

ADOPTION INTAKE FORM

SOCIAL WORKER

Name: _____ Email: _____ Phone: _____

***Permission to speak to Social Worker? Y N OUT OF STATE: Y N**

If yes, out-of-state worker _____ Phone: _____

ADOPTION DAY: Y N Particular Date Requested: _____

ARE YOU MARRIED? Y N If yes, is your spouse also adopting the child(ren)? **Y N**

If no, can your spouse be located? **Y N** AND can your spouse sign a consent allowing you to adopt the child(ren)? **Y N**

ADOPTIVE MOTHER

Name _____ **DOB:** _____ **SS#** _____

Adoption Mother Maiden name: _____ Place of Birth: _____

Address at time of child's birth: _____

Occupation: _____ Current Address: _____

Phone number: _____ County _____ How Long? _____

ADOPTIVE FATHER

Name: _____ **DOB:** _____ **SS#** _____

Address at time of child's birth: _____

Occupation: _____ Current Address: _____

Place of Birth: _____ Phone Number: _____

County: _____ How Long? _____

ADOPTIVE CHILD(REN)

Name of Child: _____ **Dob:** _____

Change Name To: _____

Name of Child: _____ **Dob:** _____

Change Name To: _____

Race: _____ **Special Needs: Y N** **Indian Child: Y N** **Tribe:** _____

Related to Children: _____

Date Placed w/you: _____ **Date Placed w/WCDSS:** _____

Parental Rights: **Mother:**

Terminated **Y N** Date: _____ Relinquished **Y N** Date: _____

Post Adoptive Agreement for Mother: **Y N**

Father:

Terminated **Y N** Date: _____ Relinquished **Y N** Date: _____

Post Adoptive Agreement for Father: **Y N**

Sibling Contact Agreement: **Y N**