Adoption ARC
811 Church Rd, Suite 202
Cherry Hill, NJ 08002

1-800-884-4004 OR (215) 748-1441

Birth Mother Application to Receive Services

Please fill out the best you can, leaving blanks if you do not have the information. When completed, please return to the above address or call and we will come to pick it up from you.

Your Name: _____

Your Current Address: _____

_____

Telephone # where we can reach you:_____

Who do you live with?_____

Does anyone in your household not know you are contacting us? _____

Any special instructions for when we phone your home? _____

Your date of birth: _____ Where were you born?_____

Highest grade you have completed in school: _____

Are you employed: _____ If yes, where and what do you do:

_____

Are you married: _____ If yes, please give your date and place of marriage:

_____

If married, is your husband the father of the child you are considering adoptive placement for? _____

Do you have any children? _____ If yes, please give their names, ages and who they currently live with:

_____

_____

Your Race: _____ Your Religion: _____

Your Height: _____ Your Weight: _____

Your Hair color: _____ Your Eye color: _____

Your Social Security Number: _____

Do you have Medical Insurance?_____ If yes, what kind of insurance do you have and what is your policy number?_____

If you are pregnant now, what is your expected date of delivery? _____

At what hospital will you deliver the baby?_____

Are you receiving prenatal care? _____ If yes, where? _____

If you are <u>not</u> pregnant now, please tell us about the child you are considering an adoption plan for:

Child's Date of Birth: _____ Child's Race: _____ Child's Sex: _____

Child's Name: _____ Where is the child now? _____

Why are you considering adoption planning at this time? _____

_____

About the Father of the Child or unborn baby:

His Name: _____

His Address: _____

_____

Telephone # for him:_____

His Social Security # _____

His Date of Birth: _____ His Race: _____ His Religion: _____

His Height: _____ His Weight: _____

His Hair color: _____ His Eye color: _____

Is he married? _____

Does he have any other children that you are aware of? _____

Highest grade he completed in school: _____

Is he employed? _____ If yes, where and what does he do?_____

Who does he live with? _____

Does he know about the pregnancy? _____

Does he know you are considering adoption planning? _____

How does he feel about this?

_____

Are you currently in contact with him?_____

If you do not know who he is or where he lives, please state in your own words why this is the case:

_____

Please check any or all services you are applying for at this time:

_____ Free counseling _____ Family Mediation services

_____ Adoption planning

_____ Parenting support _____ Referrals to other services

I am completing this application of my own free will. I understand that it does not obligate me to any decisions now or in the future.

Signed: _____ *Dated:* _____

Adoption ARC
Pennsylvania, New Jersey and Delaware Licensed

Founder
Tara E. Gutterman, Esquire

Executive Director
Merle Gutterman Parker, M.Ed., MS

Social Work Supervisor
Laura Hoffman, LSCW

Adoption ARC Policy on Birthparent Living Expenses

In the event that birthmothers request living expenses, Adoption ARC may pay on behalf of birthmothers certain reasonable living expenses in accordance with New Jersey law and as set forth herein. Social workers must work with birthmothers to develop a budget that will be maintained in the client's file. All requested expenses, amounts, and categories shall be discussed with social work supervisor to determine reasonableness under NJ law and regulation. Social workers shall receive advance approval of social work supervisor for amounts, categories, and increments before a payment plan is put into place. File shall also document reasons fees are determined to be reasonable.

Payments shall be made to third parties on behalf of a birthmother whenever possible, and if not possible, gift cards to specific stores shall be the next option considered. In either case, receipts for such payments shall be maintained in the file. To the extent it becomes necessary to provide money directly to a birthmother for living expenses, the birthmother must sign a certification of receiving such funds and the purpose for which they are intended to be paid, which also shall be maintained in the file. To the extent it becomes necessary to provide money directly to a birthmother for living expenses, the birthmother must sign a certification of receiving such funds and the purpose for which they are intended to be paid, which also shall be maintained in the file. Any payments to or on behalf of birthmothers will not be in anyway contingent upon such birthparent signing a surrender to adoption, nor shall they be timed to coincide with the signing of surrenders. The policy of fees not being contingent upon signing surrenders shall be addressed and reinforced in agency staff training.

A copy of this policy shall be given to each birth mother and prospective adoptive couple at the time of the initial inquiry or application. The agency will provide to prospective adoptive parents the range of birthparent living expenses at the time of application. If the amount of the living expenses requested or needed for the birthmother exceeds the range provided to the prospective adoptive parents initially, the adoptive parents shall be given the option of proceeding with the match, or, in the alternative, shall be given the opportunity to consider alternative cases that fit within the range.

