

**TRANSITIONS  
ADOPTION AGENCY**



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**APPLICATION QUESTIONNAIRE FOR ADOPTIVE FAMILY**

APPLICANT #1	APPLICANT #2
FULL LEGAL NAME(AS IT APPEARS ON I.D.)	
GENDER IDENTITY (OPTIONAL):	
WOULD YOU LIKE US TO REFER TO YOU BY A NICKNAME? IF SO,WHAT?	
MAIDEN NAME or PRIOR NAME USED (IF APPLICABLE)	
DATE OF BIRTH:	
AGE AT TIME OF APPLICATION:	
PLACE OF BIRTH (CITY, STATE):	
DRIVERS LICENSE STATE OF ISSUANCE AND #	
SOCIAL SECURITY NUMBER:	
PREFERRED EMAIL ADDRESS:	
HOME ADDRESS:	
DO YOU RENT OR OWN?:	
COUNTY IN WHICH YOU LIVE:	
HOW LONG HAVE YOU LIVED HERE?	
IF YOU HAVEN'T LIVED AT THIS ADDRESS FOR THE PAST TEN YEARS, PLEASE PROVIDE PAST	

ADDRESSES FOR LAST TEN YEARS AND THE MONTH AND YEAR RANGE THAT YOU LIVED THERE. THIS IS EXTREMELY IMPORTANT SO THAT WE MAKE SURE YOU OBTAIN THE CORRECT REQUIRED CLEARANCES FOR THE ADOPTION:	
DO YOU HAVE EXTENDED FAMILY NEARBY? YES/NO IF YES, STATE WHO	
CELL PHONE NUMBER (INCLUDE AREA CODE):	
HOME PHONE NUMBER (IF APPLICABLE):	
IF WE CAN CONTACT YOU AT WORK WHAT IS THE NUMBER?:	
WHAT IS THE MOST DIRECT WAY TO REACH YOU IF WE NEED TO TALK TO YOU IMMEDIATELY ABOUT AN ADOPTION SITUATION? (examples: "call my cell," "call my work line" "text me and say you need me to call you"	
IN NON-EMERGENCY SITUATIONS WHICH METHOD OF CONTACT TO PREFER?: TEXT/CALL/EMAIL?	
MARITAL STATUS: MARRIED WIDOWED DIVORCED SEPERATED SINGLE CO-HABITATING OTHER If other please explain:	
DATE OF MARRIAGE IF APPLICABLE):	
PLACE OF MARRIAGE (CITY, STATE):	
PREVIOUS DIVORCE/S? YES/NO	
IF YES, PLEASE PROVIDE DATE OF DIVORCE, CITY AND STATE OF DIVORCE, AND NAME OF PREVIOUS SPOUSE FOR EACH DIVORCE:	
HIGHEST EDUCATION COMPLETED (HIGH SCHOOL, COLLEGE, GRADUATE)	
TYPE OF DEGREE/S EARNED? <u>Ex</u> : High School Diploma, or Bachelor's of Arts in English Writing	



IF SO, PROVIDE NAMES, DATES OF BIRTH, WHETHER ADOPTED OR BIOLOGICAL, AND WHETHER THEY ARE THE CHILDREN OF BOTH APPLICANTS OR JUST ONE:
DOES ANYONE ELSE LIVE IN YOUR HOUSEHOLD? IF SO: NAME AND RELATIONSHIP TO YOU:
NAME, ADDRESS, TELEPHONE NUMBER, AND RELATIONSHIP OF AN EMERGENCY CONTACT PERSON: THIS IS USED DOWN THE LINE IF FOR SOME REASON WE CANNOT REACH YOU FOR AN EXTENDED PERIOD OF TIME AND NEED TO GET IN TOUCH ABOUT SOMETHING RELATED TO YOUR ADOPTION. SO, THE PERSON YOU LIST SHOULD BE SOMEONE WHO KNOWS YOU ARE ADOPTING.
NAME:
ADDRESS:
TELEPHONE NUMBER:
RELATIONSHIP TO YOU:
<b>ADOPTION SITUATION QUESTIONS:</b>
FOR EACH QUESTION CHECK THE ANSWER THAT BEST SUITS YOU AND EXPLAIN IF YOU CHOOSE MAYBE
WILLING TO TALK TO BIRTHMOTHER? Y   N   M
WILLING TO MEET BIRTHMOTHER? Y   N   M
WILLING TO HAVE ON-GOING YEARLY VISITATION WITH A BIRTH FAMILY? Y   N   M
WILING TO HAVE ON-GOING VISITATION MORE THAN ONCE PER YEAR WITH A BIRTH FAMILY? Y   N   M
EXPLAIN:
WILLING TO HAVE MORE CASUAL CONTACT WITH A BIRTH FAMILY SUCH AS TEXTS OR EMAILS

