

DATABASE

Instructions for completing this form:

1. Complete all items as fully as possible
 2. Call to discuss any answers which you feel need further explanation
 3. When a list follows the question, select your response(s) only from listed choices and mark your response(s) on the enclosed form.
-

Prospective Adoptive Parents: _____

Open to a “Surprise” Baby: _____ **Open to twins:** _____

Open to post-placement visitations between birth mother and child: _____

Race of Child Sought (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White/Black | <input type="checkbox"/> Asian/White |
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian/Black |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Hispanic/White | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Hispanic/Black | <input type="checkbox"/> Other: _____ |

Ages of Child Sought (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Newborn – 6 months | <input type="checkbox"/> 3 years – 5 years |
| <input type="checkbox"/> 6 months – 1 year | <input type="checkbox"/> 5 years- 9 years |
| <input type="checkbox"/> 1 year – 3 years | <input type="checkbox"/> Over 9 years |

Health of Child Sought

Please read the following carefully: The next page allows you to select the health of child sought. You will not be bound to accept any such child, but the more open you are, the more opportunities you will have. **Please consult with a doctor or your home study agency to understand the consequences of the following conditions before selecting them. Any conditions that you are willing to accept must be reflected in your home study.**

Please **DO NOT** indicate that you “might” be open on a “case-by-case” basis to a situation. Please understand that if your database indicates you are open to a situation, based on what you select here, we will call you when that situation arises. If you pass on an expectant mother, we must go back to her and tell her you are out. Sometimes they never reply to us again, which causes another adoptive family to miss out on an opportunity. If you have any questions about this section of the database, please email rachel@kirsh.com and she will further explain the process.

If you are not open to any of the following conditions, please check here to be considered for a “healthy only” baby: ☐

Select all you are open to:

- ☐ Aids or HIV positive birth mother
- ☐ Alcohol Exposed: mom drinks after 1st trimester
- ☐ Fetal alcohol syndrome
- ☐ Autism Spectrum
- ☐ Cardiac problems
- ☐ Cerebral palsy
- ☐ Cleft Palate
- ☐ Cranial bleed
- ☐ Cystic fibrosis
- ☐ Deafness
- ☐ Diabetes in child or in family history
- ☐ Discharge from hospital on monitor
- ☐ Down syndrome
- ☐ Epilepsy
- ☐ Exposure to sexually transmitted disease (syphilis, gonorrhea, chlamydia, other)

- ☐ Hearing problems
- ☐ Hepatitis
- ☐ Herpes exposed
- ☐ Herpes infected
- ☐ Intellectually disabled
- ☐ Learning disability in family history - ADD, ADHD
- ☐ Low Apgar scores
- ☐ Malformation – physical
- ☐ Orthopedic problems
- ☐ Premature more than 3 weeks (37 weeks is full-term): __ 4-6 wks __ 7-9 wks __ 10-12 wks
- ☐ Physical retardation
- ☐ Respiratory problems
- ☐ Sickle cell
- ☐ Spina Bifida
- ☐ Terminally ill child
- ☐ Tuberculosis

Open to depression/anxiety?* No ☐ Yes ☐

*Most, if not all, expectant mothers report having depression and/or anxiety.

Mental Illness	In birth parent(s)	In extended family
Bipolar disorder		
Schizophrenia		
PTSD		
Borderline Personality Disorder		

Open to cigarette use?* No ☐ Yes ☐ **Open to vape/e-cigarette use?*** No ☐ Yes ☐

*Many expectant mothers smoke cigarettes or vape.

Open to drug use?* No ☐ Yes ☐ (If you select YES, fill out the chart below)

*Please be aware, even if an expectant mother tells us she has stopped using drugs, we cannot guarantee that she has in fact stopped.

Drug	Exposed	Addicted
Heroin		
Cocaine		
Methamphetamine		
Marijuana		
Prescription Medication (morphine, codeine, hydrocodone, meperidine oxycodone, other)		
Suboxone		
Subutex		
Benzodiazepines		
Fentanyl		

Openness Name (What names are you willing to share with a birth mother?) (Select all that apply.)

