



ADOPTION PREFERENCES CHECKLIST

This process helps to match you with an expectant and child that most appropriately aligns with the preferences you indicate below. Your selections will communicate your family’s openness in terms of a child’s special need(s) and will allow us to consider your family as we receive information on an expectant mother. Designating “yes” indicates a strong level of education and comfort with a possible need or condition. Please be prepared to discuss your choices with your Adoption Specialist.

Child specific:	YES	Comments:
Premature birth (29-37 weeks)		
Extremely premature (before 28 weeks)		
Heart Defect(s)		
Hepatitis B or C		
Blood disorders		
HIV exposure		
Genital malformations		
Spina-Bifida		
Cerebral Palsy		
Missing or malformed digits or limbs		
Nystagmus (lazy eye, cross eyed)		
Blindness		
Albinism		
Partial hearing or Deafness		
Diabetes		
Cleft lip/Cleft Palate		
Requires some corrective surgery of a minor nature		

Race: There are significant implications to raising a child that is not of the same racial background as his/her parents. We expect that if you indicate comfort in transracial adoptive parenting, that you complete training on this topic and demonstrate understanding of the core issues. *Note:* An Indian American Child adoption requires approval of a tribal council.

Racial Composition:	YES	Comments
Caucasian		
African American		
Asian		
Latino or Hispanic		
Indian American		
Pacific Islander		
Mixed Race		
Unknown Race of one/both parents		

EXPECTANT PARENT HISTORY

EXPECTANT MOTHER SOCIAL HISTORY	YES	Comments
Alcoholism		
Drug usage		

Prescription medication usage during pregnancy (Antidepressants, Anxiolytics, Suboxone)		
Cigarette Usage during pregnancy		
No or partial prenatal care during pregnancy		

FAMILY MEDICAL HISTORY	Birth Mother	Birth Father	Family Member
Mental health diagnosis: Depression Anxiety Bipolar Schizophrenia Obsessive Compulsive Disorder Other			
Down's Syndrome			
Birth defects			
Dwarfism			
Learning Disability			
Seizure Disorder			
ADD/ADHD			
Diabetes			
Cancer			
Deafness			
Blindness			
Hepatitis			
Autoimmune disease (Multiple Sclerosis, Lupus, Rheumatoid Arthritis, fibromyalgia)			
HIV+			
Sexually Transmitted Disease			

Will consider twins: Yes No

Will consider a child conceived in violence (rape, incest, other forms of abuse). Yes No

Absolute Love's Policy disallows pre-adoptive parent specification of child's gender. We agree to accept child of either gender: Yes

Please do your research on all of the conditions above for which you are open to considering. It is advised that you discuss selections with your primary care doctor, pediatrician or other care provider that you trust.

There are unknowns until the time of birth or early childhood as some conditions take time to develop. Be considerate of that when making your selections.

Signature date

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