

**CATHOLIC CHARITIES ADOPTION SERVICES
INTAKE FORM**

Male Applicant

Female Applicant

Name:

Address:

street address

city, state, zip

County:

Home Phone:

Work Phone:

Date of Birth:

Ethnic Descent:

Education:

Occupation:

Date and Place of
Marriage:

Prior Marriages?

Yes No

Yes No

Religion:

Church Attending:

Children:

Name

Age

Adopted/Biological

Special Needs

Child Care Plan (for example, stay-at-home parent, day care, etc.):

Health Problems:

Male Applicant: _____

Female Applicant: _____

Interests:

Male Applicant: _____

Female Applicant: _____

Special talents/life experiences to offer a child, particularly if interested in a special needs child or a child of a different race or culture: _____

Other pertinent information related to your decision to adopt: _____

INSTRUCTIONS: To have your name placed on our waiting list, please sign and submit your Intake Form to Catholic Charities Adoption Services along with a check for \$25 payable to *Catholic Charities*. If you are applying for a Special Needs (SWAN) adoption **only**, please disregard the \$25 intake fee.

Male Applicant

Female Applicant

Date

What type of adoption are you interested in? (Check those which apply.)

Catholic Charities' domestic **Infant** adoption

Note: Catholic Charities' age policy states that the younger parent cannot be more than 40 years older than the child and the older parent cannot be more than 45 years older than the child **at the time of placement**. Current wait for a healthy Caucasian infant is 2 to 4 years.

1. I/We are willing to accept an infant/child who is of the following race/culture (circle all acceptable):
 Asian Black Black/White Hispanic Native American White

2. I/We are willing to accept an infant/child from newborn to the age of: (circle one)
 1 month 3 months 6 months 1 year 2 years 3 years

3. Check the openness options which you would consider:

- prepare an Adoptive Parent Profile to be shown to birthparents
- meet birthparents before placement
- letters and photos of child sent to birthparents through agency
- child/parent(s) receive cards, letters and/or gifts from birthparents
- meeting with birthparents after placement

4. Please indicate those medical conditions which you would or would not be willing to accept.

	<u>Will Accept</u>	<u>Would Consider</u>	<u>Would Not Consider</u>
Infant/child who is severely premature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who was or may have been exposed to drugs during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who tested positive for drugs at birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who was exposed to alcohol during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child diagnosed with Fetal Alcohol Effect or Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who has a physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child whose birthparent(s) were mentally retarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who is mentally retarded or has Downs Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child whose birthparent(s) have a history of mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Needs adoption through the Pennsylvania Statewide Adoption Network (SWAN)

These children are in the custody of county Children and Youth agencies and have been removed from their homes due to abuse and/or neglect. Available children include school-age children; sibling groups; racial minorities; and physically, mentally, behaviorally or emotionally challenged children.

Note: Expenses paid by SWAN are only for the adoption of children in the custody of Pennsylvania Children and Youth agencies. If you adopt a special needs child from another state, you will be responsible for the initial adoption expenses.

1. I/We are willing to accept a child who is of the following race/culture (circle all acceptable):
 Asian Black Black/White Hispanic Native American White
2. What is the maximum age of a child you would accept? _____
 What is the minimum age of a child you would accept? _____
3. Are you willing to consider a sibling group? Yes No How many? _____
4. Are you willing to maintain contact with siblings in other homes? Yes No Will Consider
5. Are you currently a foster family with another agency? Yes No
 If yes, please specify agency: _____
6. Are you willing to be certified as a foster/adoptive family through Catholic Charities Specialized Foster Care to care for children referred by Children and Youth prior to termination of parental rights? You would then be able to adopt the children if and when they become legally available.
 Yes No Interested in more information

Note: Foster families receive a monthly stipend to care for the children. Foster families attend ongoing training and have a weekly visit from the caseworker for support. The children may continue to visit their biological family until rights are terminated. These referrals *may* have younger children who have spent less time in the foster care system, but the overall time until finalization may be longer.

7. Please indicate those conditions which you would or would not be willing to accept.

	<u>Will Accept</u>	<u>Would Consider</u>	<u>Would Not Consider</u>
Infant/child who has an attachment disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who has a psychiatric diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who has been abused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who has been sexually abused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who has mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who has physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

International adoption

Note: Different countries and agencies have varying requirements regarding age, health, marital status and finances. This option usually requires you to travel to the foreign country. Total expenses in an international adoption are frequently higher than those in a domestic adoption. Available children range in age from 6 months to 16 years, depending on the country selected. Sibling groups are also available from some countries.

Have you selected a country you are interested in adopting from? Yes No

If yes, please list the country: _____

Are you interested in receiving more information regarding various countries? Yes No

Have you selected an international agency you will be working with? Yes No

If yes, please list the agency: _____

Are you interested in receiving more information regarding international agencies? Yes No

Catholic Charities Adoption Services

939 E. Park Drive, Suite 103□□

Harrisburg, PA 17111□□

Phone: 717-564-7115□□

Fax: 717-564-7180