Full Name		
DOB		EV.
Age		
Social Security Number		
Address		
Phone Number (hm)	cell	
Email Address		
Place of Employment		
Employment Address		
Employment Phone		
Employed How Long		
Job Title		
Supervisor's Name		
Supervisor's Phone		
Attorney's Name		
Attorney's Phone		
Children : Name	Age_	DOB
Name		
Name		

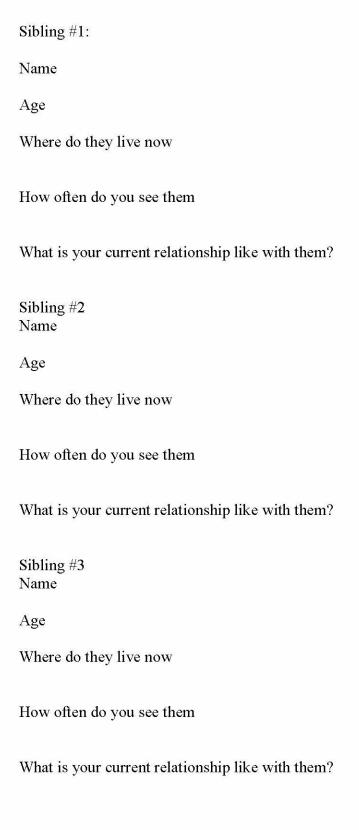
Motivation for Adoption :
Describe the Child
Favorite Activities
Favorite Food
School/Teacher/Favorite Subjects
Child's Friends or Social Life
Health

Mental Health
Day Care Providers or Child Care Providers
Daily Routine or Description of a Normal Day
Pets:
Parenting
How would you describe yourself as a parent?
How do you discipline?
What does the child usually need disciplining for?
EMPLOYMENT What kind of work do you do?
How do you feel about your work?

What is your normal work schedule?
Give a brief work history since high school or college
Family History Mother's Name
Age
Date of Birth
Work
Father's name
Age
Date of Birth
Work
Where did you grow up
Describe your family?
Describe yourself

What were your parent's positive and negative qualities as parents?
What kind of childhood did you have?
Medical Conditions
Mental Health
What is the most important thing you can teach a child
Education
High School
College?
Future Educational Goal

EMPLOYMENT
Current:
Previous:
Goals:
Marriage
Marriages - Dates/How Long
What is your marriage like?
How do you resolve conflict
What do you fight over?
What do you right over
Who handles the money?
What is your annual household income?
That is your airitian nousenora meome:
Spirituality



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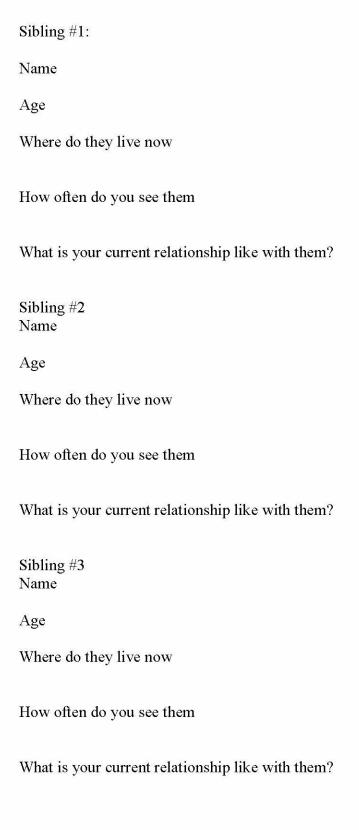
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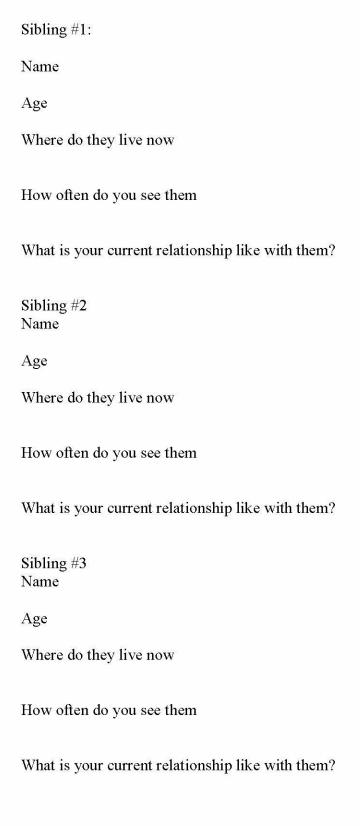
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