EXCHANGED W ONE ANOTHER? Y    N    M
WILLING TO ACCEPT AN EMERGENCY REFERRAL -THIS MEANS THE BABY IS ALREADY BORN OR IS GOING TO BE BORN ANY MINUTE? Y    N    M
ARE YOU WILLING TO ACCEPT BABY WHO IS CAUCASIAN? Y    N    M
AFRICAN AMERICAN? Y    N    M
ASIAN? Y    N    M
HISPANIC? Y    N    M
ARE YOU WILLING TO ACCEPT A BI-RACIAL CHILD? Y    N    M
WHO IS PART CAUCASIAN? Y    N    M
WHO IS PART AFRICAN AMERICAN? Y    N    M
WHO IS PART ASIAN? (Y    N    M
WHO IS PART HISPANIC? Y    N    M
COMMENTS:
ARE YOU WILLING TO ACCEPT TWINS? Y    N    M
NOTE THAT ADDITIONAL FEES USUALLY APPLY TO THE PLACEMENT OF TWINS
OLDEST CHILD ACCEPTABLE? Y    N    M
WILLING TO ACCEPT CHILD OF EITHER SEX? Y    N    M
FAMILIES LOOKING TO ADOPT A CHILD OF ONLY ONE SEX WILL TYPICALLY WAIT LONGER BECAUSE IN MANY SITUATIONS BIRTH MOTHERS DO NOT KNOW THE SEX OF THE BABY PRIOR TO BIRTH OR MAY CHOOSE NOT TO KNOW THE SEX AT ALL.
IF NO, WHICH SEX? M    F
<b>WILLING TO ACCEPT BABY:</b>
IF PARENT OR PARENTS ARE IN JAIL OR HAVE A HISTORY OF CRIMINAL BEHAVIOR? Y    N    M
IF BIRTHMOTHER SMOKED CIGARETTES DURING PREGNANCY? Y    N    M
IF BIRTHMOTHER DRANK ALCOHOL DURING PREGNANCY BEFORE SHE KNEW SHE WAS PREGNANT? Y    N    M
EXPLAIN:
IF BIRTHMOTHER DRANK ALCOHOL THROUGHOUT THE PREGNANCY? Y    N    M
EXPLAIN:
IF EITHER BIRTHPARENT HAS A HISTORY OF ALCOHOL USE? Y    N    M
IF BIRTHMOTHER USED DRUGS DURING PREGNANCY? Y    N    M
SPECIFY DRUG: YOU BE ASKED TO LEARN MORE ABOUT DRUG EXPOSURE DURING THE HOME

