



Family to Family Adoptions, Inc.

Adoptive Family Worksheet

Creating your family through adoption should be one of the most exciting and enjoyable times in your life. We at Family to Family Adoptions, Inc. give you our pledge that we will work with you and your birthmother to make this a wonderful experience for you.

To help us facilitate a good placement for you, please fill out the following information and return it to our offices as soon as you are ready to activate your search for your child.

Name of Applicant(s)

What ethnicity in a child will you accept? Caucasian Caucasian/Hispanic Hispanic
Asian African-American African-American/Hispanic African-American/Caucasian
Multi-ethnic

Gender? Male Female NOTE: Requests for a specific gender could result in a longer wait time for a match.

Are you interested in a sibling group if available? Yes No If yes, how many siblings would you accept? Age to

Native American children are handled differently by the court system. The tribe that they belong in has to allow for their adoption. Would you consider a Native American child Yes No

Would you consider a child born to a mother who used drugs during this pregnancy?
 Yes No

If yes, is there a particular drug that you would not consider? _____(specify)

Would you consider a child born to a mother who smoked during this pregnancy? Yes No

Would you consider a child who had mental illness in the family? Yes No

If yes, is there a mental illness you could not accept in the family? _____(specify)

Could you accept a child that was born prematurely? Yes No

Would you like to meet your birth mother? Yes No

Talk on the phone? Yes No

What type of and frequency of contact would you like with your birth mother after the birth?

Send pictures through our agency 4 X per year for year one, 2 X per year from year 2 to 18 _____.
Less? _____

More? _____

Comments: _____
