



APPLICATION

TO

ADOPT

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

PERSONAL HISTORY OF APPLICANT 1:

DATE AND PLACE OF BIRTH: _____

RELIGIOUS/SPRITUAL AFFILIATION: _____

RACIAL IDENTITY: _____

GENDER IDENTITY: _____

CITIZENSHIP: _____

HEIGHT: _____ **WEIGHT:** _____

COLOR OF EYES: _____ **COLOR OF HAIR:** _____

PLEASE LIST ALL STATES AND COUNTRIES IN WHICH YOU HAVE RESIDED FOR THE LAST 5 YEARS:

GENERAL HEALTH: _____

EDUCATIONAL BACKGROUND – HIGHEST DEGREE ATTAINED:

SCHOOL NAME: _____

DEGREE: _____

DATE GRADUATED: _____

PROFESSIONAL LICENSES: _____

MILITARY SERVICE:

BRANCH AND RANK ATTAINED: _____

DATES OF SERVICE: _____

EMPLOYMENT:

EMPLOYER: _____

OCCUPATION: _____

DATES: _____

SALARY: _____

IF YOU HAVE BEEN EMPLOYED AT THE ABOVE COMPANY FOR LESS THAN TWO YEARS PLEASE PROVIDE INFORMATION CONCERNING PREVIOUS EMPLOYMENT:

PERSONAL HISTORY OF APPLICANT 2:

DATE AND PLACE OF BIRTH: _____

RELIGIOUS/SPRITUAL AFFILIATION: _____

RACIAL IDENTITY: _____

GENDER IDENTITY: _____

CITIZENSHIP: _____

HEIGHT: _____ **WEIGHT:** _____

COLOR OF EYES: _____ **COLOR OF HAIR:** _____

PLEASE LIST ALL STATES AND COUNTRIES IN WHICH YOU HAVE RESIDED FOR THE LAST 5 YEARS:

GENERAL HEALTH: _____

EDUCATIONAL BACKGROUND – HIGHEST DEGREE ATTAINED:

SCHOOL NAME: _____

DEGREE: _____

DATE GRADUATED: _____

PROFESSIONAL LICENSES: _____

MILITARY SERVICE:

BRANCH AND RANK ATTAINED: _____

DATES OF SERVICE: _____

EMPLOYMENT:

EMPLOYER: _____

OCCUPATION: _____

DATES: _____

SALARY: _____

IF YOU HAVE BEEN EMPLOYED AT THE ABOVE COMPANY FOR LESS THAN TWO YEARS PLEASE PROVIDE INFORMATION CONCERNING PREVIOUS EMPLOYMENT:

ADOPTION SITUATION		Accept	Not Accept	Would Discuss
I. RACIAL ORIENTATION				
A.	Caucasian			
B.	Caucasian/African American			
C.	Caucasian/Asian			
D.	Caucasian/Native American			
E.	African			
F.	African American			
G.	African American/Asian			
H.	African American/Hispanic			
I.	African American/Native American			
J.	Asian			
K.	Hispanic			
L.	Hispanic/Caucasian			
M.	Hispanic/Asian			
N.	Hispanic/Indian			
O.	Eastern Indian			
P.	Middle Eastern			
Q.	Native American			
R.	Multi-Racial			
II. MULTIPLE BIRTHS				
A.	Twins			
B.	Triplets			
III. LEGAL RISK				
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 father. Termination of unknown father's rights does not occur until the family petitions to adopt (approximately 1 month after birth).			
B.	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.			
IV. MEDICAL CONDITIONS				
A.	Child born with non-correctable handicap or disorder of any degree.			
B.	Child born with correctable problem, which will have no permanent effect on child.			
C.	Child born healthy, but genetic family health history shows there is a potential for an illness or disorder occurring later on.			
D.	Baby born healthy, and doing well, but mother used alcohol or drugs during pregnancy and the long term effects are, as yet, unknown.			
E.	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.			
F.	Premature infant with some follow-up medical needs.			
G.	Infant is HIV positive.			

BIRTH PARENT CONDITIONS		Accept	Not Accept	Would Discuss
A. Medical				
	Cancer			
	Heart disease			
	Kidney disease			
	Deafness			
	Blindness			
	Diabetes			
	Epilepsy			
	HIV Postive			
	Other STD's			
B. Substances Used During Pregnancy				
	Alcohol			
	Beginning of pregnancy (1 st trimester)			
	Throughout pregnancy			
	Drugs (Illegal Substances)			
	Beginning of pregnancy (1 st trimester)			
	Throughout pregnancy			
	Prescription Drugs			
	Beginning of pregnancy (1 st trimester)			
	Throughout pregnancy			
	Tobacco and/or Cannabis			
	Beginning of pregnancy (1 st trimester)			
	Throughout pregnancy			
C. Behavioral/Psychological Disorders				
	Anxiety			
	Bipolar Disorder			
	Clinical Depression			
	Obsessive-Compulsive			
	Schizophrenia			
	ADD/ADHD			
	Personality Disorders (i.e. Borderline, Narcissistic, etc.)			
	Post-Traumatic Stress Disorder			
	Developmentally Delayed			
D. SITUATIONAL RAPE (child is conceived during . . .)				
	Date			
	Incest			
	Stranger Rape			
E. LIVING EXPENSES: Please note that Illinois law limits financial support for living expenses to 120 days pre-due date through 60 days post-delivery. All assistance issued through the agency.				