I hereby acknowledge that I have received a copy of this policy.

Name:
Date:

Name:
Date:

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BIRTH PARENT RIGHTS AND RESPONSIBILITIES

1. Birth parents are informed that Adoption ARC, Inc. is a private nonprofit child welfare, foster care and adoption agency licensed and incorporated in the state of New Jersey. The agency is licensed to provide adoption services in Pennsylvania and Delaware as well. Birth Families are entitled to counseling services to parent or place their child free of charge. This counseling may continue indefinitely, and free of charge.

2. The decision to place a child with the agency for adoption shall be made ONLY after counseling as to various options such as parenting with assistance; kinship care; foster care; or a temporary guardianship is explored.

   Birth parents WILL NOT receive any compensation for their adoption decision. They must make this decision freely and of their own choice. Birth parents who chose to surrender their rights under New Jersey law shall have AT LEAST three face-to-face counseling sessions, unless specifically waived by the birth parent.

3. Birth Mothers must execute a written affidavit as to the identity of the birth father.

4. Birth Parents are fully advised of the legal proceedings.

a. The consent to adoption may only be executed 72 hours after birth.
b. The consent will be filed with The Court of Common Pleas of Philadelphia County IN PENNSYLVANIA ONLY
c. Birth parents will be notified of the hearing IN PENNSYLVANIA ONLY
d. Birth parents have a right to contest the proceedings and are provided with a phone number for free legal services.
e. Birth parents may revoke their consent to placement for 30 days after the consent is signed IN PENNSYLVANIA ONLY
f. In New Jersey, the birth parents may not surrender their rights until at least 72 hours after birth. Such surrender shall be made in the presence of the licensed agency social worker and shall be notarized. The birth parent shall be advised that the surrender is full, final and irrevocable and has the effect of terminating their parental rights.

5. Birth parents have the right to choose the adoptive family and meet them if they so desire.

6. Birth parents may have an open adoption involving ongoing pictures, and letters of their child approximately every 3 months for the first two years and annually thereafter.

7. Birth parents must provide the agency with accurate medical and family history.

8. Birth parents must keep the agency abreast of all changes of location if they wish to continue their open relationship.

9. Birth parents may send items or letters to their children through the agency forever.

10. Birth parents may keep any changes of address on record with The Court of Common Pleas of Philadelphia County IN PENNSYLVANIA ONLY. In New Jersey, birth parents shall keep all changes of address on record with the agency.

11. Birth parents have an absolute right to confidentiality and all personal and identifying information will be kept in a fire proof filing cabinet.

12. Birth parents have the right to be a part of a Birth Parent Support Group through the agency.

13. Birth Parents have an absolute right to be treated with respect and dignity.

14. Birth Mothers who choose to surrender their rights under New Jersey law may be entitled to reasonable living expenses. In order to be eligible for such expenses, the birth mother must make a budget with her birth parent counselor, which will be submitted to the agency Executive Director for approval.

15. The birth mother will not have to pay back any of the living expenses money if she chooses not to place the child for adoption.

16. Counseling services with the agency may continue indefinitely. However, payments (living expenses) will be terminated by the 30th calendar day following the birth of the child or after the 30th calendar day following the signed release for termination of parental rights for whom adoption services were sought

Signed:

Signed:

Dated:

10:121A-3.4 Information to parents and adoption applicants

(a) The agency shall provide the birth parents and adoptive applicants with a written statement or pamphlet indicating certain parental and agency rights and responsibilities, as specified in N.J.A.C. 10:121A-3.4(b).

(b) The written statement or pamphlet shall contain the following information:

1. Adoption ARC is required to be certified by the Office of Licensing (OOL) of the New Jersey Division of Youth and Family Services pursuant to the State Adoption Law (N.J.S.A. 9:3-37 et seq.);

2. Adoption ARC is required by law to comply with all applicable requirements of this chapter. (10:121A-3.4)

3. Adoption ARC shall make a current copy of the Manual of Requirements for Adoption Agencies available for review by the parents of children served by the agency;

4. Any parents who believe or suspect that the agency is in violation of any requirements of the Manual of Requirements for Adoption Agencies may report such alleged violations to the Office of Licensing;

5. Any parent may secure a copy of the Manual of Requirements for Adoption Agencies by contacting the Office of Licensing, Division of Youth and Family Services and that the Office will charge a nominal fee for the manual, in keeping with Department policy;

6. When so requested by parents of children served by Adoption ARC, Adoption ATC shall make available for review the Office of Licensing's certification records and any Inspection or Violation Reports on the agency, except for those records prohibited from disclosure, pursuant to the State Child Abuse and Neglect Law (N.J.S.A. 9:6-8.10(a)) and to any other laws prohibiting such disclosure.