- ☐ First names only
- ☐ First & last names
- ☐ Last names & address

Openness of Preplacement Information Exchange (What type of information are you willing to share with a birth mother?) (Select all that apply.)

- ☐ Nonidentifying telephone
- ☐ Nonidentifying meeting
- ☐ Identifying information

Combined Gross Annual Income

- ☐ Less than \$30,000
- ☐ \$30,000 - \$75,000
- ☐ \$75,000 - \$100,000
- ☐ \$100,000 - \$150,000
- ☐ \$150,000 - \$250,000
- ☐ \$Over 250,000

Primary Home

- ☐ Farm
- ☐ Mountain
- ☐ Ocean
- ☐ Rural/country
- ☐ Suburban
- ☐ Urban
- ☐ Other: _____

Secondary Home

- ☐ Farm
- ☐ Mountain
- ☐ Ocean
- ☐ Rural/country
- ☐ Suburban
- ☐ Urban
- ☐ Other: _____

Stay at Home Parent

- ☐ Full time
- ☐ Part time
- ☐ No

Pets & Animals (Select all that apply)

- ☐ Bird
- ☐ Cat
- ☐ Dog
- ☐ Farm animals/horse
- ☐ Fish
- ☐ Reptile
- ☐ Rodent
- ☐ Other: _____
- ☐ None

Adoptive Parent 1: _____

Does Adoptive Parent 1 Smoke? _____

Does Adoptive Parent 1 Drink Alcohol? _____

Drinks How Often?

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Special occasions only | <input type="checkbox"/> Daily |
| <input type="checkbox"/> Monthly | |

Adoptive Parent 1's Religion:

- | | |
|--|--|
| <input type="checkbox"/> Agnostic | <input type="checkbox"/> Latter Day Saints |
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Lutheran |
| <input type="checkbox"/> Assemblies of God | <input type="checkbox"/> Mennonite |
| <input type="checkbox"/> Atheist | <input type="checkbox"/> Methodist |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Missionary |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Monrovia |
| <input type="checkbox"/> Charismatic | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Nazarene |
| <input type="checkbox"/> Christian Science | <input type="checkbox"/> Nondenominational |
| <input type="checkbox"/> Church of Christ | <input type="checkbox"/> Pentecostal |
| <input type="checkbox"/> Church of God | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> Disciples of Christ | <input type="checkbox"/> Quaker |
| <input type="checkbox"/> Eastern Orthodox | <input type="checkbox"/> Seventh Day Adventist |
| <input type="checkbox"/> Episcopalian | <input type="checkbox"/> Unitarian |
| <input type="checkbox"/> Evangelical | <input type="checkbox"/> United Church of God |
| <input type="checkbox"/> Full Gospel | <input type="checkbox"/> Wesleyan |
| <input type="checkbox"/> Greek Orthodox | <input type="checkbox"/> None |
| <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Jewish | |

Adoptive Parent 1's Religious Practice (Select one)

- ☐ Actively practicing
- ☐ Non-practicing

Adoptive Parent 1's Religious Faith (Select one)

- ☐ Very significant
- ☐ Somewhat significant
- ☐ Not significant

Adoptive Parent 1's Education (Select one)

- | | |
|---|--|
| <input type="checkbox"/> Graduate school - graduate | <input type="checkbox"/> College (2 yr) - graduate |
| <input type="checkbox"/> Graduate school - partial | <input type="checkbox"/> College (2 yr) - partial |
| <input type="checkbox"/> College (4 yr) - graduate | <input type="checkbox"/> High school - graduate |
| <input type="checkbox"/> College (4 yr) - partial | <input type="checkbox"/> High school - partial |

Adoptive Parent 1's Build (Select one)

- ☐ Thin
- ☐ Medium
- ☐ Heavy

Adoptive Parent 1's Height (in inches): _____ inches

Adoptive Parent 1's Hair Color (Select one)

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Auburn | <input type="checkbox"/> Brown-medium |
| <input type="checkbox"/> Black | <input type="checkbox"/> Red |
| <input type="checkbox"/> Blonde | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Brown-dark | <input type="checkbox"/> White |
| <input type="checkbox"/> Brown-light | <input type="checkbox"/> Gray |

Adoptive Parent 1's Eye Color (Select one)

