



INITIAL APPLICATION

Today's date: _____

Prospective Adoptive Father:

Prospective Adoptive Mother:

Name (first, middle, last)

Name (first, middle, last)

Date of Birth Social Security No.

Date of Birth Social Security No.

Occupation

Occupation

Phone number

Phone number

Email

Email

Best time of day to call: _____

Home Address: _____

City County State ZIP

Do you have children? Yes No

If yes, please indicate name, age, gender of your child/children

Child's Name	Age	Gender	Adopted/Biological/Foster
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you and your spouse under 50 years of age? Yes No
 Have you and your spouse been married for 2 years? Yes No

How did you find out about our infant adoption program? _____

Would you be comfortable:

- 1. Adopting a child whose birthmother had no prenatal care? Yes Maybe No
Adopting a child who was born premature? Yes Maybe No
Training/information may change degree of comfort. Yes Maybe No

- 2. Adopting a child whose birthmother moderately drank alcohol? Yes Maybe No
Adopting a child whose birthmother minimally drank alcohol? Yes Maybe No
Training/information may change degree of comfort. Yes Maybe No

- 3. Having a child placed with you who is not yet legally free for adoption? Yes Maybe No
Training/information may change degree of comfort. Yes Maybe No

- 4. With an adoption involving contact with members of the child's birth family? Yes Maybe No
Training/information may change degree of comfort. Yes Maybe No

- 5. Adopting a child of a race other than your own? Yes Maybe No
Training/information may change degree of comfort. Yes Maybe No

- 6. Adopting a child with medical problems? Yes Maybe No
Training/information may change degree of comfort. Yes Maybe No

- 7. Adopting a child whose birthparent has emotional problems, such as depression, problems with attachment/bonding, problems controlling anger? Yes Maybe No
Training/information may change degree of comfort. Yes Maybe No

8. How/why did you decide to pursue adoption? _____

9. How have you dealt with your feelings about not being able to have children biologically? _____

10. What steps have you taken to educate/prepare yourself for adoption?

11. Why are you pursuing an open adoption versus a closed adoption?

12. What are the advantages of an open adoption? _____

13. What are your fears about an open adoption? _____

Please submit a \$250.00 non-refundable application fee and family photo along with this application to:

Lutheran Family Services
Attention: Pregnancy, Parenting, and Adoption Supervisor
7929 West Center Road
Omaha, NE 68124. Attention: Pregnancy, Parenting, and Adoption Supervisor.