7. That any person who has reasonable cause to believe that a child being served by the agency has been and/or is subjected to any form of child abuse or neglect or exploitation by any person, whether working at the agency or not, shall report such allegations to the Division of Youth and Family Services Office of Child Abuse Control toll-free hotline (currently 1-877-nj abuse or 1-877-652-2873), pursuant to the State Child Abuse and Neglect Law (N.J.S.A. 9:6-8.1 et seq.). Such reports may be made anonymously.

8. That parents may secure information about child abuse and neglect by contacting the Office of Community Education, Division of Youth and Family Services;

9. Adoption ARC shall cooperate with the adoptive parents and/or the attorney retained by the adoptive parents in providing all financial information needed for the finalization report pursuant to the State Adoption Law (N.J.S.A. 9:3-37 et seq.); and

10. Adoption ARC shall, when asked provide data on adoptions completed during the previous 12 months.

Dated:

Signed:

Signed:

Adoption ARC
Pennsylvania, New Jersey and Delaware Licensed

Founder
Tara E. Gutterman, Esquire

Executive Director
Merle Gutterman Parker, M.Ed., MS

Social Work Supervisor
Laura Hoffman, LSCW

BIRTH PARENT NEEDS ASSESSMENT

Step One: Birth Parent Counselor (BPC) will conduct a Needs Assessment in order to tailor a set of living expenses to fit the individual needs of the birth mother.

- Identification of current needs of birth mother with specific examples noted.

_____

_____

_____

- Prioritization of current needs.

_____

_____

_____

- Identification of existing resources (community, agency and/or family).

_____

_____

_____

Step Two:

- Gathering Data (receipts, bills due and/or paid, as well as observation by the BPC.)

- Establishing together with birth mother what the realistic need is for the birth mother to be successful.

- Evaluating root cause of problem. Is there a bigger picture item that needs to be resolved?

- Goal setting (what is Adoption ARC's part, what is birth parents part.)

- Development of timeframe for meeting specific goals.

- Development of long term solutions.

Dated:

Signed:

Signed:

Adoption Arc
Pennsylvania, New Jersey and Delaware Licensed

COA HAGUE ACCREDITED

Executive Director:
Merle Gutterman Parker, M.Ed., MS

Social Work Supervisor:
Laura Hoffman, LCSW

AUTHORIZATION TO RELEASE/OBTAIN PRENATAL RECORDS

I hereby authorize: Name of Agency, Hospital, Prenatal Clinic, Facility, or Individual:		Telephone Number:
Address:		
City:	State:	Zip Code:
To (release to/obtain from) information from the records of: Name of Client:		Date of Birth:
For the purpose of: adoption		
The information released/obtained is: Entire medical charts for *(Name of Client)* which includes but is not limited to medical records related to labor, delivery, birth, and hospitalization; all lab screen results (ie. HIV, drug, alcohol, STDs, etc.); any medical history; admissions and discharge summaries; and prenatal records		
Please Forward Information To The Attention Of: Adoption ARC		Telephone Number: (215) 748-1441 or 1-800-884-4004
Address: 811 Church Rd. Ste. 202, Cherry Hill, NJ 08002		Fax Number: (215) 842-9881

I have been told that, in order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the Facility/Agency/Individual listed above, and will be effective during the dates listed below. I also understand that this consent is revocable except to the extent that action has been taken in reliance thereon. (All parts of this form must be completed in compliance with the revised regulations pursuant to the Mental Health Procedures Act.)

In the future, if I wish to revoke this consent, I understand that request must be in writing, unless I am physically unable to write. I understand that this consent form shall remain valid from the date of my signature, beginning on _____ and will expire on _____ (not to exceed 1 year).

NOTICE TO RECIPIENT OF INFORMATION: This information has been disclosed to you from records which are protected by state statute. State regulations limit your right to make further disclosure of this information without the prior written consent of the person to whom it pertains. In addition, Federal Regulation (42 CFR Part 2) prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. The confidentiality of these records is protected under the following provisions of Pennsylvania law and you are responsible for treating these records accordingly: 50 P.S. 7111, 71P.S. 1690.108, 4 PA Code 255.5, PA Code Sections 1101.51, 5100.4, 5100.31-5100.39, 5200.41, 5210.26, and 5221.52.

By signing below, I, _____, indicate that I fully understand the information contained in this release of information.

