

amily Name:	
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Creating a legacy of thriving families from the adoption plan to child's independence

ADOPTION PLAN

I/We plan to adopt a child/children from the country of:		
Gender Preference: ☐ Male ☐ Female ☐ Either		
\square Single \square Twins \square Unrelated: maximum $____$ \square Sibling Group: maximum $____$		
Age ranges open to:		
Age of youngest child currently in your home:		
Racial background of child: ☐ Combination of races ☐ Caucasian ☐ African ☐ Hispanic ☐ Asian ☐ Other races		
If adopting domestically, what communication type are you willing to have with the biological family? (you may select more than one option) □ Open □ Semi-Open □ Closed □ Willing to meet the family's preference		
What health risks are you willing to accept? If adopting internationally, please include list from placing agency regarding specific special needs you're willing to accept		
Is this a pre-identified adoption? \square Yes \square No If "yes", provide the name, age, and race/ethnicity of the child		
Have you ever completed a home study before? \square Yes \square No		
If yes, please provide details, country, placing agency, date of home study, and a copy of the home study		
Have you ever completed a home-study with a negative outcome? \Box Yes \Box No		
If yes, please give details on an additional sheet		
Did you ever begin a home study that was not completed? \square Yes \square No If yes, please explain		



Family Name: _	
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How much time does each parent plan to take off from work? What are your childcare plans after returning to work? How do you plan to educate your child about their adoption? How do you plan to incorporate and teach your child about their cultural heritage and race/ethnicity? How do you plan to discuss and teach your child about their birth family? Will your child have their own bedroom and closet? \square Yes \square No What will the sleeping arrangements be for your child? What changes do you need to complete in your home in order to bring the child(ren) home?