## **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:	middle				
Have you gone by If yes, please list I Include maiden na	any other name? previously used name and previous	ames: Y	es s:	No	
What is your date In which city and	of birth:state were you be	orn:		Current Age: _	
What is your curre	ent: Height: _		Weight: _		
	Hair Color: _		Eye Colo	r:	
	Race:				
	Were you bor If not what is	rn in the US? your country of	YES of birth?	NO	
	Are you a US If not, Explai	Citizen? n Status:	YES	NO	
_					
Describe Your Pe	rsonality:				
Which of the follo	owing best describ	be you? Check	all that app	oly:	
Outgoing	Responsible	Reserved _	Caring	Loving	Kind
Loyal	Demanding	Patient _	Intense	<del></del>	Impatient
Honest	Easy-going	Fretful	Driven		Intelligent
Positive	Family-focused		Polite	Thoughtful	Impatient
Quick-temper	red Respe	ctful Fun	ny	Serious	

What is your current health statu	ıs: Check One:	Poor	Fair	Good	Excellent
What is your current health statu Do you currently have any chron					
If yes, Please describe diagnosis					
functioning:					
		<b>V</b>	NT.		
Have you had any surgeries in that the second of the surface of surface of surface to the surface of surface to the surface of				ationina	
1 yes, Please describe type of st	irgery and now in	ns impacts you	ar dany lune	ctioning:	
Are you currently taking medica	otions? Vac	, No			
Are you currently taking incured		110			
f yes, please list:					
7 1					
Medication:	do	osage taken			
Medication:	do	osage taken			
Medication:	de	ocage taken			
vicuication.	uc	osage taken			
Medication:	do	osage taken			
Medication:	do	osage taken			
Medication:	do	osage taken			
Please explain what condition is					
medication:					

Does taking the medication keep you symptom-free? Yes No
If no, Please describe the symptoms that remain after medication.
, J 1
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. It that your Doctor or Therapist write a letter of reference recommending approved	
Name: Address:	
Phone Number:	
Do you have a history of Substance Abuse? Yes No If yes, please explain: When and What type?	

Have you <u>ever</u> had a DUI, DWI, OVI, OVUAC Yes No [Please note if you had a DUI, DWI, OVI or OVUAC [Operating vehicle under the influence of alcohol or drugs] in the past 3 years you are not eligible for adoption approval.
Do you have any criminal history?YesNo Please see complete list of disqualifying offences on our website at www.homestudyohio.com Certain criminal offenses are disqualifying.
If yes, to any of these charges please <u>list the charge</u> , <u>date</u> , and <u>court jurisdiction</u> , and <u>your age</u> at the time of the arrest
Please also describe the circumstances that led to the arrest.
Please list the disposition of the court case(s): [Suspension of license? Time served? Training? Etc]
If you have a history of substance abuse, how can you verify that this is no longer an issue and that your history will not put a child at risk?

Were you married previously? How many previous marriages? If yes, please provide this info for <u>e</u>	
Name of Ex-Spouse:	
	Date of Divorce:
Name of Ex-Spouse:	
Date of Marriage:	Date of Divorce:
Please describe your thoughts about v	why this relationship did not last:
What did you loom from this over onion	maa?
What did you learn from this experien	ace?

Did you have any children from th	nis/these relationship(s)?	Yes No
If yes, Please provide information	regarding children residing	goutside your home:
Child's Name: Date of Birth: Where and with whom does child	(age)	
Child's Name:  Date of Birth:  Where and with whom does child	(age)_	
Child's Name: Date of Birth: Where and with whom does child	(age)	
Child's Name: Date of Birth:		
Where and with whom does child	resides:	
Physical description of each child	: (height, weight, hair and e	ye color)
School attends:		
Grade level/type of student:		

	-
Describe access accessed and of the action o	
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	d?Yes	_ No If yes, w	/hen?	_ at what age?	
f Adopted, Do y	ou have any memo	ories of your bio	ological parer	nts? Yes No Please	explain and Describe
Biological F	ather ORA	doptive Father	[For Step Par	rent Description See	Below]
Father's Name:			·	Age:	
Address:					
f deceased: (w	vhen)		(how)	)	
——————————————————————————————————————			(He ;; )	,	
_					
- 4					
-	ther's personality v	•			
Which of the foll	owing best describ	es your father?	Check all tha	at apply:	
Outgoing	Responsible	Reserved	Caring	Loving	Kind
Loyal		Patient	Intense	Detail-Oriented	Impatient
Honest	Easy-going			Cautious	Intelligent
Positive	Family-focused		Polite	Thoughtful	Impatient
	ered Respec				
Quick-tempe			· ——		
Quick-tempe					
				If yes, describe imp	

