



Family Name: \_\_\_\_\_

*Creating a legacy of thriving families from the adoption plan to child's independence*

## INITIAL DOCUMENTATION CHECKLIST

Congratulations on deciding to adopt! We are excited to assist you in the process.

Please provide the following documentation:

### Forms needed one per family:

- \_\_\_\_\_ Contact Information
- \_\_\_\_\_ Adoption Plan
- \_\_\_\_\_ Family Relationships
- \_\_\_\_\_ Home Review
- \_\_\_\_\_ Guardianship\*
- \_\_\_\_\_ References
- \_\_\_\_\_ New Client Orientation—include date of orientation with FTA staff member
- \_\_\_\_\_ Deposit Payment of \$500.00 (check payable to "Families Through Adoption")

### Forms needed one per adoptive parent:

- \_\_\_\_\_ Places Lived
- \_\_\_\_\_ Parental History
- \_\_\_\_\_ Adult Medical\*

### If you have children:

- \_\_\_\_\_ Children in the Home (print multiple copies for as many children in the home)
- \_\_\_\_\_ Child Medical\* (complete one per child under age 18)
- \_\_\_\_\_ Children Over Age 18 (for any adult children living in or outside the home. If children over the age of 18 are residing in the home they will need the "Adult Medical" form.)

**Once all documentation has been collected\*, please mail the listed documentation and this checklist to the FTA office. Please also email Chloe Kuhns to indicate documentation is on its way to the office.**

\*These forms may be submitted at a later date if they cannot be completed with initial documentation.

FTA Address:

Email: [chloe@familiesthroughadoption.org](mailto:chloe@familiesthroughadoption.org)

Families Through Adoption

354 Norwood Ave. SE

Grand Rapids, MI 49506

***Please contact us with any questions regarding the initial documentation!***