Signature: _____ Date: _____

Witness: _____ Date: _____

Adoption Arc

Pennsylvania, New Jersey and Delaware Licensed

COA HAGUE ACCREDITED

Executive Director:
Merle Gutterman Parker, M.ED, MS

Social Work Supervisor:
Laura Hoffman, LCSW

AUTHORIZATION TO RELEASE/OBTAIN MEDICAL RECORDS

I hereby authorize: Name of Agency, Hospital, Prenatal Clinic, Facility, or Individual:		Telephone Number:
Address:		
City:	State:	Zip Code:
To (release to/obtain from) information from the records of: Name of Client:		Date of Birth:
As well as the records of my child:		Date of Birth:
For the purpose of: adoption		
The information released/obtained is: Entire medical charts for *(Name of Client)* and *(Name of Child)* , which includes but is not limited to medical records related to labor, delivery, birth, and hospitalization; all lab screen results (ie. HIV, drug, alcohol, STDs, etc.); any medical history; admissions and discharge summaries; and prenatal records		
Please Forward Information To The Attention Of: Adoption ARC		Telephone Number: (215) 748-1441 or 1-800-884-4004
Address: 811 Church Rd., Ste. 202, Cherry Hill, NJ 08002		Fax Number: (215) 842-9881

I have been told that, in order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purposes and to the Facility/Agency/Individual listed above, and will be effective during the dates listed below. I also understand that this consent is revocable except to the extent that action has been taken in reliance thereon. (All parts of this form must be completed in compliance with the revised regulations pursuant to the Mental Health Procedures Act.)

In the future, if I wish to revoke this consent, I understand that request must be in writing, unless I am physically unable to write. I understand that this consent form shall remain valid from the date of my signature, beginning on _____ and will expire on _____ (not to exceed 1 year).

NOTICE TO RECIPIENT OF INFORMATION: This information has been disclosed to you from records which are protected by state statute. State regulations limit your right to make further disclosure of this information without the prior written consent of the person to whom it pertains. In addition, Federal Regulation (42 CFR Part 2) prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. The confidentiality of these records is protected under the following provisions of Pennsylvania law and you are responsible for treating these records accordingly: 50 P.S. 7111, 71P.S. 1690.108, 4 PA Code 255.5, PA Code Sections 1101.51, 5100.4, 5100.31-5100.39, 5200.41, 5210.26, and 5221.52.

By signing below, I, _____, indicate that I fully understand the information contained in this release of information.

Signature: _____ Date: _____

Witness: _____ Date: _____

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES
Division of Child Protection and Permanency

FAMILY MEDICAL HISTORY

CHILD'S FIRST NAME	CASE ID NUMBER
NAME & TITLE OF PERSON COMPLETING FORM	DATE

SECTION I. BIRTH MOTHER

Indicate by checking appropriate box if the birth mother or any of her relatives has had or now has any of the medical conditions listed below. Specify the relative's relationship to the MOTHER (e.g. parent, grandparent, sibling, aunt, uncle, cousin, etc.). For any condition checked YES please provide specific information regarding the condition and/or course of treatment in the column marked ADDITIONAL INFORMATION. This column may be used as well to discuss any medical conditions not specifically listed below.

PART A HEALTH HISTORY.....MEDICAL CONDITIONS.....DISEASES.....ILLNESSES

MEDICAL CONDITION **MOTHER** **RELATIVE**

ARTHRITIS	YES	NO	UNK	Relationship to Mother - Specify	ADDITIONAL INFORMATION
Rheumatoid					
Osteo					
Juvenile					
BIRTH HANDICAPS	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Cleft palate					
Harelip					
Congenital Heart Defect					
Fetal Alcohol Syndrome					
Fetal Drug Exposure					
Hydrocephalus					
Microcephalus					
Spina Bifida					
BLOOD PROBLEMS	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Anemia					
Cooley's Anemia (Thalassemia)					
Hemophilia					
Leukemia					
Addison's Disease					
Sickle Cell Trait					
Sickle Cell Disease					
Hepatitis					

MEDICAL CONDITION MOTHER RELATIVE

CANCER	YES	NO	UNK	Relationship to Mother - Specify	ADDITIONAL INFORMATION
Breast					
Cervical					
Uterine					
Ovarian					
Hodgkin's Disease					
Bone					
Prostate					
Lung					
Melanoma (Skin)					
Stomach					
Liver					
Malignant Tumors					
Benign Tumors					
CARDIAC CONDITIONS	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Arteriosclerosis					
High Blood Pressure					
Hypertension					
Murmur					
Mitral valve prolapse					
Angina					
Stroke					
Heart Attack					
CHROMOSOMAL ABNORMALITIES	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Down's Syndrome					
Turner's Syndrome					
DENTAL CONDITIONS	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Periodontal disease					
Gingivitis					
Overbite					
Underbite					
Dentures					
Multiple cavities					
EDUCATIONAL HANDICAPS	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Mental Retardation					
Attention Deficit Disorder					
Hyperactivity					
Hearing Impaired (specify)					
Speech Problems (specify)					
Learning Disorder (specify)					
Dyslexia					
Emotionally Disturbed					
MENTAL HEALTH	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Depression					
Autism					
Alzheimer's Disease					

