

Individual Autobiography

PROSPECTIVE ADOPTIVE PARENT INFORMATION

[An autobiography needs to be completed by **each** prospective adoptive parent.

Please type or print legibly.]

Full Legal Name: last _____
middle _____
first _____

Have you gone by any other name? ____ Yes ____ No

If yes, please list previously used names: _____

Include maiden name and previous married names: _____

What is your date of birth: _____ Current Age: _____

In which city and state were you born: _____

What is your current: Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Race: _____

Were you born in the US? ____ YES ____ NO

If not what is your country of birth? _____

Are you a US Citizen? ____ YES ____ NO

If not, Explain Status:

Describe Your Personality: _____

Which of the following best describe you? Check all that apply:

____ Outgoing ____ Responsible ____ Reserved ____ Caring ____ Loving ____ Kind
____ Loyal ____ Demanding ____ Patient ____ Intense ____ Detail-Oriented ____ Impatient
____ Honest ____ Easy-going ____ Fretful ____ Driven ____ Cautious ____ Intelligent
____ Positive ____ Family-focused ____ Direct ____ Polite ____ Thoughtful ____ Impatient
____ Quick-tempered ____ Respectful ____ Funny ____ Serious

What is your current health status: Check One: Poor Fair Good Excellent

Do you currently have any chronic illness: Yes No

If yes, Please describe diagnosis, when you were diagnosed and how this illness impacts your daily functioning:

Have you had any surgeries in the past 10 years? Yes No

If yes, Please describe type of surgery and how this impacts your daily functioning:

Are you currently taking medications? Yes No

If yes, please list:

Medication: _____ dosage taken _____

Medication: _____ dosage taken _____

Medication: _____ dosage taken _____

Medication: _____ dosage taken _____

Medication: _____ dosage taken _____

Medication: _____ dosage taken _____

Please explain what condition is treated with each medication: _____

Does taking the medication keep you symptom-free? Yes No

If no, Please describe the symptoms that remain after medication. _____

Does /will your medical condition interfere with your ability to work, live, or function as a parent?

Please Clearly print the name of the Doctor who will complete your Medical form:

Doctor: _____

What is your doctor's full medical license number: _____

Have you ever been prescribed medication for depression, anxiety or any other type of mental health or emotional difficulties? Yes No:

If yes, Please explain what diagnosis:

What were the circumstances that led to the diagnosis:

What treatment did you receive?

When did you start treatment and when did you finish treatment

What medication were you prescribed?

Please provide the name of the Doctor or Therapist who prescribed the medication. **Please also request that your Doctor or Therapist write a letter of reference recommending approval for adoption.**

Name: _____
Address: _____
Phone Number: _____

Do you have a history of Substance Abuse? ____ Yes ____ No
If yes, please explain: When and What type?

Did you have any children from this/these relationship(s)? ____ Yes ____ No

If yes, Please provide information regarding children residing outside your home:

Child's Name: _____

Date of Birth: _____ (age) _____

Where and with whom does child resides:

Child's Name: _____

Date of Birth: _____ (age) _____

Where and with whom does child resides:

Child's Name: _____

Date of Birth: _____ (age) _____

Where and with whom does child resides:

Child's Name: _____

Date of Birth: _____ (age) _____

Where and with whom does child resides:

Child's Personality: _____

Physical description of each child: (height, weight, hair and eye color)

School attends: _____

Grade level/type of student: _____

Child's Interests:

Describe your current relationship with this child:

What is your visitation schedule?

Do you [or did you] pay child support?

Did this child lived with you after the divorce?

Please Provide Information Regarding Your Parents & Siblings

Were you adopted? Yes No If yes, when? _____ at what age? _____

If Adopted, Do you have any memories of your biological parents? Yes No Please explain and Describe:

Biological Father OR Adoptive Father [For Step Parent Description See Below]

Father's Name: _____ Age: _____

Address : _____

If deceased: (when) _____ (how) _____

Describe your father's personality when you were a child:

Which of the following best describes your father? Check all that apply:

Outgoing Responsible Reserved Caring Loving Kind
 Loyal Demanding Patient Intense Detail-Oriented Impatient
 Honest Easy-going Fretful Driven Cautious Intelligent
 Positive Family-focused Direct Polite Thoughtful Impatient
 Quick-tempered Respectful Funny Serious

Was your father a good role model for you? Yes No If yes, describe important values your father taught to you. If no, explain why not:

___ Biological Mother OR ___ Adoptive Mother [For Step Parent Description See Below]

Mother's Name: _____ Age: _____
Address : _____

If deceased: (when) _____ (how) _____

Describe your mother's personality when you were a child:

Which of the following best describes your mother? Circle all those that apply:

- | | | | | | |
|--------------------|--------------------|--------------|-------------|---------------------|-----------------|
| ___ Outgoing | ___ Responsible | ___ Reserved | ___ Caring | ___ Loving | ___ Kind |
| ___ Loyal | ___ Demanding | ___ Patient | ___ Intense | ___ Detail-Oriented | ___ Impatient |
| ___ Honest | ___ Easy-going | ___ Fretful | ___ Driven | ___ Cautious | ___ Intelligent |
| ___ Positive | ___ Family-focused | ___ Direct | ___ Polite | ___ Thoughtful | ___ Impatient |
| ___ Quick-tempered | ___ Respectful | ___ Funny | ___ Serious | | |

Was your mother a good role model for you? ___ Yes ___ No

If yes, describe important values your mother taught to you.

