



- 1) _____
- 2) _____
- 3) _____
- 4) _____

Have you ever been arrested? No Yes
Do you have a criminal record? No Yes

If you answered yes to either of the above questions, please describe the circumstances including the date, place and resolution or sentence:

Do you have any significant medical condition(s) that may limit your ability to care for a child:

No Yes

If yes, please describe:

Adoption Experience:

What is your direct experience with adoption? (please check all that apply):

- I am adopted
- I am an adoptive parent
- I have placed a child for adoption
- This is my first adoption experience

Do you have relatives that are adopted, have adopted a child or have placed a child for adoption?

No Yes

If yes, please describe their adoption experience and their relationship to you:

**5 Broadview Street, Acton, MA 01720, 978-263-5400 (phone),
978-266-1909 (fax), www.bright-futures.org, www.rfkchildren.org**



Do you have friends who are adopted, have adopted a child or have placed a child for adoption?
No Yes
If yes, please describe their adoption experience and their relationship to you:

Your Feelings About Adoption

Why do you think adoption is the best step in your life right now?

What are your concerns about adopting a child?

Which of the following racial heritages would you consider for your child (please check all that apply):

- | | |
|------------------------|----------------------------|
| Black/African-American | Bi-Racial Black/Caucasian |
| Latino | Bi-Racial Black/Latino |
| Caucasian | Bi-Racial Caucasian/Latino |

*If you are considering adopting transracially, please read *Below The Surface*, a self-assessment guide for anyone considering adoption across racial or cultural lines and complete the self-assessment.*

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Are you looking for a particular kind of child? If so, please describe what that child might be like:

Please describe the characteristics of any child you cannot accept:

How do you think your child will feel about being adopted?

What do you think your child would want to know about his/her birth parents and the circumstances of his/her adoption?

If you were a birth parent, what concerns would you have about making an adoption plan for your child?

Do you and your spouse/partner have any differences of opinion about adopting a child?

No Yes

If yes, please explain:

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Bright Futures Adoption Center

What is the best thing about your relationship with your spouse/partner that will contribute to the healthy rearing of a child?

How do you make decisions in your life?

Have you told friends or relatives about your intention to adopt? No Yes
If yes, please describe their reaction(s):

Please describe anything about you or your life situation that might make it hard for birth parents to choose you as the adoptive parents for their child:

If you could, would you like to:

Talk on the phone with the birth parents?	No	Yes	Not Sure
Meet the birth parents?	No	Yes	Not Sure

Would you like to have ongoing contact with the birth family? No Yes

If yes, please describe the type of contact (for example, pictures and letters, telephone conversations, visits etc.) and the frequency (once a year, once a month, once a week etc.):

After you adopt, will you be a stay at home/full-time parent? No Yes

If no, please describe your child care plans:

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How did you hear about Bright Futures?

Is there anything else we should know?

I have completed this Adoptive Parent Application and Intake Form to the best of my ability.

(Signature of Adoptive Parent)

(Date)