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Blue | <input type="checkbox"/> Green |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Hazel (green & blue) |
| <input type="checkbox"/> Gray | <input type="checkbox"/> Hazel (green & brown) |

Adoptive Parent 1's race (Select one)

- | | |
|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Caucasian/African American | <input type="checkbox"/> Asian/Caucasian |
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian/African American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Hispanic/Caucasian | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Hispanic/African American | <input type="checkbox"/> Other: _____ |

Adoptive Parent 1's Ancestry (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Mediterranean |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> English | <input type="checkbox"/> Russian |
| <input type="checkbox"/> European - Eastern | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> European - Western | <input type="checkbox"/> Slavic |
| <input type="checkbox"/> French | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> German | <input type="checkbox"/> Swiss |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Irish | |
| <input type="checkbox"/> Italian | |

Adoptive Parent 1's Hobbies (Select up to eight that apply)

- | | |
|---|---|
| <input type="checkbox"/> antiques | <input type="checkbox"/> modeling (fashion, etc.) |
| <input type="checkbox"/> art | <input type="checkbox"/> movies |
| <input type="checkbox"/> astronomy | <input type="checkbox"/> music/singing |
| <input type="checkbox"/> camping | <input type="checkbox"/> nature |
| <input type="checkbox"/> church activities | <input type="checkbox"/> outdoor activities |
| <input type="checkbox"/> collecting | <input type="checkbox"/> pets |
| <input type="checkbox"/> computers/internet | <input type="checkbox"/> photography |
| <input type="checkbox"/> cooking/baking | <input type="checkbox"/> physical fitness |
| <input type="checkbox"/> crafts/sewing | <input type="checkbox"/> racing - motorized |
| <input type="checkbox"/> dancing | <input type="checkbox"/> racing- non-motorized |
| <input type="checkbox"/> diving/scuba/snorkeling | <input type="checkbox"/> reading |
| <input type="checkbox"/> flying/ballooning | <input type="checkbox"/> shopping/fashion |
| <input type="checkbox"/> games-board | <input type="checkbox"/> sports-participation |
| <input type="checkbox"/> games-card | <input type="checkbox"/> sports-spectator |
| <input type="checkbox"/> gardening | <input type="checkbox"/> television/radio |
| <input type="checkbox"/> home repair/remodeling | <input type="checkbox"/> theater |
| <input type="checkbox"/> hunting/fishing | <input type="checkbox"/> travel |
| <input type="checkbox"/> magic | <input type="checkbox"/> woodworking |
| <input type="checkbox"/> mechanics | <input type="checkbox"/> writing/poetry |
| <input type="checkbox"/> modeling (making models) | |

Adoptive Parent 2: _____

Does Adoptive Parent 2 Smoke? _____

Does Adoptive Parent 2 Drink Alcohol? _____

Drinks How Often?

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Special occasions only | <input type="checkbox"/> Daily |
| <input type="checkbox"/> Monthly | |

Adoptive Parent 2's Religion (Select one)

- | | |
|--|--|
| <input type="checkbox"/> Agnostic | <input type="checkbox"/> Latter Day Saints |
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Lutheran |
| <input type="checkbox"/> Assemblies of God | <input type="checkbox"/> Mennonite |
| <input type="checkbox"/> Atheist | <input type="checkbox"/> Methodist |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Missionary |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Monrovia |
| <input type="checkbox"/> Charismatic | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Nazarene |
| <input type="checkbox"/> Christian Science | <input type="checkbox"/> Nondenominational |
| <input type="checkbox"/> Church of Christ | <input type="checkbox"/> Pentecostal |
| <input type="checkbox"/> Church of God | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> Disciples of Christ | <input type="checkbox"/> Quaker |
| <input type="checkbox"/> Eastern Orthodox | <input type="checkbox"/> Seventh Day Adventist |
| <input type="checkbox"/> Episcopalian | <input type="checkbox"/> Unitarian |
| <input type="checkbox"/> Evangelical | <input type="checkbox"/> United Church of God |
| <input type="checkbox"/> Full Gospel | <input type="checkbox"/> Wesleyan |
| <input type="checkbox"/> Greek Orthodox | <input type="checkbox"/> None |
| <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Jewish | |

