

Child Identification Form
(Domestic Programs)

Family Name: _____

CHILD(REN) DESIRED:

Gender: Male Female Either

Age Range: _____

Sibling Group? _____ Yes _____ No _____ Twins

What is your understanding of a legal risk placement?

Would you accept a legal risk placement? _____ Yes _____ No

Race: (If mixed race acceptable, indicate races) _____

Religion child to be raised: _____

Please respond the the following questions:

A. We hope to adopt a child with normal physical and development background.
____ Yes _____ No

B. We would be accepting of a child with correctable or treatable problems. ____Yes __No

C. We would be accepting of a child exposed to drugs prenatally. ____Yes ____No
 1st trimester _____ Yes _____ No
 2nd trimester _____ Yes _____ No
 3rd trimester _____ Yes _____ No

D. If yes, which drugs? _____

E. We would be accepting of a child exposed to alcohol prenatally. ____Yes ____No
 1st trimester _____ Yes _____ No
 2nd trimester _____ Yes _____ No
 3rd trimester _____ Yes _____ No

F. We would be accepting of a child with a non-correctable physical problem.
 _____ Yes _____ No If yes, which type: _____

G. We would be accepting of a child with emotional, developmental learning problems. Y or N

Client Signature

Date

Client Signature

Date