

Birth Father Information

The following information is necessary to help in finding the best adoptive family for the child. Please take your time to complete this form. If you would prefer, we have our birth parent advocate available to assist you in completing this form.

How did you hear about our agency? _____

Today's date: _____ Your birthdate: ____/____/____

Full Name:

First

Middle

Last

Current Address:

City

State

Zip Code

County

Telephone number: (____) _____ Email: _____

May we contact you at this number? _____ If yes, which time of day is best? _____

Which method of contact do you prefer? (Text) (Email) (Phone Call) (Any/Other)

Living arrangements: With whom do you live? _____

Are they aware of your pregnancy? (Yes) (No)

Are they aware you are considering adoption? _____

If yes, are they supportive? _____

Are your friends, family, or friends aware your past/current partner is pregnant? (Yes) (No)

Are your friends, family, or friends aware you are considering adoption? _____

Are they supportive? _____

Marital Status: (Single) (Married) (Separated) (Divorced) (Other)

Are you a US Citizen: (Yes) (No)

Birth date: _____ Place of Birth: _____

Your Race, circle all that apply:

(Caucasian)

(African American)

(Hispanic)

(Asian)

Other: _____

Your Schooling, please indicate if completed or how many years attended:
Grade School _____ High School _____ College _____ Other _____
Educational Achievements: _____
Educational Goals: _____
Hobbies/Interests: _____
Favorite Foods: _____

On the scale below, please indicate how committed you are to completing the adoption:

1 2 3 4 5 6 7 8 9 10

From not very committed (1) to completely sure (10)

Adoptive Family Preferences

The information below will give us a basic idea of the qualities in the adoptive family you are looking for. You and your birth parent advocate will talk more about this when you meet and develop a more specific plan that will meet your wishes.

Marital Status of the adoptive family: (Married) (Single) (Same Sex Couples) (No Preference)

Preferred Religion of the adoptive family: _____

Preferred Race of the adoptive family: _____

Have you considered other options including a family member or friend to adopt? (Yes) (No)

Has any family member or friend expressed an interest in adopting your child? (Yes) (No)

Has any of the birth father's family or friends expressed an interest in adopting? (Yes) (No)

Are you open to a family who has other children (Yes) (No)

Do you want to be involved in selecting the adoptive family? (Yes) (No)

Do you want to meet the adoptive family? (Yes) (No)

Do you want the adoptive family present for the birth? (Yes) (No)

After the birth do you want contact with the adoptive family? (Yes) (No)

Please circle: (Letters) (Pictures) (Personal visits) (No Contact)

During the pregnancy, how much contact do you want with the adoptive family?

Please circle: (Phone calls?) (Personal visits?) (Contact only through the social worker?)

Please describe your ideal adopting family _____

If you have no preference please check this box

Additional Background Information

The following information will not interfere or in any way influence the adoption process. It is solely information that is used by our agency.

Were you adopted? (Yes) (No) If yes, what information do you know?

Have you ever placed a child for adoption before? (Yes) (No)

If yes, please describe in detail

Have you ever been arrested or convicted of a crime? (Yes) (No)

If yes, please give further information

Have you ever been reported for child abuse or neglect? (Yes) (No)

If yes, please further information

American Indian Information

Not everyone who thinks they are an American Indian is an American Indian under the law. The law applies to federally recognized Indian Tribes and only applies if enrollment or the possibility of enrollment exists. Whether or not someone is enrolled is usually shown by the person having a Certificate of Degree of Indian Blood (CDIB) card issued by the Bureau of Indian Affairs.

Are you a member of a Native American or Alaskan Native Tribe? (Yes) (No)

If yes, please list Tribe(s)

Are you eligible for membership to the Tribe? (Yes) (No)

Are any of your relatives a member of a Tribe? (Yes) (No)

If you answered yes to any of these questions, please indicate the location, your registration or identification number, and all family members with tribal affiliation.

