

Families on the Mend, LLC.

Adoption Services

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Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where were you born? \_\_
2. Where were you raised? \_\_
3. List persons you were raised with in your home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents and stepparents:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Mother | Father | Stepmother | Stepfather |
| Name |  |  |  |  |
| Living or  deceased\* |  |  |  |  |
| Contact freq. |  |  |  |  |
| Location |  |  |  |  |
| Occupation |  |  |  |  |

\*If deceased, stop here

Siblings:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Age | Contact frequency | Reason for no contact if appl. | Location | Personality |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Describe your relationship with your parents, and siblings (if any).

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1. How did you do academically in school? Did you participate in extracurricular activities? List highest grade completed and any certifications and/or degrees.

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1. What would you say are your main strengths?
2. What would you say is your weakness?
3. What are your hobbies?
4. What is your biggest accomplishment?
5. What is your biggest challenge as an adult and how did you overcome?
6. How do you handle stress?

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1. What do you believe you have to offer a child(ren)?

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1. What do you think your spouse/significant other has to offer a child?
2. Describe your health. List any diagnosis and medications?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have any mental health or alcohol or drug abuse currently or in your history? If so, describe and list psychotropic medications, and any current or past treatment?

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1. If you are adopting transracially or internationally, how do you plan to help your child develop relationships within their culture?

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15. Any additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: Date: