206.954.5253 Dru@DruGroves.org www.DruGroves.org

Autobiographical Information

APPLICANT NAME (first, middle & last):	
OTHER KNOWN NAMES:	
PRONOUNS:	
ADDRESS:	
PHONE:	
EMAIL ADDRESS:	
BIRTHDATE:	BIRTHPLACE:
ETHNICITY:	
HEIGHT:	WEIGHT:
HAIR COLOR:	EYE COLOR:
EDUCATION:	
OCCUPATION:	ANNUAL SALARY:
CITIZENSHIP:	
RELIGION (IF APPLICABLE):	

DESCRIBE YOURSELF (physically, emotionally, talents, hobbies, etc.):

DESCRIPTION OF LIFESTYLE AND INTERESTS:

NAMES, BIRTH DATES, MARITAL STATUS, OCCUPATION, AND LOCATION OF PARENTS (describe relationship and contact with parents):
NAMES, BIRTH DATES, MARITAL STATUS, OCCUPATION, AND LOCATION OF SIBLINGSS (describe relationship and contact with siblings):
GIVE A BRIEF SUMMARY OF THE PLACES YOU LIVED AS A CHILD, INCLUDING THE REASONS WHY YOU MOVED:
DESCRIBE YOURSELF AS A CHILD. HOW DID YOU SPEND YOUR TIME? WHAT ACTIVITIES DID YOU ENJOY?
WHAT DID YOU ENJOY ABOUT YOUR CHILDHOOD?
WHAT WAS CHALLENGING ABOUT YOUR CHILDHOOD?
HOW WERE YOU DISCIPLINED AS A CHILD?

DID RELIGION PLAY A ROLE IN YOUR FAMILY LIFE? (If so, which religion, and what was your involvement?)

DESCRIBE YOUR EDUCATION (Public or private? Include names and locations of your high school, college or trade

school, the year you graduated, and what your degree is in.)
HAVE YOU BEEN IN THE MILITARY? (If so, what branch, years of service.)
SUMMARY OF THE PLACES YOU HAVE LIVED AS AN ADULT (include reasons for various moves):
EMPLOYMENT HISTORY (attach resume, if appropriate):
FAMILY LIFE
IF APPLICABLE, DESCRIBE HOW YOU MET, HOW LONG YOU DATED, WHEN AND WHERE YOU WERE MARRIED, AND WHERE YOU HAVE LIVED OVER THE YEARS:
IF APPLICABLE, WRITE A DESCRIPTION OF YOUR SPOUSE/PARTNER:
DESCRIBE HOW YOU HANDLE RESPONSIBILITIES (home maintenance, cooking, routine financial management, long-term financial planning, child care, extended family contact):
DESCRIBE YOUR SOCIAL/RECREATIONAL LIFE (include interactions with friends and extended family):

HOW DO YOU HANDLE CONFLICT AND RESOLVE DIFFERENCES?

DESCRIBE ANY PREVIOUS MARRIAGES AND REASONS FOR DISSOLUTION:

LIST ANY CHILDREN FROM PRIOR MAI	RRIAGES:	
DESCRIBE YOUR EXPERIENCES WITH	YOUNG CHILDREN:	
WHAT METHODS OF DISCIPLINE DO YO	DU PLAN TO USE?	
DESCRIBE YOUR PARENTING PHILOSO	PHIES.	
WHAT VALUES DO YOU HOPE TO NURT	URE IN YOUR CHILD?	
CHILDREN IN THE HOME:		
NAME (first, middle & last):		
DATE OF BIRTH:	PLACE OF BIRTH:	
DESCRIPTION OF CHILD:		
NAME (first, middle & last):		
DATE OF BIRTH:	PLACE OF BIRTH:	
DESCRIPTION OF CHILD:		
NAME (first, middle & last):		
DATE OF BIRTH:	PLACE OF BIRTH:	
DESCRIPTION OF CHILD:		



A Center for Adoption Services

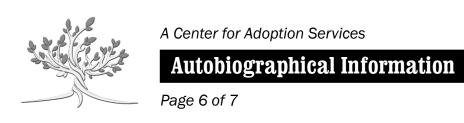
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CHILDREN IN FAMILY LIVING OUTSIDE THE HOME:

	NAME (first widdle 9	loot\;	
			DI AGE OF DIDTH.
			PLACE OF BIRTH:
	DESCRIPTION OF CH	ILD:	
	NAME (first, middle &	ι last):	
	DATE OF BIRTH:		PLACE OF BIRTH:
	DESCRIPTION OF CH	ILD:	
OTHER	ADULTS LIVING IN H	OME:	
	NAME (first, middle &	ι last):	
	DATE OF BIRTH:		PLACE OF BIRTH:
	RELATIONSHIP:		
PLACE	OF CURRENT EMPLO	PYMENT (job title, salary,	start date):
HEALTH	I AND LIFE INSURAN	CE:	
		·	USE, CHILD NEGLECT, SEXUAL ABUSE, IOL ABUSE, AND SUBSTANCE ABUSE
-	have any history with States or abroad?	criminal activity which m	ay or may not have resulted in an arrest or conviction in the
Do you abuse?	•	victim or perpetrator of c	hild abuse, child neglect, domestic violence, and/or sexual
Do you	have any history with	alcohol abuse and/or su	bstance abuse? YESNO

If you answered "yes" to any of the above questions, please attach a detailed explanation.



HEALTH HISTORY

Do you have any significant past medical history?
Do you have a current medical diagnosis?
Do you take any medication and if so, what purpose?
Have you ever been diagnosed / treated for a psychological condition?
Do you have any physical, mental or psychological conditions that would affect the upbringing of a child?
HOME STUDY HISTORY
Have you ever been rejected as adoptive parent or foster parent and/or denied a home study? YES NO
Have you ever been the subject of an unfavorable home study and/or had a previous adoptive home study not completed prior to finalization? YES NO
Have you ever had parental rights terminated? YES NO
If you answered "yes" to any of the above questions, please attach a detailed explanation.
ADOPTION
Do you have any history with infertility? YES NO
Have you pursued fertility treatments? YES NO



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Autobiographical Information

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What led to your decision to adopt?
What parameters do you have in regard to age, gender and race of the child you hope to adopt.
What parameters do you have in regard to prenatal drug and alcohol exposure?
Describe how your immediate and extended family feels about your decision to adopt.
What are your feelings about meeting with biological parents?
What type of post adoption contact are you open to?
What are your feelings regarding open adoption?
What Agency / Attorney / Consultant are you working with?
SIGNATURE:
PRINTED NAME:
DATE: