



A Center for Adoption Services

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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:



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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?)



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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?



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DESCRIBE ANY PREVIOUS MARRIAGES AND REASONS FOR DISSOLUTION:

LIST ANY CHILDREN FROM PRIOR MARRIAGES:

DESCRIBE YOUR EXPERIENCES WITH YOUNG CHILDREN:

WHAT METHODS OF DISCIPLINE DO YOU PLAN TO USE?

DESCRIBE YOUR PARENTING PHILOSOPHIES.

WHAT VALUES DO YOU HOPE TO NURTURE 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:



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CHILDREN IN FAMILY LIVING OUTSIDE 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:

OTHER ADULTS LIVING IN HOME:

NAME (first, middle & last): _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

RELATIONSHIP:

DESCRIPTION OF HOUSE (square footage, parcel size, number of bedrooms/bathrooms, description of other rooms, brief description of child's room):

PLACE OF CURRENT EMPLOYMENT (job title, salary, start date):

HEALTH AND LIFE INSURANCE:

CRIMINAL HISTORY, CHILD ABUSE, CHILD NEGLECT, SEXUAL ABUSE, DOMESTIC VIOLENCE, ALCOHOL ABUSE, AND SUBSTANCE ABUSE

Do you have any history with criminal activity which may or may not have resulted in an arrest or conviction in the United States or abroad? **YES** _____ **NO** _____

Do you have any history as a victim or perpetrator of child abuse, child neglect, domestic violence, and/or sexual abuse? **YES** _____ **NO** _____

Do you have any history with alcohol abuse and/or substance abuse? **YES** _____ **NO** _____

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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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: _____