Please Indicate your Monthly Expenses:

Rent \$ _____

Groceries \$ _____

Automobile \$ _____

Medications \$ _____

Clothing \$ _____

Previous Children Information

Name	Date of Birth	Gender	Birth Weight	Race	½ or Full Sibling to Baby	Length of Pregnancy
					Half Full	Full Term Overdue Premature
					Half Full	Full Term Overdue Premature
					Half Full	Full Term Overdue Premature

Pre & Post Adoption Contact

Here are some ideas to be thinking about in regards to contact with potential adoptive families.

1. *Pictures and Letters:* How often, how many years?

Example:

- Once a year for 18 years
- Once a month for the first year, then one a year for 18 years
- At the families discretion
- Request that A Giving Tree Adoptions holds letters until you're ready to have
- No Pictures or letter

2. *Phone Calls:* When, how often?

Example:

- Conference calls before match
- Conference calls after placement
- Skype calls

3. *Social Media:* what type, how often?

Example:

- Emails

4. *Face to Face Meetings:* When, where, how often?

Example:

- Meet with potential adoptive families before match
- Meet with the adoptive family after delivery
- Meet with the adoptive family after placement

-Meet with the adoptive family later in the child's life

Do you have any illnesses, including allergies to medication, please describe below:

Do you have any mental illnesses?

Do you have a family history of any illnesses, including allergies to medications?

Do you have a family history of any mental health issues?

Drug/Alcohol Usage

Please be very specific and honest as to any drugs or alcohol used during your lifetime and the frequency of use. This information is very important. We have many wonderful families open to adopting your baby no matter what substance you have used.

Please place an "X" only in the boxes applicable to your usage.

Substance	Used occasionally	Used Daily	Used weekly	Used Monthly
Cigarettes				
Alcohol				
Marijuana				
Cocaine				
Methamphetamines				
Heroin				
Ecstasy				
Methadone				
LSD				
Antidepressants				
Diet Pills				
Tranquilizers				
Anticonvulsants				
Other				
Other				

I understand the information I have supplied in the Biological Parent Information and Medical History is true and accurate. I also understand that the adoptive family and other parties will rely on this information to decide whether or not to move forward with any anticipated adoption plans. Furthermore, the Court will rely on this information during the adoption related proceedings.

I hereby waive any claim of privilege and agree that the information contained on this form and any information provided by myself, my counselors, and my physicians may be given to the adoptive parent's agency, their attorney, other attorneys, and other state officials, including law enforcement authorities, through all communication mediums. I also understand that the information I have provided will be shared with the adoptive parents in a confidential manner without disclosing identifying information and to the medical professionals at the medical facility where my prenatal care and my delivery will take place.

I further understand that I am entering into a program that places children for adoption and any false statements may be viewed as perjury and in violation of penal laws of my state and may subject me to criminal and/or civil penalties. I also understand that working simultaneously with more than one attorney, agency, or adoptive family may subject me to criminal and/or civil penalties under the law. In my written and verbal communication in connection with my adoption plan, I have not provided any false or misleading information of any kind, to include information concerning myself, the biological father, or the background or medical history of my family.

Under penalties of perjury, I declare that I have read the foregoing and the facts stated in the documents are true. Please sign and date on the line below.

Signature

Date

Facts About Adoption with A Giving Tree Adoptions

In selecting an adoptive family for your child, you may request that your child be placed with an adoptive family of your same religious and/or ethnic background, i.e. racial.

A Giving Tree Adoptions will do everything in our power, within reasonable request, honor your wishes. All adoptive families must complete a special training program that develops their understanding of how to best meet children's needs. This includes information about child development, explaining adoption to children, and baby care.

A Giving Tree Adoptions checks on the applicants and members of their household to determine if they have criminal records that would make them unsuitable to raise children. A Giving Tree Adoptions receives references regarding all applicants to determine if their friends, employers and relatives consider them to be suitable to be adoptive parents.