If no, explain why not:

Parent's Marriage

How many years were your parents married? _____

Describe what their marriage relationship was like when you were a child:

If your parents Divorced:

When? _____

How old were you when your parents divorced? _____

With which parent did you reside after the divorce? _____

How often did you have contact with the non-custodial parents? _____

Did the non-custodial parent pay child support? _____

Did your parents maintain a respectful/polite relationship with each other after the divorce?

List the occupations of yours parents during your childhood:

Occupation of Adoptive Father: _____

Occupation of Biological Father: _____

Occupation of Step Father: _____

Occupation of Biological Mother: _____

Occupation of Adoptive Mother: _____

Occupation of Step Mother: _____

Where do your parents currently reside? [List City and State]

Current City & State of Adoptive Father: _____

Current City & State of Biological Father: _____

Current City & State of Step Father: _____

Current City & State of Biological Mother: _____

Current City & State of Adoptive Mother: _____

Current City & State of Step Mother: _____

How far away does each parents live from you? _____

Describe the amount of contact that you have with each parent. [How often do you visit in- person, talk on the phone, email. Do you share holidays and special occasions?]

Have you shared your adoption plan with your parents yet? ___ Yes ___ No

If yes, what was their reaction?

What are their concerns?

Do you believe that your parents will accept your adopt child into the family? Why or Why not?
Explain:

How Many Siblings do you have? _____
Where are you in the birth order? _____ (ie: 1st of 4)

Please complete for each sibling:

Name of Sibling _____, age _____

Is this sibling: ___ Single ___ Married ___ Divorced

Name of sibling's spouse: _____

Number of children: _____

Sibling's City and State of _____, _____

Occupation of Sibling: _____

Name of Sibling _____, age _____
Is this sibling: ___ Single ___ Married ___ Divorced
Name of sibling's spouse: _____
Number of children: _____
Sibling's City and State of _____, _____
Occupation of Sibling: _____

Name of Sibling _____, age _____
Is this sibling: ___ Single ___ Married ___ Divorced
Name of sibling's spouse: _____
Number of children: _____
Sibling's City and State of _____, _____
Occupation of Sibling: _____

Name of Sibling _____, age _____
Is this sibling: ___ Single ___ Married ___ Divorced
Name of sibling's spouse: _____
Number of children: _____
Sibling's City and State of _____, _____
Occupation of Sibling: _____

How much contact do you have with each sibling? Do you share holidays? Explain:

What type of Contact do you have? (in person, email, phone, etc)

Are your siblings supportive of your adoption plan? Why or Why Not: Explain:

Did your family have any indoor pets? Any outdoor animals?

Did your family move to any other cities, states or countries during your childhood? Where?

If your family moved to other cities, states or countries...Please explain Why they moved:

Childhood Activities:

What were some of your favorite activities during your younger childhood years?

What were some of your favorite activities during your teenage years?

What were some of your favorite family activities during your childhood?

What type of a student were you? Did you enjoy school? Explain:

What type of discipline did your parents use? ____ Physical or ____ Nonphysical? Were they fair? Consistent? Describe:

What types of expectations did your parents have for you?

Did you experience any type of abuse or neglect from your parents? If Yes, Explain:

Did you experience any type of abuse or neglect outside your home from others? If Yes, Explain:

CAREER AND ADULT LIFE

What High School did you attend? _____
What year did you graduate? _____

If you did not graduate from high school please list highest level of education completed and name of school attended:

Please list names of colleges attended and degrees earned:

University/Trade School: _____
Graduation Date: _____
Degree earned _____

University/Trade School: _____
Graduation Date: _____
Degree earned _____

University/Trade School: _____
Graduation Date: _____
Degree earned _____

University/Trade School: _____
Graduation Date: _____
Degree earned _____
Other training: _____

Please list any State Licensed earned:

License Earned: _____
Dated Received: _____
Field of training: _____

License Earned: _____
Dated Received: _____
Field of training: _____

License Earned: _____
Dated Received: _____
Field of training: _____

Please list any other specialized training completed or certifications earned:

Training/Certification: _____
Dated Received: _____
Field of training: _____

Training/Certification _____
Dated Received: _____
Field of training: _____

Please Describe any Military Services:

Date entered: _____
Enlisted or Commissioned: _____
Branch of Service: _____

Date service ended: _____
Type of Discharge: _____

If currently active duty please describe how long you plan to serve:

Do you anticipate that you will be deployed? Please explain:

Please Describe Employment History:

Who is your current employer: _____

What is your current job title: _____

How long have you been employed in this position? _____

How long have you been employed by this employer? _____

In what field do you currently work? _____

How long have you worked in his field? _____

In what fields have you worked in the past? _____

How many hours per week do you typically work? _____

Which days per week do you typically work? _____

Do you typically work ___ day hours? ___ Afternoons? ___ Evenings? ___ Overnight?

If your schedule varies, Please explain: _____

Are you able to work from a home office?, How many hours? Please explain:

Please List Your Hobbies and Free Time Activies:
