



ADOPTION PREFERENCE WORKSHEET

Use this worksheet to discuss, examine and confirm what you are open to. It has your contact information should you need to share it with an adoption professional or home study provider. If you are unsure of any choices, you may need to research, speak with your coordinator, or speak to other adoptive parents.

ADOPTIVE PARENT INFORMATION

Name _____ Last Name _____

Racial / Ethnic Background: _____
(if possible, choose from those listed in Race/Ethnicity Selection)

Name _____ Last Name _____

Racial / Ethnic Background: _____
(if possible, choose from those listed in Race/Ethnicity Selection)

Address: _____ City: _____

State: _____ Zip code: _____ Primary Phone: (____) _____

Email: _____

RACE/ETHNICITY STATEMENT

I am/We are willing to raise a child of an racial/ethnic background different from my/our own

Yes _____ No _____

If you answered, "Yes" please read the following paragraph and initial:

I/We have reviewed materials on cross-cultural adoption, and I am/we are prepared to parent a child of an ethnic background different from my/our own. I/We have also spoken with our family and friends and they are supportive of this decision. In addition, I/we have taken into consideration the ethnic/racial make-up of the schools my/our child will attend and the community in which I/we live.

Please initial

Please initial



RACE/ETHNICITY SELECTION

I am/We are open and willing to raise a child whose birth parents have one or more of the following racial/ethnic backgrounds:

Both Birth parents are:

- | | |
|--|--|
| <input type="radio"/> African American | <input type="radio"/> Hispanic/Latino |
| <input type="radio"/> Asian | <input type="radio"/> Middle Eastern |
| <input type="radio"/> Caucasian | <input type="radio"/> Native American |
| <input type="radio"/> East Indian | <input type="radio"/> Pacific Islander |

Birth parents are from a combination of racial/ethnic backgrounds:

- | | |
|---|--|
| <input type="radio"/> African American +Asian | <input type="radio"/> East Indian + Native American |
| <input type="radio"/> African American + Caucasian | <input type="radio"/> East Indian + Pacific Islander |
| <input type="radio"/> African American + East Indian | <input type="radio"/> Hispanic + Middle Eastern |
| <input type="radio"/> African American + Hispanic | <input type="radio"/> Hispanic + Native American |
| <input type="radio"/> African American + Middle Eastern | <input type="radio"/> Hispanic + Pacific Islander |
| <input type="radio"/> African American + Native American | <input type="radio"/> Middle Eastern + Native American |
| <input type="radio"/> African American + Pacific Islander | <input type="radio"/> Middle Eastern + Pacific Islander |
| <input type="radio"/> Caucasian + East Indian | <input type="radio"/> Native American + Pacific Islander |
| <input type="radio"/> Caucasian + Hispanic | <input type="radio"/> Asian + Caucasian |
| <input type="radio"/> Caucasian + Middle Eastern | <input type="radio"/> Asian + East Indian |
| <input type="radio"/> Caucasian + Native American | <input type="radio"/> Asian + Hispanic |
| <input type="radio"/> Caucasian + Pacific Islander | <input type="radio"/> Asian + Middle Eastern |
| <input type="radio"/> East Indian + Hispanic | <input type="radio"/> Asian + Native American |
| <input type="radio"/> East Indian + Middle Eastern | <input type="radio"/> Asian + Pacific Islander |

Many families begin the adoption process with a narrow focus and open up over the course of their wait. Often this is due to learning more about cross-cultural adoption, meeting other families who have adopted outside of their race, or simply realizing that they have a deep desire to be a parent regardless of the child's race. Include notes below about races you may be considering opening to: in the future:



SUBSTANCE USE

I am/We are willing to discuss an adoption involving a birth mother who acknowledges the use of one or more of the following but **reports that she stopped in the first trimester:**

- | | |
|----------------------------------|---|
| <input type="radio"/> Alcohol | <input type="radio"/> Methamphetamines |
| <input type="radio"/> Cigarettes | <input type="radio"/> Prescription meds (prescribed or abuse of pain killers, anti-anxiety drugs, etc.) |
| <input type="radio"/> Cocaine | <input type="radio"/> Methadone |
| <input type="radio"/> Heroin | <input type="radio"/> Other |
| <input type="radio"/> Marijuana | |

I am/We are willing to discuss an adoption involving a birth mother who acknowledges the **ongoing use** of:

- | | |
|----------------------------------|---|
| <input type="radio"/> Alcohol | <input type="radio"/> Methamphetamines |
| <input type="radio"/> Cigarettes | <input type="radio"/> Prescription meds (prescribed or abuse of pain killers, anti-anxiety drugs, etc.) |
| <input type="radio"/> Cocaine | <input type="radio"/> Methadone |
| <input type="radio"/> Heroin | <input type="radio"/> Other |
| <input type="radio"/> Marijuana | |

AGE OF THE CHILD

I/We would consider adopting a child in the following age range: (check all that apply)

- | | |
|--------------------------------------|---|
| <input type="radio"/> Newborn | <input type="radio"/> 2-3 years |
| <input type="radio"/> Up to 6 months | <input type="radio"/> 3-5 years |
| <input type="radio"/> 6-12 months | <input type="radio"/> 5-8 years |
| <input type="radio"/> 1-2 years | <input type="radio"/> 8 years and above |

SPECIAL NEEDS

I/We would be willing to discuss working with birth parents:

- Whose child may be at risk for **mild physical** disabilities, such as cleft palate, club feet.
- Whose child may be at risk for **significant physical** disabilities, such as, heart abnormality, cystic fibrosis.
- With a **mild mental health** history, such as depression or anxiety.
- With a **moderate mental health** history, such as bi-polar disorder.
- With a **severe mental health** history, such as schizophrenia.



BIRTH PARENT EXPENSES

Such as medical, housing, food, maternity clothes, and other expenses that are not considered in your adoption such as legal, home study, travel, etc. Please note: Your budget may be determined by the allowable adoption expenses in your state so speak with an attorney before committing to pay any expenses.

I/We would be willing to discuss birth parent expenses of:

- \$0
- \$0-3,000
- \$3,000 - \$5,000
- \$5,000 - \$10,000
- More than \$10,000

TWINS AND SIBLING GROUPS

Check all that are appropriate:

- I/We would be interested in adopting twins.
- I/We would be interested in adopting a sibling group of up to _____ children.

If open to a sibling group, to what age? _____

ONGOING CONTACT AFTER THE ADOPTION

The success of semi-open or open adoption, like the one you are creating, is based on trust and respect for all parties to the adoption. Understanding and making an agreement for what future contact will look like helps all parties know what to expect. Keep in mind, however, that predicting what they want now can be a challenge for birth parents, and requests may change in the future. This is normal. Many more options can be found in the [Open Adoption Agreement](#) form, but this is a place to begin thinking about what you are open to. **Most families find that once they meet a birth mother, they are far more open to contact than when they were initially.** We are open to future contact including (check all that apply):

- Letters and photos through a third party
- Letters and photos sent directly
- Annual visits in a neutral location
- More frequent visits
- Social media contact
- Email
- Text messaging and/or phone calls