MEDICAL CONDITION MOTHER RELATIVE

Suicidal					
Psychosis					
Schizophrenia					
Manic Depressive					
Anorexia					
Bulimia					
MUSCULOSKELET-AL CONDITIONS	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Cerebral Palsy					
Clubfoot					
Scoliosis					
Slipped disk					
Pinched nerve					
NEUROMUSCULAR CONDITIONS	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)					
Huntington's Disease					
Multiple Sclerosis					
Neurofibromatosis					
Parkinson's Disease					
Tay-Sachs Disease					
Muscular Dystrophy					
RESPIRATORY CONDITIONS	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Asthma					
Emphysema					
Cystic Fibrosis					
Allergies/Hay Fever					
Food Allergies					
Drug Allergies					
Reactive Airway Disease					
Tuberculosis					
SEXUALLY TRANSMITTED DISEASES	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Gonorrhea					
Chlamydia					
Syphilis					
HIV +					
Herpes					
Pelvic Inflammatory Disease					
SKELETAL ABNORMALITIES	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Dwarfism					
Hunchback					
Easily Broken Bones					
Osteoporosis					
Malformed Features or Organs (specify)					
Paralysis					
Abnormal Digits (specify)					

MEDICAL CONDITION MOTHER RELATIVE

SKIN CONDITIONS	YES	NO	UNK	Relationship to Mother - Specify	ADDITIONAL INFORMATION
Psoriasis					
Eczema					
Seborrhea					
VISUAL CONDITIONS	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Blindness					
Retinitis Pigmentosa					
Glaucoma					
Near Sighted					
Far Sighted					
Color Blindness					
Crossed Eyes					
Lazy Eye					
Cataracts					
Astigmatism					
OTHER ILLNESSES	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Epilepsy/Seizures					
Tourettes Syndrome					
Crohn's Disease					
Lyme Disease					
Hepatitis (specify)					
Thyroid Disease/Disorder					
Cirrhosis					
Diabetes					
Kidney Stones					
Endometriosis					
Gall Stones					
Lupus					
Kidney Disease					
Liver Disorder					
GENERAL HEALTH ISSUES	**YES**	**NO**	**UNK**	**Relationship to Mother - Specify**	**ADDITIONAL INFORMATION**
Hypoglycemia					
High cholesterol					
Obesity					
Malnutrition					
Multiple Births					
Premature Babies					
SIDS					
Apnea Monitor					

PLEASE NOTE ANY OTHER CONDITIONS NOT LISTED ABOVE WHICH THE MOTHER IS AWARE OF IN HER OWN HEALTH HISTORY OR THAT OF HER FAMILY MEMBERS:

PLEASE SUPPLY THE FOLLOWING DESCRIPTIVE INFORMATION CONCERNING THE BIRTH MOTHER:

Hand dominance: _____**Right** _____**Left**

Height: _____ **Weight:** _____ **Body Build:** _____

Distinguishing Characteristics: _____

_____

Childhood Illnesses: _____

_____

Accidents/hospitalizations/injuries (nature of event and date): _____

_____

_____

PART B MEDICATION AND DRUGS TAKEN DURING THE CHILD'S GESTATION AND 5 YEAR'S PRIOR TO THE CHILD'S BIRTH

SUBSTANCE	YES	NO	UNK	FREQUENCY	ADDITIONAL INFORMATION
Alcohol					
Amphetamines (specify)					
Barbiturates (specify)					
Cocaine/Crack Cocaine					
Heroin					
Tobacco					
Cortisone					
Steroids					
Hormones (specify)					
LSD					
Marijuana					
Sleeping Pills					
Diet Pills					
Tranquilizers (specify)					
Fertility Drugs (specify)					
Medication (s) taken for any condition listed in Part A. Specify condition and type of medication.					
Specify non-prescription drugs taken such as pain relievers, antihistamines, etc.					

