

Have you ever experienced a voluntary or involuntary disruption (removal) of an adoptive or foster care placement through any state or private agency? Yes No

If Yes, please explain:

What kind of relationship do you think you could offer birth parents?

Have you consulted a physician re: a problem with conceiving or birthing a child? Yes No When?

What is the nature of your inability to conceive or birth a child?

What has been the course of treatment?

Are you still in treatment? Yes No What course of treatment are you pursuing and for how long?

Have you (female) ever been pregnant? Yes No When? _____ What were the results?

Have you, as an individual or as a couple, ever seen a therapist? Yes No Who, when, why and how long?

Describe any health problems for which you are receiving or have received treatment:

To the best of my knowledge, the statements on this application are complete and truthful.

Signature - Applicant #1

Date

Signature - Applicant #2

Date