A social worker from A Giving Tree Adoptions meets with the applicants and goes to their home to determine if they can provide a safe, loving and good family life for a child. Applicants must obtain a statement from a physician confirming they have no physical and/or mental health problems that would interfere with raising a child.

In the unlikely event that the family you select for your child is unable, for unforeseen reasons, to receive placement of the child, A Giving Tree Adoptions will use its sole discretion in selecting a family. If a specific family has been selected for your child, you may request that you be provided with certain information. This will be non-identifying and why it is believed this family will meet your child's needs.

Open v. Closed Adoption

As a birth parent, we know you want the best for your child. To do this, you may wish to view profiles of potential adoptive families. If you desire you may interview potential adoptive families by phone, in person or via skype. You may choose to receive letters, visits or calls for the ongoing 18 years at your discretion. Letters can be placed in your file and retrieve when you please. This would be an open adoption.

If you are not completely comfortable choosing a family, you may opt to have staff do that for you. You have the choice to keep your adoption file closed having no further contact with the child. This is a closed adoption.

We believe that each person involved in the adoption process is equally important and continually strives to ensure all parties needs are advocated for.

In addition to the support from our birth parent advocate, we will provide counseling resources and financial aid for you as needed. Our birth parent advocate is available to you for support and friendship. They are able to drive you to appointments as needed, or to grocery or general shopping.

We want to thank you for considering adoption. This is a deeply selfless loving act.

Before we proceed, we ask you fill out the following page and return it to us as soon as you feel ready.

I, _____, intend to place my child, born/expected to be born on _____ with A Giving Tree Adoptions for the purpose of adoption.

I understand A Giving Tree Adoptions agreed to provide services for me related to my adoption plan. I have filled out the application information to the best of my ability.

I understand the services given to me are on a case-by-case basis but I will have access to all support that can be provided.

I agree to be open and honest with A Giving Tree Adoptions and to answer all questions truthfully. I agree to disclose anything pertinent to my adoption plan and will update information as they occur.

A Giving Tree Adoptions has not promised me money or anything of value in exchanged for the adoption placement of the child.

I agree that A Giving Tree Adoptions is bound by legal and state obligations and can discontinue services at their discretion.

I agree that all information I have provided will remain confidential and will reasonable care to ensure confidentiality, consistent with the level of openness I agree too, but acknowledge there are circumstances outside of the control of A Giving Tree Adoptions that may impact the ability to maintain the level of confidentiality I choose.

I release A Giving Tree Adoptions from all claims, losses, liability, actions, causes of action, damages, or injuries, no matter how characterized, related to, or arising from my actions or omissions or those of any prospective adoptive parents; related to or arising from services provided by A Giving Tree Adoptions, including but not limited to any breach in apparent breach of confidentiality; related to or arising from A Giving Tree Adoptions discontinuing services; or related to or arising from any decision made by A Giving Tree Adoptions with respect to me or the child I'm placing.

I understand that A Giving Tree Adoptions will do their best to place the child into a home of my religious or cultural preference. If my religious or cultural preference cannot be met, I understand A Giving Tree Adoptions will place the child with a family with appropriate religious or cultural backgrounds.

I understand A Giving Tree will do everything in their power to accommodate my adoption plan.

I understand that financial aid may include but not limited to: housing, food, utilities, medicines, or clothing if needed. All expenses are determined on a case-by-case basis and may be limited further by the state where the adoptive family resides.

Signature

Date

I wish for you a beautiful life,

*I know giving you this,
will cut deep like a knife.*

we both must stay strong,

For one day we'll meet,

I hope years aren't long,

I hope it is sweet.

I wish for you a beautiful life,

It is all I have now to offer,

In my hopes and dreams you surely will stay,

Happily Ever After...

-Sandy wade



A Giving Tree
ADOPTIONS, INC.