



CONFIDENTIAL QUESTIONNAIRE

We take your privacy seriously. The Adoption Consultancy does not and will not sell any information to third parties. The Adoption Consultancy will not share any information that you provide to us without your express consent as addressed in the "Agreement for Consulting Services."

1. Family Information:

Family Name: _____

Street Address: _____

City, State, Zip: _____

County: _____

Home Phone: _____ Home Fax: _____

Restrictions on where, when and through what means we may contact you:

2. Adopting Parent #1's Information:

Date of Marriage: _____

Name (Last, First): _____

Work Phone: _____ Cell Phone: _____ Work Fax: _____

Email Address: _____ Citizenship: _____

Race: _____ DOB: _____ Birthplace: _____

Occupation: _____ Annual Income: _____

Prior Marriage(s)? _____ Reason for ending: _____

Number of Children from Previous Marriage(s): _____

Religion: _____ Active? _____

Health Status: _____

Is Infertility a Factor? _____

3. Adopting Parent #2's Information:

Name (Last, First): _____

Work Phone: _____ Cell Phone: _____ Work Fax: _____

Email Address: _____ Citizenship: _____

Race: _____ DOB: _____ Birthplace: _____

Occupation: _____ Annual Income: _____

Prior Marriage(s)?: _____ Reason for ending: _____

Number of Children from Previous Marriage(s): _____

Religion: _____ Active?: _____

Health Status: _____

Is Infertility a Factor?: _____

4. Children in Your Family: _____

Name: _____ DOB: _____ From Prior Marriage?: _____

Living at Home?: _____ Adopted?: _____

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Living at Home?: _____ Adopted?: _____

Name: _____ DOB: _____ From Prior Marriage?: _____

Living at Home?: _____ Adopted?: _____

5. Travel: (If necessary, could you and/or your spouse travel? If so, for how long could you be away?)

6. Adoption Budget: (Most adoptions will range from \$30,000 to \$45,000. It is not necessary to have all funds available when you begin your adoption process.)

7. Description of Child You Would Consider:

Age: _____ (or circle) Newborn Less than 1 year 1-2 years 2-5 years

Gender: Male Female No preference

Race:			
Any Child:	Yes	No	Would consider
African American:	Yes	No	Would consider
African American/Caucasian:	Yes	No	Would consider Would consider
American Indian:	Yes	No	Would consider
American Indian/Caucasian:	Yes	No	Would consider
Asian:	Yes	No	Would consider
Asian/African American:	Yes	No	Would consider
Asian/Caucasian:	Yes	No	Would consider
Caucasian:	Yes	No	Would consider
Hispanic or South/Central American:	Yes	No	Would consider
Hispanic/African American:	Yes	No	Would consider
Hispanic/Caucasian:	Yes	No	Would consider
Multi-racial:	Yes	No	Would consider

Would you consider twins or siblings?: _____ If siblings, how many?: _____

If you are considering international adoption, please indicate the countries in which you have an interest:

8. Additional Information:

What is the most important factor of this adoption to you(i.e., time frame, child's age, travel concerns, cost)?

Is there anything else we should know about you or the child you would like to adopt that will assist us in finding the best sources for you?

9. How did you hear about us?