will sign surrenders but father or father's parents oppose the adoption. Father has requested information regarding the adoption proceedings and may go to court before finalization to establish custody of the infant. DICAL CONDITIONS Child born with non-correctable handicap or disorder of any degree. Child born with correctable problem, which will have no permanent effect on child. Child born healthy, but genetic family health history shows there is a potential for an illness or disorder occurring later on. Baby born healthy, and doing well, but mother used alcohol or drugs during pregnancy and the long term effects are, as yet, unknown. Baby born to a birth mother who used drugs and/or alcohol during pregnancy and shows signs of withdrawal or other symptoms due to drug and/or alcohol intake at birth.			
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DIK	TH PARENT CONDITIONS		Accept	Not Accept	Wo Disc
_	N/ 11 1				
Α.	Medical				
	Cancer Heart disease				
	Kidney disease				
	Deafness Deafness				
	Blindness				
	Diabetes				
	Epilepsy				
	HIV Postive				
	Other STD's				
В.	Substances Used During Pregnancy				
	Alcohol				
		trimester)			
	Throughout pregnancy				
	Drugs (Illegal Substances)				
		trimester)			
	Throughout pregnancy				
	Prescription Drugs	trimester)			
	Beginning of pregnancy (1st Throughout pregnancy	trimester)			
	Tobacco and/or Cannabis				
		trimester)			
	Throughout pregnancy	,			
C.	Behavioral/Psychological Disorders				
С.	Anxiety Anxiety				
	Bipolar Disorder				
	Clinical Depression				
	Obsessive-Compulsive				
	Schizophrenia				
	ADD/ADHD				
	Personality Disorders (i.e. Borderline, Narc	issistic, etc.)			
	Post-Traumatic Stress Disorder				
	Developmentally Delayed	I			
D.	SITUATIONAL RAPE (child is conceived do	uring)			
	Date				
	Incest				
	Stranger Rape				
E. L	IVING EXPENSES: Please note that Illinois la	w limits financial support for living			
	nses to 120 days pre-due date through 60 days p				

REFERENCES

PERSONAL I	REFERENCES (NON-FA	MILY MEMBERS):
#1.	NAME: EMAIL ADDRESS: RELATIONSHIP:	
#2.	NAME: EMAIL ADDRESS: RELATIONSHIP:	
#3.	NAME: EMAIL ADDRESS: RELATIONSHIP:	
FAMILY ME	MBER REFERENCE:	
#4.	NAME: EMAIL ADDRESS: RELATIONSHIP:	
Questionna	ires will be sent to the	above people.
APPLICATIO WE	ON IS TRUE, COMPLETI UNDERSTAND THAT E COMPACT ADOPTIO	INFORMATION CONTAINED IN THE FOREGOING E AND CORRECT. IF WE HAVE ANY QUESTIONS CONCERNING ON OR THE ADOPTION LAWS IN ILLINOIS, WE MAY
	FURTHER UNDERSTAN MENT OF A CHILD WIT	ID THAT THIS APPLICATION DOES NOT GUARANTEE ITH US.
APPLICANT	1:SIGNATURE	PRINTED NAME
DATE:		_
APPLICANT	2:SIGNATURE	PRINTED NAME
DATE:		<u></u>