



Domestic Adoption Inquiry -----considered a preapplication

Date: _____

A. Identifying Data

Name: _____
Last First/Male First/Female Maiden

Address: _____
Mailing Physical (if applicable)

_____ *City State Zip Code County*

Phone: _____
Home cell(Male) cell(Female)

Email addresses: _____

B. Personal Data

Male		Female
	Ethnic Background	
	Height/Weight	
	Age and Birthplace (including County)	
	Date and length of marriage	
	Education Level	
	Occupation/Employer	
	Gross Annual Income	
	Religious Affiliation	
	Health Status	
	Citizenship	

C. Children in Household

Name	Date of Birth	Sex	Race	Biological/Adopted (if adopted, date of adoption)

D. Child Desired

This is a screening tool and is not intended to be binding.

I. ETHNICITY (Please check all that you are open to)

- Anglo Hispanic African American Asian Am Indian
 Anglo/Hispanic Anglo/ African American Anglo/Am Indian African American/Hispanic
 Other (specify) _____ African American/Asian All

II. AGE RANGE

- 0-3 months 3-6 months 7 - 12 months
 Twins Number of children acceptable: _____

III. ACCEPTABLE BACKGROUND (Y = Yes; N = No; D = Willing to Discuss)

Y N D FAMILY BACKGROUND

- Unknown Father
 limited information about Father
 Incest

 Rape/Acquaintance Rape
 Retardation (Parent)
 Retardation (Family)
 Mental Illness (Parent)
 Mental Illness (Family)

Y N D CHILD AFTER BIRTH

- Premature
 Failure to Thrive
 Alcohol exposed
 Drug exposed
 Positive for drugs/no withdrawal
 Addicted child
 Minor correctable medical problem
 Major correctable medical problem
 Non-correctable handicap (mental)
 Non-correctable handicap (physical)

 Hearing Impairment
 Visual Impairment
 HIV positive
 Downs Syndrome
 limited or no information about family history

Y N D BIRTHMOTHER DURING PREGNANCY

- Marijuana Usage
 Hard Drug Usage
 Prescription Drug Use
 Alcohol Usage
 Smoking
 HIV positive
 Limited or no prenatal care

E. Openness

Openness in adoption provides an opportunity for adoptive parents to have a relationship with their child's birth parents and to gain insight for their child in a special way, and allows the birth parents assurance that the child is alive and thriving in his/her adoptive home. Most all of the birthparents we serve are seeking open adoptions. Please indicate your interest in the following options for communicating with the birth parents.

Y N D

- Pre Birth Visit(s)
 Email exchange (before and after)
 Providing pictures after placement

Y N D

- Face to Face visit (s) after placement
 Letter Exchange after placement
 Full exchange of identifying information

F. Additional Information

1. Do you currently have an application on file with another agency? Yes No
If yes, what is the status of your application? _____
2. Have you ever applied to LSS? Yes No
If yes, when? _____
3. Have you been married in the past? Yes No If yes, please answer the following:
Husband: Year of Marriage? _____ Year of Divorce? _____
Wife: Year of Marriage? _____ Year of Divorce? _____
4. Are you infertile? Yes No
Please explain the nature of your infertility, any testing or treatment that you have had and what your plans are for future treatment: _____

5. Have you had any physical or emotional problems in the past or are you experiencing any at the present time? Yes No (If yes, please explain)

6. Have you ever been arrested? If so, which of you, when, for what infraction and what was the disposition?
 Yes No

7. For what reasons are you seeking adoptive placement? _____

8. Do you have any personal or family experience with adoption? _____

How did you learn about Lutheran Social Services of the South, Inc.

- | | | |
|--|---|---|
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Religious Organization | <input type="checkbox"/> Telephone Book |
| <input type="checkbox"/> Social Service Agency/Group | <input type="checkbox"/> Professional | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Support Group | <input type="checkbox"/> Other _____ |

Signature

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LSS assures the privacy of protected health information and has implemented appropriate administrative, technical and physical safeguards. However, protected health information in **unencrypted** emails is vulnerable and may be compromised. Confidential and sensitive personal information may be faxed to 512-706-7503 or mailed to 8305 Cross Park Drive Austin, Texas 78754.