

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 specific needs. Please use additional sheets as necessary to give complete answers.

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Applicant's Full Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Number of Previous Marriages \_\_\_\_\_

Applicant's Employer \_\_\_\_\_

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

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

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

\_\_\_\_ M F \_\_\_\_ M F \_\_\_\_ M F

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

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

6. What Adoption Organization(s) did you adopt with? \_\_\_\_\_  
\_\_\_\_\_

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

8. What Adoption Organization(s) did you adopt with? \_\_\_\_\_  
\_\_\_\_\_

9. Do you have a current Home Study? Yes \_\_\_\_\_ No \_\_\_\_\_

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

11. What type of adoption are you considering?

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

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

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

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

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

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

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

16. Knowing that the adoption process can easily take 1 year or more, how soon would you be ready to start the adoption process? \_\_\_\_\_

17. 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. \_\_\_\_\_  
\_\_\_\_\_

18. 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 which would be a challenge. \_\_\_\_\_  
\_\_\_\_\_

If you answered "No" or "Some concerns", please specify your desired ethnicity when pursuing adoption. \_\_\_\_\_

19. 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. \_\_\_\_\_  
\_\_\_\_\_

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

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

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

23. Applicant's health status \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**24. Have you ever taken or are you currently taking medication for depression or anxiety?**

Never taken \_\_\_\_\_ Have taken in the past \_\_\_\_\_ Taking Currently \_\_\_\_\_

**24a. If you have taken medication for depression or anxiety in the past, how long has it been since you have taken this medication?** \_\_\_\_\_

**24b. If you answered “Have taken in the past” or “Taking currently,” please explain the situation that resulted in the need for medication.** \_\_\_\_\_

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**25. Are you currently taking asthma medication or being treated for asthma?** \_\_\_\_\_

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

**27. If you answered “Yes,” please explain and include how long ago the incident(s) occurred.**

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**28. Have you had traffic violations issued?** Yes \_\_\_\_\_ No \_\_\_\_\_ If “Yes”, how many? \_\_\_\_\_

**29. Have you 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.**

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**30. Religion of applicant** \_\_\_\_\_

**31. Church affiliation** \_\_\_\_\_ None \_\_\_\_\_

32. Will the cost of the adoption process place a financial burden on you? Yes \_\_\_ No \_\_\_

33. What is your total income from all sources (not including welfare subsidy, relief fund, pension, unemployment insurance or other form of government subsidy)? \_\_\_\_\_

34. 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 \_\_\_\_\_

35. Please share how you heard about our services at Loving Shepherd Ministries (family/friend referral, church, web search, LSM newsletter/presentation, etc.).

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36. Would you like additional information on other Loving Shepherd Ministries services or an informational packet for your church?

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Would you like to be added to Loving Shepherd Ministries e-newsletter?

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

Applicant \_\_\_\_\_ Date \_\_\_\_\_

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