STUDY PROCESS
MARIJUANA: Y    N    M
PERCOSET/OXYCODON OR OTHER PAINKILLERS WITH OR WITHOUT A PRESCRIPTION: Y    N    M
METHADONE: (PRESCRIBED FOR A PERSON IN RECOVERY FROM HEROIN): Y    N    M
HEROIN: Y    N    M
COCAINE: Y    N    M
METH: Y    N    M
FENTANOYL: Y    N    M
OTHER: Y    N    M
IF EITHER BIRTHPARENT HAS A HISTORY OF DRUG USE? Y    N    M
IF EITHER BIRTHPARENT HAS A MENTAL ILLNESS? Y    N    M
TYPE OF DIAGNOSIS:
ANXIETY: Y    N    M
DEPRESSION: Y    N    M
BI-POLAR: Y    N    M
PERSONALITY DISORDER: Y    N    M
OBSESSIVE COMPULSIVE DISORDER: Y    N    M
OTHER: Y    N    M
IF EITHER BIRTHPARENT HAS HAD A MENTAL ILLNESS IN THE PAST? Y    N    M
IF EITHER BIRTHPARENT IS INTELLECTUALLY DISABLED? Y    N    M
IF EITHER BIRTHPARENT IS LEARNING DISABLED? Y    N    M
IF EITHER BIRTHPARENT HAS HAD EPILEPSY? Y    N    M
HEART DISEASE Y    N    M
HEMOPHILIA Y    N    M
CANCER Y    N    M
HIV Y    N    M
WOULD YOU ACCEPT A CHILD THAT IS THE PRODUCT OF RAPE? Y    N    M
INCEST? Y    N    M
WOULD YOU ACCEPT A SPECIAL NEEDS CHILD (SUCH AS ONE WHO HAS MENTAL OR PHYSICAL DISABILITIES?) Y    N    M
EXPLAIN:
DATE OF HOMESTUDY OR LATEST UPDATE COMPLETED(IF APPLICABLE):
HOW DID YOU HEAR ABOUT US? (please list all that apply)
PERSONAL REFERRAL FROM?:
WEBSITE?:

SEARCH ENGINE?:
1800 HOME STUDY?
OTHER:
<b>THIS QUESTIONNAIRE HAS BEEN COMPILED FOR INFORMATIONAL PURPOSES ONLY. WE CANNOT WARRANT OR GUARANTEE THE TRUTHFULNESS OF INFORMATION SUPPLIED TO US BY A BIRTHPARENT REGARDING MEDICAL ISSUES, SOCIAL HISTORY, AND/OR PAST OR CURRENT BEHAVIOR. IT IS CONCEIVABLE, DUE TO A BIRTHPARENT'S DISHONESTY OR OMISSION, THAT SOMETHING HE/SHE TOLD US IS NOT SO, OR IS SO, AS THE CASE MAY BE. WE ALSO CANNOT GUARANTEE BECAUSE OF THE CIRCUMSTANCES DESCRIBED HEREIN THAT ALL OF YOUR PREFERENCES WITH REGARD TO MEDICAL, SOCIAL OR BEHAVIORAL TRAITS OF A BIRTH PARENT AND/OR CHILD WILL BE MET.</b>
PLEASE COMPLETE THE ABOVE QUESTIONNAIRE, INITIAL EACH PAGE, SIGN IT AND RETURN IT TRANSITIONS ADOPTION AGENCY, INC. THE COMPLETION OF THIS QUESTIONNAIRE DOES NOT INSURE OR GUARANTEE THAT YOU WILL BE ACCEPTED INTO ANY OF OUR PROGRAMS, OR THAT A CHILD WILL BE PLACED WITH YOU. WE VERIFY THAT ALL THE INFORMATION PROVIDED IS TRUE AND CORRECT.
Applicant #1 signature:
DATE:
Applicant #2 signature:
DATE:
I/WE ARE USING TRANSITIONS FOR:
<input type="checkbox"/> HOME STUDY AND DOMESTIC ADOPTION PROGRAM
<input type="checkbox"/> DOMESTIC ADOPTION PROGRAM ONLY (IF HOME STUDY IS ALREADY COMPLETED BY SOMEONE ELSE)
<input type="checkbox"/> HOME STUDY ONLY (IF USING AN OUT OF STATE PLACEMENT AGENCY)
If using an out of state adoption professional please list who: