

Subsidized Adoption Intake Form

Adoptee Information:

Adoptee: _____ Birthdate: _____ Birthplace: _____

SSN: _____ Related to Adoptive Parents?: Y N If Y, How: _____

Name After Adoption: _____

Own Property?: Y N If Y, what?: _____

On Medical Card? Y N Does the child have any known medical conditions? Y N

If so, please explain: _____

Adoptive Parent(s) Information:

Mother

Name: _____ Maiden: _____

Address: _____

_____ Email: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Race: _____ Social Security No: _____

County and State of Birth: _____ DOB _____

Father

Name: _____ Address: _____

City, County, State, Zip: _____ Email: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Race: _____ Social Security No.: _____

County and State of Birth: _____ DOB _____

Length of Residency at current address: _____ Date of Marriage: _____

County of Marriage: _____ Registered County of Marriage: _____

Biological Parent(s) Information:

Mother: _____ Race: _____

Rights Terminated?: Y N Court: _____

Address: _____

Father: _____ Race: _____

Rights Terminated?: Y N Court: _____

Address: _____

Name of Guardian ad Litem in Termination: _____

Name of Social Worker: _____