

Openness in Adoption

Family Name: _____

The openness involved in your adoption will be based on the needs of the birth parents and the openness you are willing to accept. Please be honest about your feelings and expectations regarding this matter. Your caseworker is available to help you with this form. This form will not be seen by birth parents.

1. Would you be willing to meet the birthparents before the baby is born with an agency representative present?

2. How often are you willing to provide the birth parents with a picture and letter?

3. Do you have any concerns about an open adoption? If so, please explain.

4. Do you want to be considered for an adoption in which complete disclosure of identifying information is requested? Yes No Unsure

5. What are your feelings about the following post placement contact?
 - A. Telephone calls with the birth family:

 - B. Meetings with the birth family:

 - C. Exchange of gifts on special occasions:

6. What are your attitudes toward a child/birth parent reunion? At what age do you feel a reunion would be appropriate? Would you support your child if he/she desires a reunion?

7. Would you inform the agency in the event of the death of the child for the purpose of having the information relayed to the birth parents? Yes No

8. Are you aware of the Idaho Voluntary Adoption Registry? Yes No

Client Signature

Date

Client Signature

Date