IF THE CHILD IS A GIRL, PLEASE COMPLETE THE FOLLOWING CHARTS:

MOTHER'S GYNECOLOGICAL HISTORY	
	SPECIFY
Age at start of menstruation?	
Age of menopause (of mother or relatives)	
Birth control used	
Fertility medication used	
Menstrual problems	
Number of medical abortions	
Number of pregnancies	

CONDITION	Yes	NO
C-Section	(specify #)	
Cystic/fibrous breasts		
Endometriosis		
Spontaneous abortions	(specify #)	
Stillbirths	(specify #)	
Toxemia		
Uterine fibroids		

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES
Division of Child Protection and Permanency

FAMILY MEDICAL HISTORY

CHILD'S FIRST NAME	CASE ID NUMBER
NAME & TITLE OF PERSON COMPLETING FORM	DATE

SECTION II. BIRTH FATHER

Indicate by checking appropriate box if the birth father or any of his relatives has had or now has any of the medical conditions listed below. Specify the relative's relationship to the FATHER (e.g. parent, grandparent, sibling, aunt, uncle, cousin, etc.). For any condition checked YES please provide specific information regarding the condition and/or course of treatment in the column marked ADDITIONAL INFORMATION. This column may be used as well to discuss any medical conditions not specifically listed below.

PART A HEALTH HISTORY.....MEDICAL CONDITIONS.....DISEASES.....ILLNESSES

MEDICAL CONDITION FATHER RELATIVE

ARTHRITIS	YES	NO	UNK	Relationship to Father - Specify	ADDITIONAL INFORMATION
Rheumatoid					
Osteo					
Juvenile					
BIRTH HANDICAPS	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Cleft palate					
Harelip					
Congenital Heart Defect					
Fetal Alcohol Syndrome					
Fetal Drug Exposure					
Hydrocephalus					
Microcephalus					
Spina Bifida					
BLOOD PROBLEMS	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Anemia					
Cooley's Anemia (Thalassemia)					
Hemophilia					
Leukemia					
Addison's Disease					
Sickle Cell Trait					
Sickle Cell Disease					
Hepatitis					

MEDICAL CONDITION FATHER RELATIVE

CANCER	YES	NO	UNK	Relationship to Father - Specify	ADDITIONAL INFORMATION
Breast					
Cervical					
Uterine					
Ovarian					
Hodgkin's Disease					
Bone					
Prostate					
Lung					
Melanoma (Skin)					
Stomach					
Liver					
Malignant Tumors					
Benign Tumors					
CARDIAC CONDITIONS	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Arteriosclerosis					
High Blood Pressure					
Hypertension					
Murmur					
Mitral valve prolapse					
Angina					
Stroke					
Heart Attack					
CHROMOSOMAL ABNORMALITIES	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Down's Syndrome					
Turner's Syndrome					
DENTAL CONDITIONS	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Periodontal disease					
Gingivitis					
Overbite					
Underbite					
Dentures					
Multiple cavities					
EDUCATIONAL HANDICAPS	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Mental Retardation					
Attention Deficit Disorder					
Hyperactivity					
Hearing Impaired (specify)					
Speech Problems (specify)					
Learning Disorder (specify)					
Dyslexia					
Emotionally Disturbed					
MENTAL HEALTH	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Depression					
Autism					
Alzheimer's Disease					
Suicidal					
Psychosis					

MEDICAL CONDITION FATHER RELATIVE

MENTAL HEALTH (CONT'D)	YES	NO	UNK	Relationship to Father - Specify	ADDITIONAL INFORMATION
Schizophrenia					
Manic Depressive					
Anorexia					
Bulimia					
MUSCULOSKELE-TAL CONDITIONS	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Cerebral Palsy					
Clubfoot					
Scoliosis					
Slipped disk					
Pinched nerve					
NEUROMUSCULAR CONDITIONS	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)					
Huntington's Disease					
Multiple Sclerosis					
Neurofibromatosis					
Parkinson's Disease					
Tay-Sachs Disease					
Muscular Dystrophy					
RESPIRATORY CONDITIONS	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Asthma					
Emphysema					
Cystic Fibrosis					
Allergies/Hay Fever					
Food Allergies					
Drug Allergies					
Reactive Airway Disease					
Tuberculosis					
SEXUALLY TRANSMITTED DISEASES	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Gonorrhea					
Chlamydia					
Syphilis					
HIV +					
Herpes					
Pelvic Inflammatory Disease					
SKELETAL ABNORMALITIES	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Dwarfism					
Hunchback					
Easily Broken Bones					
Osteoporosis					
Malformed Features or Organs (specify)					
Paralysis					
Abnormal Digits (specify)					