Adoptive Parent 2's Religious Practice (Select one)

- ☐ Actively practicing
- ☐ Non-practicing

Adoptive Parent 2's Religious Faith (Select one)

- ☐ Very significant
- ☐ Somewhat significant
- ☐ Not significant

Adoptive Parent 2's Education (Select one)

- | | |
|---|--|
| <input type="checkbox"/> Graduate school - graduate | <input type="checkbox"/> College (2 yr) - graduate |
| <input type="checkbox"/> Graduate school - partial | <input type="checkbox"/> College (2 yr) - partial |
| <input type="checkbox"/> College (4 yr) - graduate | <input type="checkbox"/> High school - graduate |
| <input type="checkbox"/> College (4 yr) - partial | <input type="checkbox"/> High school - partial |

Adoptive Parent 2's Build (Select one)

- ☐ Thin
- ☐ Medium
- ☐ Heavy

Adoptive Parent 2's Height (in inches) _____ inches

Adoptive Parent 2's Hair Color (Select one)

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Auburn | <input type="checkbox"/> Brown-medium |
| <input type="checkbox"/> Black | <input type="checkbox"/> Red |
| <input type="checkbox"/> Blonde | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Brown-dark | <input type="checkbox"/> White |
| <input type="checkbox"/> Brown-light | <input type="checkbox"/> Gray |

Adoptive Parent 2's Eye Color (Select one)

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Blue | <input type="checkbox"/> Green |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Hazel (green & blue) |
| <input type="checkbox"/> Gray | <input type="checkbox"/> Hazel (green & brown) |

Adoptive Parent 2's race (Select one)

- | | |
|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Caucasian/African American | <input type="checkbox"/> Asian/Caucasian |
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian/African American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Hispanic/Caucasian | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Hispanic/African American | <input type="checkbox"/> Other: _____ |

Adoptive Parent 2's Ancestry (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Mediterranean |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> English | <input type="checkbox"/> Russian |
| <input type="checkbox"/> European - Eastern | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> European - Western | <input type="checkbox"/> Slavic |
| <input type="checkbox"/> French | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> German | <input type="checkbox"/> Swiss |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Irish | |
| <input type="checkbox"/> Italian | |

Adoptive Parent 2's Hobbies (Select up to eight that apply)

- | | |
|---|---|
| <input type="checkbox"/> antiques | <input type="checkbox"/> modeling (fashion, etc.) |
| <input type="checkbox"/> art | <input type="checkbox"/> movies |
| <input type="checkbox"/> astronomy | <input type="checkbox"/> music/singing |
| <input type="checkbox"/> camping | <input type="checkbox"/> nature |
| <input type="checkbox"/> church activities | <input type="checkbox"/> outdoor activities |
| <input type="checkbox"/> collecting | <input type="checkbox"/> pets |
| <input type="checkbox"/> computers/internet | <input type="checkbox"/> photography |
| <input type="checkbox"/> cooking/baking | <input type="checkbox"/> physical fitness |
| <input type="checkbox"/> crafts/sewing | <input type="checkbox"/> racing - motorized |
| <input type="checkbox"/> dancing | <input type="checkbox"/> racing- non-motorized |
| <input type="checkbox"/> diving/scuba/snorkeling | <input type="checkbox"/> reading |
| <input type="checkbox"/> flying/ballooning | <input type="checkbox"/> shopping/fashion |
| <input type="checkbox"/> games-board | <input type="checkbox"/> sports-participation |
| <input type="checkbox"/> games-card | <input type="checkbox"/> sports-spectator |
| <input type="checkbox"/> gardening | <input type="checkbox"/> television/radio |
| <input type="checkbox"/> home repair/remodeling | <input type="checkbox"/> theater |
| <input type="checkbox"/> hunting/fishing | <input type="checkbox"/> travel |
| <input type="checkbox"/> magic | <input type="checkbox"/> woodworking |
| <input type="checkbox"/> mechanics | <input type="checkbox"/> writing/poetry |
| <input type="checkbox"/> modeling (making models) | |

I/WE AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING INFORMATION IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

DATED: _____
