

## FAMILY INFORMATION SHEET FOR WAITING CHILDREN

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_

### GENERAL INFORMATION

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
County \_\_\_\_\_ Zip \_\_\_\_\_ Primary Email \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_ Secondary Email \_\_\_\_\_

### PERSONAL INFORMATION

#### Applicant I

First \_\_\_\_\_ Middle \_\_\_\_\_  
Last \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Country of Citizenship \_\_\_\_\_  
Annual Income \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_

Have you ever been arrested?  
If yes please provide details. Yes No

Do you have a history of child abuse or neglect?  
If yes please provide details. Yes No

#### Applicant II

First \_\_\_\_\_ Middle \_\_\_\_\_  
Last \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Country of Citizenship \_\_\_\_\_  
Annual Income \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_

Have you ever been arrested?  
If yes please provide details. Yes No

Do you have a history of child abuse or neglect?  
If yes please provide details. Yes No

### MARRIAGE

Date of Present Marriage (if applicable) \_\_\_\_\_

### HEALTH

#### Applicant I

List serious or chronic conditions, past and present:

\_\_\_\_\_

Are you taking prescription medication? Yes No  
Please provide name of medication and diagnosis:

\_\_\_\_\_

\_\_\_\_\_

#### Applicant II

List serious or chronic conditions, past and present:

\_\_\_\_\_

Are you taking prescription medication? Yes No  
Please provide name of medication and diagnosis:

\_\_\_\_\_

\_\_\_\_\_

### ADOPTION INFORMATION

Is this your first adoption: Yes No  
Home study completed: Yes No If yes date completed \_\_\_\_\_  
Home study in progress: Yes No

Name of agency completing home study \_\_\_\_\_

Are you currently working with another adoption agency or on  
any other adoptions: Yes No

If yes, through whom and from which country \_\_\_\_\_

Gender of child desired: Boy Girl No Preference Preferred age range: \_\_\_\_\_