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| 1. **Identifying Information:** | | |
|  | **Husband** | **Wife** |
| Name: |  |  |
| Date of Birth: |  |  |
| Address: |  | |
| Reason for using an out-of-state adoption services provider, if applicable: |  | |
| Status of application with ICAB/NACC, if any (Please specify date of application and/or approval) |  | |
| Place of Birth: |  |  |
| Ethnicity: |  |  |
| Citizenship: |  |  |
| Date of Marriage: |  |  |
| Place of Marriage: |  |  |
| Divorce History, if any (Please include reason for divorce): |  |  |
| Education: |  |  |
| Occupation: |  |  |
| Employer: |  |  |
| Annual Income: |  |  |
| Liabilities: |  |  |
| Religion: |  |  |

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| 1. **Children:** (Please state if living in the home or living independently) | |
| 1. **Biological child/ren:** |  |
| Full name: |  |
| Date of Birth: |  |
| Sex: |  |
| Health: |  |
| Educational attainment: | (If homeschooled: Grade level, details of homeschool package, who supervises the homeschool teacher, activities of the child in the community)  (if enrolled in a regular school: Grade level, name of the school and resources available in the school) |
| * Short description of personality; and level of development; school and intellectual functioning; behavioral issues, mental health, developmental or medical issues to be considered when placing another child in the home? |  |
| 1. **Adopted child/ren**: |  |
| Full name: |  |
| Date of Birth: |  |
| Sex: |  |
| Health: |  |
| Educational attainment: |  |
| * Short description of personality, Short description of personality; and level of development; school and intellectual functioning; behavioral issues, mental health, developmental or medical issues to be considered when placing another child in the home? |  |
| Country of origin: |  |
| Date of placement and finalization of adoption: |  |
| Attitude towards adoption: |  |
| Attitude of the children if there is displacement in the birth order upon the arrival of the child (if applicable): |  |
| Other adults living in the home/ pets in the home, if any |  |

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| 1. **History** | | |
|  | **Husband** | **Wife** |
| Health History: |  |  |
| Sexual/Physical Abuse History/ Addiction to Pornography, if any: |  |  |
| Criminal History, if any: |  |  |
| Psychological Health: |  |  |

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| 1. **Motivation to adopt a child:** (Please include reason for choosing to adopt a child/ren from the Special Home Finding. Kindly comment on the couple’s hope and expectations about the child they are going to adopt) |
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| 1. **Child Care Plans.** – Please include information on the following: | |
| Length of parental leave: |  |
| Person who will take care of the child when both parents are working: |  |
| Sleeping arrangements of the children: |  |
| Educational plans: | (for homeschooling: include details of homeschool package, who will supervise the homeschool teacher, activities of the child in the community)  (for regular school: name of the school and the resources available etc.) |
| Family safety plans to prevent the possibility sexual abuse: |  |
| If the child has physical abuse history, plans to address the possibility of aggressive behaviors: |  |
| Resources available in the community to help them address the child’s special needs (e.g., hospital, therapy center, etc.). |  |
| Plans to address possible sibling rivalry, if applicable: |  |
| Providing individual care and attention to each child, if applicable: |  |
| Plans to address challenges that may arise adopting a child out of birth order, if applicable: |  |

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| 1. **Guardianship Plans:** |
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| 1. **Parenting Experience:** |
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| 1. **Pre-adoption preparation trainings attended specifically addressing the challenges in adopting an older child/with abuse history/ and severe medical needs:** |
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(To be filled up by the foreign adoption agency coordinator or social worker.)

**Assessment of Parenting Capability:** (required field)

**Prepared by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name/Designation

**Attachments:**

1. **Photos of the couple, children, interior and exterior of the family home, community.**
2. **Video of the family that includes a tour in their home and brief discussion on their motivation to adopt the child**
3. **Type of Child Acceptable to Family Checklist**