

FAMILY INFORMATION

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Spouse First Name:	<input type="text"/>
Spouse Last Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Home Phone:	<input type="text"/>
Email:	<input type="text"/>

Are you currently adopting through *Great Wall*?

Yes: No:

Where are you in the adoption process?

Application: Dossier: Referral:

Mom's Age: Dad's Age:

Citizenship (Mom):	<input type="text"/>
Citizenship (Dad):	<input type="text"/>
Race (Mom):	<input type="text"/>
Race (Dad):	<input type="text"/>
Religion (Mom):	<input type="text"/>
Religion (Dad):	<input type="text"/>
Educational Background (Mom):	<input type="text"/>
Educational Background (Dad):	<input type="text"/>
Mom's Occupation:	<input type="text"/>
Dad's Occupation:	<input type="text"/>
Annual Household Income:	<input type="text"/>
Household Net Worth:	<input type="text"/>
Number of Previous Marriages (Mom):	<input type="text"/>
Number of Previous Marriages (Dad):	<input type="text"/>
Marriage Date:	<input type="text"/>
Number and Ages of Children in the Home:	<input type="text"/>

Mom's Height: Dad's Height:

Mom's Weight: Dad's Weight:

List all current and past diagnosed health conditions:

List all medications you are currently taking:

List all past surgeries with dates and recovery status:

Do you have any arrests, regardless of outcome? Yes No

Have you ever terminated your parental rights or had your parental rights terminated? Yes No

Have you ever placed a child for adoption? Yes No

Mom's Age: Dad's Age:

Marriage Date:

Number and Ages of Children in the Home:

Annual Household Income:

Mom's Age: Dad's Age:

LID:

Marriage Date:

Number and Ages of Children in the Home:

Annual Household Income:

CHILD INFORMATION

Gender: Male Female Either

Age Range (check all that apply):

MONTHS	YEARS	YEARS
<input type="checkbox"/> 12 Months or Younger	<input type="checkbox"/> 5-6 Years	<input type="checkbox"/> 10-11 Years
<input type="checkbox"/> 12-24 months	<input type="checkbox"/> 6-7 Years	<input type="checkbox"/> 11-12 Years
<input type="checkbox"/> 24-36 months	<input type="checkbox"/> 7-8 Years	<input type="checkbox"/> 11-12 Years
<input type="checkbox"/> 36-48 months	<input type="checkbox"/> 8-9 Years	<input type="checkbox"/> 13-14 Years
<input type="checkbox"/> 48-60 months	<input type="checkbox"/> 9-10 Years	

We will consider parenting a child diagnosed with only minor/correctable medical needs.

We will consider a child that may require long term treatment and/or care.

We will consider a child who has more than one special need.

We would accept a healthy child over the age of 8 years old.

In the following section, please review each medical need and only check the medical needs that you would seriously consider.

I **would consider** a child with the following medical conditions (check all that apply):

In the following section, please review each medical need and only check the medical needs that you would seriously consider. A description of each need and explanation of each item listed can be found in our Waiting Child Medical Glossary. Please use this glossary for reference as you complete your checklist.

Blood Conditions

- Cancer
- Hemophilia
- Phenylketonuria
- Thalassemia A
- Thalassemia B intermedia
- Thalassemia B major

Central Nervous System

- Arachnoid Cyst
- Cerebral Palsy (mild)
- Cerebral Palsy (moderate)
- Cerebral Palsy (severe)
- Epilepsy
- Hydrocephalus
- Microcephaly
- Neurofibromatosis
- Spina Bifida (post-operative)
- Spina Bifida (pre-operative)

Craniofacial

- Cleft lip and palate, unilateral (pre-operative)
- Cleft lip and palate, unilateral (post-operative)
- Cleft lip and palate, bilateral (post-operative)
- Cleft lip and palate, bilateral (pre-operative)
- Cleft lip (II-III degree)
- Cleft palate (III degree)

Developmental

- Autism
- Down's Syndrome
- Developmental Delay (Gross motor skills)
- Developmental Delay (Global)
- Developmental Delay (Language)
- Developmental Delay (Social skills)

Heart

- Mild
- Moderate
- Severe

Infectious Diseases

- Encephalitis
- Hepatitis B
- Syphilis
- Tuberculosis

Orthopedic

- Arthrogyposis
- Brachial Plexus Injury
- Clubbed feet (Unilateral)
- Clubbed feet (Bilateral)
- Clubbed hands (Unilateral)
- Clubbed hands (Bilateral)
- Complete absence (1 limb)
- Complete absence (More than 1 limb)
- Deformity of fingers and/or toes
- Dwarfism
- Hip Dysplasia

- Eye/Orbital deformity
- Facial deformity
- Microtia (Unilateral)
- Microtia (Bilateral)

Sensory

- Hearing loss (Partial)
- Hearing loss (Complete)
- Vision impairment
- Vision loss (Partial)
- Vision loss (Complete)

Skin Conditions

- Albinism (also involves vision)
- Burns (involves significant scarring)
- Ichthyosis
- Nevus/hairy nevus (Small)
- Nevus/hairy nevus (Large)
- Nevus/hairy nevus (Multiple)

Vascular

- Capillary malformation (Port wine stain)
- Hemangioma
- Lymphangioma

- Paraplegia
- Requires assistance to walk (not wheelchair bound)
- Rheumatoid Arthritis
- Rickets
- Scoliosis (slight curvature)
- Scoliosis (significant curvature)
- Short/webbed neck
- Underdevelopment/maldevelopment (1 limb)
- Underdevelopment/maldevelopment (More than 1 limb)

Urogenital

- Anorchism
- Cryptorchidism
- Funicular Hydrocele
- Hermaphroditism
- Hypospadias (Mild)
- Hypospadias (Severe)
- Imperforate anus
- Incontinence
- Rectal/vaginal fistula
- Underdeveloped/ambiguous genitalia

Nephrological

- Hydronephrosis
- Polycystic Kidneys

Please be as detailed as possible in answering the questions below, as this information will be reviewed to determine the best match for your family and the child.

Why does your family wish to pursue a Waiting Child adoption?

Describe any experience your family has with individuals with special needs (personal and professional).

What types of resources are available to your family that will help you meet the needs of a special needs and/or older child? Please include medical resources as well as family and community support.



How will you handle any future conditions that may arise as a result of the special medical need? Does your health insurance cover pre-existing condition? If not, how do you plan to finance medical treatment for the child?



Please send the completed form to form-response@adopt-abroad.com.