MEDICAL CONDITION FATHER RELATIVE

SKIN CONDITIONS	YES	NO	UNK	Relationship to Father - Specify	ADDITIONAL INFORMATION
Psoriasis					
Eczema					
Seborrhea					
VISUAL CONDITIONS	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Blindness					
Retinitis Pigmentosa					
Glaucoma					
Near Sighted					
Far Sighted					
Color Blindness					
Crossed Eyes					
Lazy Eye					
Cataracts					
Astigmatism					
OTHER ILLNESSES	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Epilepsy/Seizures					
Tourettes Syndrome					
Crohn's Disease					
Lyme Disease					
Hepatitis (specify)					
Thyroid Disease/Disorder					
Cirrhosis					
Diabetes					
Kidney Stones					
Endometriosis					
Gall Stones					
Lupus					
Kidney Disease					
Liver Disorder					
GENERAL HEALTH ISSUES	**YES**	**NO**	**UNK**	**Relationship to Father - Specify**	**ADDITIONAL INFORMATION**
Hypoglycemia					
High cholesterol					
Obesity					
Malnutrition					
Multiple Births					
Premature Babies					
SIDS					
Apnea Monitor					

PLEASE NOTE ANY OTHER CONDITIONS NOT LISTED ABOVE WHICH THE FATHER IS AWARE OF IN HIS OWN HEALTH HISTORY OR THAT OF HIS FAMILY MEMBERS:

PLEASE SUPPLY THE FOLLOWING DESCRIPTIVE INFORMATION CONCERNING THE BIRTH FATHER:

Hand dominance: _____**Right** _____**Left**

Height: _____ **Weight:** _____ **Body Build:** _____

Distinguishing Characteristics: _____

_____

Childhood Illnesses: _____

_____

Accidents/hospitalizations/injuries (nature of event and date): _____

_____

_____

PART B MEDICATION AND DRUGS KNOWN TO HAVE BEEN TAKEN BY THE FATHER DURING THE 5 YEAR'S PRIOR TO THE CHILD'S BIRTH

SUBSTANCE	YES	NO	UNK	FREQUENCY	ADDITIONAL INFORMATION
Alcohol					
Amphetamines (specify)					
Barbiturates (specify)					
Cocaine/Crack Cocaine					
Heroin					
Tobacco					
Cortisone					
Steroids					
Hormones (specify)					
LSD					
Marijuana					
Sleeping Pills					
Diet Pills					
Tranquilizers (specify)					
Fertility Drugs (specify)					
Medication (s) taken for any condition listed in Part A. Specify condition and type of medication.					
Specify non-prescription drugs taken such as pain relievers, antihistamines, etc.					

SECTION III PREGNANCY HISTORY INVOLVING THIS CHILD

Child's Name:_____

Are the parents related to each other?_____YES_____NO_____UNKNOWN

If yes, what is the relationship?_____

Month prenatal care began for this pregnancy?_____

Weight gain during pregnancy?_____

Complications during pregnancy?_____YES_____NO

If yes, explain_____

_____

Was there any X-ray, electrocardiogram, or radiation exposure during this pregnancy?

_____YES_____NO

If yes, explain_____

_____

MATERNAL CONDITIONS DURING PREGNANCY

		YES	NO	DATE
Accidents		___	___	_____
Alcohol Use		___	___	_____
Diabetes	___	___		_____
Drug Use		___	___	_____
Infections		___	___	_____
Near Miscarriage		___	___	_____
Rubella (German Measles)	___	___		_____
Severe Vaginal Bleeding		___	___	_____
Tobacco Use (Smoking)		___	___	_____
Toxemia	___	___		_____
Venereal Disease		___	___	_____
Virus (Flu, Mono, Cold Sores)		___	___	_____

If yes, explain_____

_____

DELIVERY REGARDING THIS CHILD

Duration of Labor_____Blood Type_____Rh Factor_____

Type of Delivery _____Vaginal_____Cesarean-Section

Anesthesia/medication used_____

Forceps used_____YES_____NO

Serology_____

SECTION IV BIRTH HISTORY OF CHILD

Child's Name:_____

Date of Birth:_____Time of Birth:_____Sex:_____

Place of Birth:_____
_____

Term:_____Weeks

Weight:_____Pounds_____Ounces/_____Grams
Length:_____Inches/_____Centimeters
Head Circumference:_____Inches/_____Centimeters
Chest Circumference:_____Inches/_____Centimeters

Respiration:_____Immediate_____Delayed_____Induced
Apgar Score:_____One Minute_____Five Minutes
Condition of Child at Birth:_____
Comments on Childbirth:_____
_____