Biologi	cal Mother OR _	Adoptive M	other [For Ste	ep Parent Description	See Below]
Mother's Na Address:				Age:	
If deceased:	(when)		(how	)	
Describe your	r mother's personali	ty when you wer	e a child:		
Which of the	following best descr	ribes your mothe	r? Circle all tl	nose that apply:	
Outgoing Loyal Honest Positive	g Responsible _ Demanding _ Easy-going _	Reserved Patient Fretful Direct	Caring Intense Driven Polite	Loving Detail-Oriented Cautious Thoughtful	Kind Impatien Intelligen Impatient
Outgoing Loyal Honest Positive Quick-te	Responsible _ Demanding _ Easy-going _ Family-focuse	Reserved Patient Fretful Direct Dectful Fund	Caring Intense Driven Polite Seri	LovingDetail-OrientedCautiousThoughtful ous	Impatient
OutgoingLoyalHonestPositiveQuick-te  Was your mo	g Responsible Demanding Easy-going Family-focuse mpered Resp	Reserved Patient Fretful Direct Sectful Fundant for you?	Caring Intense Driven Polite Seri	LovingDetail-OrientedCautiousThoughtful ous	Impatient

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?
WHOII:
How old were you when your parents divorced?
With which parent did you reside after the divorce?
with which parent did you reside after the divorce:
How often did you have contact with the non-custodial parents?
D:14
Did the non-custodial parent pay child support?
Did your parents maintain a respectful/polite relationship with each other after the divorce?

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List the occupations of yours parent	s 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 1	reside? [List City and State]
Current City & State of Adoptive Fa	ather:
Current City & State of Biological F	ather:
Current City & State of Step Father	r:
Current City & State of Biological I	Mother:
Current City & State of Adoptive M	lother:
Current City & State of Step Mothe	er:
How far away does each parents live	e from you?

Iave you shared y	your adoption plan wi	th your parents y	yet?Yes	No
f yes, what was the	eir reaction?			
What are their cond	cerns?			
Do you believe that Explain:	t your parents will acce	pt your adopt chil	d into the famil	y? Why or Why no
How Many Sibling Where are you in	gs do you have? the birth order?		( ie: 1 <sup>st</sup> o	f 4 )
Please complete for	r each sibling:			
Name of Sibling				. age
Table of Stoffing	Is this sibling:	Single	Married	, uso Divorced
	Name of sibling's sy Number of children Sibling's City and S Occupation of Sibli	: State of		

Name of Sibling				, age
S	Is this sibling:	Single	Married	, age Divorced
	Name of sibling's s	nouse:		
	Number of children			
	Sibling's City and	State of		
	Occupation of Sibli	ing:		
	1	S		
Name of Sibling				, age
_	Is this sibling:	Single	Married	Divorced
	Name of sibling's s	spouse:		
	Number of children	n:		
	Sibling's City and S	State of	•	
	Occupation of Sibli	ing:		
Name of Sibling				, age
	Is this sibling:	Single	Married	, age Divorced
	Name of sibling's s	pouse:		
	Number of childrer	1:		
	Sibling's City and	State of		
	Occupation of Sibli	ing:		
How much contact	do you have with each	sibling? Do yo	u share holidays?	' Explain:
What type of Conta	ect do you have? ( in p	erson, email, ph	one, etc)	
Are your siblings su	upportive of your adop	tion plan? Why	or Why Not: Ex	plain:
_				

## **CHILDHOOD OF ADOPTIVE APPLICANT**

Describe your primary Childhood neighborhood:
Was this neighborhood in or near a large city? Which city?
Was this neighborhood in a rural area? Farm? On how much land was your home situated?
Were there other children living nearby? Grandparents, Aunts, Uncles, or Cousins nearby?

Did your family have any indoor pets? Any outdoor animals?
D'1 C '1 4 4 2' 44 2' 1 1 1 10 W/I 0
Did your family move to any other cities, states or countries during your childhood? Where?
If your family moved to other cities, states or countriesPlease 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 discipling did your parents use? Physical or Norphysical? Were they fair
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	e of abuse or neglect outside your home from others? If Yes, Explain
CAREER AND ADULT I	<u>IIFE</u>
What High School did you a	attend?
What year did you graduate	?
If you did not graduate from	h high school please list highest level of education completed
and name of school attended	d:
Please list names of college	es 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 License	d earned:
License Earned:	
Dated Received:	
Field of training:	
License Earned:	
Dated Received:	
Field of training:	
T	
License Earned:	
Dated Received:	
Field of training:	
Please list any other speciali	zed training completed or ceritifcations 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:	
Brunen er service.	
Date service ended:	
Type of Discharge:	
If assumently active dates alone	describe here less ever ules to come
in currently active duty please	describe now long you plan to serve:
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 ourset ampleyon
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?
The whole 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 workday hours?Afternoons?Evenings?Overnight?
If your calculus varies Dlags avalains
If your schedule varies, Please explain:
Are you able to work from a home office?, How many hours? Please explain:
DI TAY MAIL IN THE ACT
Please List Your Hobbies and Free Time Activies: