

ID _____

Date _____

~ LOVING SHEPHERD MINISTRIES ~

Pre-Adoption Assessment

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To ensure Loving Shepherd can give you the most accurate options when considering adoption, please fill out the entire form. The more thoroughly you answer the questions, the better we will be able to provide you with information that will lead you to the type of adoption best suited for your family's specific needs. Please use additional sheets as necessary to give complete answers.  
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Husband's Full Name _____ Age _____

Wife's Full Name _____ Age _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ - _____ Fax _____ - _____

Email Address _____

Date of Marriage _____

Has Husband been divorced? Yes ___ No ___ If "Yes", how many divorces? _____

Has Wife been divorced? Yes ___ No ___ If "Yes", how many divorces? _____

Husband's Employer _____

Wife's Employer _____

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1. Date of Birth of Husband \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. Citizen Yes \_\_\_ No \_\_\_

2. Date of Birth of Wife \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. Citizen Yes \_\_\_ No \_\_\_

3. Number of birth children in family \_\_\_\_\_

4. Ages and gender of birth children \_\_\_\_\_ M F      \_\_\_\_\_ M F      \_\_\_\_\_ M F  
\_\_\_\_\_ M F      \_\_\_\_\_ M F      \_\_\_\_\_ M F

5. Have you adopted previously?      Yes \_\_\_\_\_      No \_\_\_\_\_

6. Ages and genders of *domestically* adopted children      \_\_\_\_\_ M F      \_\_\_\_\_ M F  
\_\_\_\_\_ M F      \_\_\_\_\_ M F      \_\_\_\_\_ M F

7. What adoption organization(s) did you adopt with? \_\_\_\_\_  
\_\_\_\_\_

8. Ages and genders of *internationally* adopted children      \_\_\_\_\_ M F      \_\_\_\_\_ M F  
\_\_\_\_\_ M F      \_\_\_\_\_ M F      \_\_\_\_\_ M F

9. What adoption organization(s) did you adopt with? \_\_\_\_\_  
\_\_\_\_\_

10. Do you have a current home study?      Yes \_\_\_\_\_      No \_\_\_\_\_

11. There are many reasons couples wish to adopt. Please share your reasons for considering adoption. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is infertility an issue? \_\_\_\_\_

12. What type of adoption are you considering?

International \_\_\_\_\_      Domestic \_\_\_\_\_      Either \_\_\_\_\_

13. How many children are you considering adopting at this time? \_\_\_\_\_

14. Do you have a gender preference for this adoption?      Male \_\_\_\_      Female \_\_\_\_      Either \_\_\_\_

15. Do you have an age preference for this adoption? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," what age category are you interested in? \_\_\_\_\_

16. Do you have a nationality preference for this adoption? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," what countries have you been considering? \_\_\_\_\_

\_\_\_\_\_

17. Knowing that the adoption process can easily take one year or more, how soon would you be ready to start the adoption process? \_\_\_\_\_

18. Have you had any past negative personal experiences with adoption proceedings or indirectly regarding someone else's experiences? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes," please describe. \_\_\_\_\_

\_\_\_\_\_

19. Would a child of a different race, ethnic background or culture be accepted in your social and family structure? Yes \_\_\_\_\_ No \_\_\_\_\_ Some Concerns \_\_\_\_\_

If you answered "No" or "Some Concerns," please identify the areas that would be a challenge. \_\_\_\_\_

\_\_\_\_\_

20. Would a child with physical or mental or emotional challenges be accepted in your social and family structure? Yes \_\_\_\_\_ No \_\_\_\_\_ Some Concerns \_\_\_\_\_

If you answered "No" or "Some Concerns," please identify the areas which would be a challenge. \_\_\_\_\_

\_\_\_\_\_

21. Would you consider adopting a child who is mentally challenged? Yes \_\_\_\_\_ No \_\_\_\_\_

22. There typically are emotional issues an adopted child must deal with. Are you prepared for those challenges? Yes \_\_\_\_\_ No \_\_\_\_\_

23. Would you consider adopting a child who is physically challenged? Yes \_\_\_\_\_ No \_\_\_\_\_

24. Husband's health status \_\_\_\_\_  
\_\_\_\_\_

25. Wife's health status \_\_\_\_\_  
\_\_\_\_\_

26. Have you or your spouse ever taken or are you currently taking medication for depression or anxiety? Never taken \_\_\_\_\_ Have taken in the past \_\_\_\_\_ Taking Currently \_\_\_\_\_

26a. If you have taken in the past, how long has it been since you've taken this medication? \_\_\_\_\_

26b. If you answered, "Have taken in the past" or "Taking currently," please explain the situation that resulted in the need for medication. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Are you or your spouse currently taking asthma medication or being treated for asthma?  
Yes \_\_\_\_\_ No \_\_\_\_\_

28. Have either of you ever been charged with or convicted of a felony or misdemeanor other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

29. If you answered "Yes," please explain and include how long ago the incident(s) occurred.  
\_\_\_\_\_  
\_\_\_\_\_

30. Has Husband had traffic violations issued? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", how many? \_\_\_\_\_  
Has Wife had traffic violations issued? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", how many? \_\_\_\_\_

31. Have you or your spouse ever abused alcohol or drugs or have a history of domestic abuse (including sexual abuse), even if you were not arrested or convicted? If “Yes”, please explain and include how long ago the incident(s) occurred. Any information provided to Loving Shepherd will be kept strictly confidential. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
32. Religion of applicants \_\_\_\_\_
33. Church affiliation \_\_\_\_\_ None \_\_\_\_\_
34. Will the cost of the adoption process place a financial burden on your family? Yes \_\_\_ No \_\_\_
35. What is your total income from all sources (not including welfare subsidy, relief fund, pension, unemployment insurance or other form of government subsidy)? \_\_\_\_\_
36. What are your total monthly debt payments including mortgage payment? \_\_\_\_\_
37. What are your total assets (what you own)? \_\_\_\_\_
38. What is your total amount of debt (what you owe)? \_\_\_\_\_
39. The adoption process requires full disclosure of physical and mental health, financial history, and federal, state and local background checks including fingerprinting. Are you comfortable with those disclosures? Yes \_\_\_\_\_ No \_\_\_\_\_

We are providing this information to LSM for their internal and confidential use. To our knowledge it is accurate. We understand that LSM provides services to the best of their ability and thus we will not hold LSM liable or legally responsible for any damages that may occur in any way.

Husband \_\_\_\_\_ Date \_\_\_\_\_

Wife \_\_\_\_\_ Date \_\_\_\_\_

Please mail to LSM at - Loving Shepherd Ministries - P.O. Box 375 - Bluffton, IN 46714  
or Fax to LSM at - (260) 824-9002