It is a text-based logo. Within a colored horizontal rectangle, it reads"elizabeth f schwartz, attorneys & mediators" and below the rectangle is a free-floating line of text which reads "a professional association."


**PROSPECTIVE ADOPTIVE PARENT(S)**

**PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:**

* A driver’s license, passport, or other photo ID (for each parent)
* If you are legally married, a copy of your marriage certificate
* If you have already completed it, a copy of your home study
* If you have already created one, a copy of your profile

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| **DEMOGRAPHIC INFO** | ***PARENT 1*** | ***PARENT 2 (if applicable)*** |
|  | ***Please provide your full legal name as it appears on your IDs*** | |
| First Name(s): |  |  |
| Middle Name(s): |  |  |
| Last Name(s) (& Suffix): |  |  |
| Date of birth: |  |  |
| Place of Birth: |  |  |
| Social Security Number |  |  |
| Gender |  |  |
| Race |  |  |
| **CONTACT INFO** | | |
|  | ***If you both live at the same address, you can leave the right column blank, but please provide the “Month & year moved in” if it’s not the same for you both*** | |
| Email: |  |  |
| Home Address: |  |  |
| Apartment/Unit (if any): |  |  |
| City: |  |  |
| County/Parish: |  |  |
| State: |  |  |
| Zip Code: |  |  |
| Month & year moved in: |  |  |
|  | ***Please list your phone number(s), in order of preference:*** | |
| Primary Phone: |  |  |
| Alternate Phone, if any: |  |  |
| 2nd Alternate Phone, if any: |  |  |
| **EMPLOYMENT INFO** | | |
| Current job title/position: |  |  |
| Employer Name: |  |  |
| City & State: |  |  |
| Month & year hired: |  |  |
| Approximate salary: |  |  |

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| **RELATIONSHIP INFO (if it’s a couple applying)** | | | |
| Month/year your relationship began: | | |  |
| ***IF LEGALLY MARRIED,*** date of marriage: | | |  |
| City & state where marriage took place: | | |  |
| **ADOPTION MATCHING PREFERENCES** | | | |
| ***Write YES next an item if you would be open to an adoption match fitting that description*** | | | |
| Number of Children: |  | Single child | |
|  | Multiple children born together, such as twins | |
|  | Multiple siblings of different ages | |
| Gender preference, if any: |  | Male | |
|  | Female | |
| Age of child(ren): |  | Infant (<1 year) | |
|  | Toddler or preschool age (1-4) | |
|  | Primary school age (5-12) | |
|  | Teenager | |
| Racial/ethnic background  of child(ren): |  | No preference | |
|  | American Indian or Alaska Native | |
|  | Asian, Eastern | |
|  | Asian, Indian subcontinent | |
|  | Black or African American | |
|  | Hispanic or Latino | |
|  | Native Hawaiian or Pacific Islander | |
|  | White or Caucasian | |
|  | Multi-racial | |
| Level of contact  with birth parent(s): |  | Open adoption (some level of contact between the birth parent(s) and  adoptive child(ren); full names/contact info won't be revealed) | |
|  | Semi-closed adoption (birth parents receive photos and updates but do not  contact the child(ren) | |
|  | Closed adoption (zero contact with or updates to birth parent(s)) | |
| Medical risks: |  | Drug use during pregnancy | |
|  | Down Syndrome or other cognitive impairment | |
|  | Temporary/correctible physical impairment or disability | |
|  | Permanent physical impairment or disability | |
| Travel: |  | Are you able to travel to another city/state for approximately three weeks if you're matched with an out-of-town birth mother? | |

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| **REVIEW AND SIGNATURE BY PROSPECTIVE ADOPTIVE PARENT(S)** | | | |
| *By entering my/our initials below, I/we confirm that the information that I/we have provided herein is accurate and complete, to the best of my/our knowledge and ability. I/We acknowledge that Elizabeth F. Schwartz, PA will rely on the accuracy of the information provided above, and the firm will not be responsible for any delays or costs associated with correcting errors in court documents or vital records caused by inaccurate information provided above.* | | | |
| INITIALS OF PARENT #1: |  | INITIALS OF PARENT #2 (if applicable): |  |