



ADOPTIVE PARENT INTAKE FORM

Welcome to Haven Adoptions! Please complete the form as fully as possible. We recognize your preferences may change, and the information provided here is used only as a starting point.

GENERAL INFORMATION

APPLICANT #1

Name: (FIRST, MIDDLE, LAST) _____

Date/Place of Birth _____

Current Address _____

Prior Addresses (past 5 years) _____

Email Address _____

Cell Number _____ Home Number _____

APPLICANT #2

Name: (FIRST, MIDDLE, LAST) _____

Date/Place of Birth _____

Current Address (If different) _____

Prior Addresses (past 5 years) _____

Email Address _____

Cell Number _____ Home Number _____

ADDITIONAL BACKGROUND INFORMATION

APPLICANT #1

Maiden Name (If applicable) _____

Race _____

Religion (if any) _____

Occupation Title _____

Yearly Salary _____

Marital Status _____

Date/Place of current marriage _____

List all medical conditions and daily medications _____

List any criminal history (include all arrests) _____

APPLICANT #2

Maiden Name (If applicable) _____

Race _____

Religion (if any) _____

Occupation Title _____

Yearly Salary _____

Marital Status _____

Date/Place of Current Marriage _____

List all medical conditions and daily medications _____

List any criminal history (include all arrests) _____

HOUSEHOLD INFORMATION

Please list the name and date of birth of ANY other individuals who live in the home, and their relationship to the applicants (including foster/adopted/natural/stepchildren, adult family members, and family friends)

Name	Date of Birth	Relationship

ADOPTIVE PREFERENCES

Please consider these preferences carefully. If you have specific questions, your case manager can suggest articles to read that may help guide you in this process.

DRUG/ALCOHOL EXPOSURE- please check all that you are open to considering:		
ALCOHOL	CIGARETTES	MARIJUANA
OPIATES (Heroin, Oxycodone, Vicodin)	COCAINE	METHADONE
RACE- please check all that you are open to:		
CAUCASIAN	CAUCASIAN/HISPANIC	AFRICAN AMERICAN
CAUCASIAN/AFRICAN AMERICAN	HISPANIC	OPEN TO ANY RACE
AGE PREFERENCE: *Please note, home study approval for adoption of a child over the age of 6 months requires additional training		
NEWBORN	NEWBORN - 3 YEARS	OTHER-

TWINS -please indicate your interest	YES	NO
SIBLING GROUP -please indicate your interest	YES	NO
If YES , up to what age for the sibling		

HOME STUDY

Do you have a completed Home Study (valid within the last 12 months)?	
If yes, name of the agency that completed this Home Study?	
Home Study Caseworker Name:	
Phone Number and/or Email Address:	

How did you hear about Haven? If you are using Haven only for home study services, please list the agency you are working with for your matching/placement services.

What are you looking forward to about adoption? Is there anything else that you would like to share with us at this time?

Any other special considerations we should know about your family as we begin the home study process with you? _____

At Haven, we make service to our families the top priority and we are excited to be a part of your journey!