Abnormalities:_____

Baby's Blood Type:_____ Rh Factor:_____

TSH, T4:_____

Coombs Test:_____

PKU:_____

Bilirubin:_____

Eye Prophylaxis:_____

Date of Circumcision:_____

Date of Discharge:_____ Discharge Weight:_____

Condition of Child at Discharge:_____

CHILDHOOD DISEASES

	YES	NO	DATE
Chicken Pox	____	____	_____
Measles	____	____	_____
Mumps	____	____	_____
Rubella	____	____	_____
Whooping Cough	____	____	_____

DEVELOPMENTAL MILESTONES

	AGE
Sat Up	_____
Talked	_____
Crawled	_____
Walked	_____
Bowel Control	_____
Bladder Control	_____

SECTION V CHILD'S HEALTH HISTORY

Child's Name:_____

Drug Screening: Date_____ Result_____

HIV Testing: Date _____ Result_____ Date_____Result_____

Sickle Cell: Date_____ Result_____

TB (Indicate Mantoux Test or Tine): Date_____ Result_____

Other: Specify_____Date_____ Result_____

IMMUNIZATIONS (DATES)

Mumps _____

Rubella _____

Measles _____

DPT (Diptheria, Tetanus, Pertussis)

8._____2._____3._____Booster_____Booster_____

Tetanus Booster 1._____2._____

Polio (Indicate Salk or Sabin)

9._____2._____3._____Booster_____Booster_____

HIB (Haemophilus Influenza)

10._____2._____3._____4._____

Significant Illness (Type and Date)_____

_____

Significant Injury (Type and Date)_____

_____

Surgery (Type and Date)_____

_____

SECTION VI **EXAMINATION BY MEDICAL SPECIALIST(S)**

Child's Name:_____

Date of Treatment:_____ Name of Physician:_____ Diagnosis/Findings: Prognosis: Recommendations for Treatment: Medication Prescribed:	Date of Treatment:_____ Name of Physician:_____ Diagnosis/Findings: Prognosis: Recommendations for Treatment: Medication Prescribed:
Date of Treatment:_____ Name of Physician:_____ Diagnosis/Findings: Prognosis: Recommendations for Treatment: Medication Prescribed:	Date of Treatment:_____ Name of Physician:_____ Diagnosis/Findings: Prognosis: Recommendations for Treatment: Medication Prescribed:

SECTION VIII ADOPTIVE PARENT'S ACKNOWLEDGEMENT OF RECEIPT OF MEDICAL HISTORY

Child's Name:_____

Child's Case ID Number:_____

I hereby acknowledge receipt of a copy of the Family Medical History Form as a component of the adoptive placement of_____in my home.

The Family Medical History Form includes:

Section I	Medical Information on the Birth Mother
Section II	Medical Information on the Birth Father
Section III	Pregnancy History Involving This Child
Section IV	Birth History of Child
Section V	Child's Health History
Section VI	Examination by Medical Specialist(s)
Section VII	Personality and Temperament of Child

I understand that the agency has included on this form all related information that was obtained by the agency while working with the above-named child and his/her birth family. Additional information was obtained from_____ _____who referred this child for adoption purposes.

I further understand that there may be undetected medical conditions or medical information from the child's background that were not made known to the agency and, therefore, could not be made available to me.

I am aware that the agency will be giving me additional information including the birth parent's social, educational, and developmental history, and the child's most recent medical examination.

I understand that I have been given all known HIV information about the HIV status of the child and the birth parents; and that the HIV information regarding the birth parents must be kept confidential in accordance with N.J.S.A. 26:5C-10, and I agree to comply with this requirement.

Signature(s) of adoptive parent(s)

_____ Date_____

_____ Date_____

_____ _____

Agency Representative Title

_____

Date

Agency:_____

Address:_____

_____

Phone: _____

Social Summary of Birth Mother:

Name:
Date of Birth:
Birth Place:

Physical Characteristics:

Eyes:	Color & Texture of hair:	Complexion:
Height:	Weight:	Body Build:
Race:	Glasses:	Right/Left Handed

Educational Information:

Grade School:	High School:	College/University:
Vocational Training:	Other:	

Employment Information:

Are you employed? Yes/No

Current Employment (Type of Job):

Previous types of Jobs held:

Marital History:

Are you currently married? Yes/No
Have you been previously married? Yes/No

Information on other children:

Child's First Name	Sex	Birth date	Birth place	Residence
1.				
2.				
3.				
4.				
5.				

Have any of your children had any unusual physical or mental illness? Yes/No
If yes, please explain:

_____
_____
_____

What religion do you practice? _____

Developmental History (of other children):

Event	Age	Event	Age
First tooth		Food problems	
Crawled		Bed wetting	
Walked		Menstrual cycle onset	
Toilet Trained		Problems with period	
Talked		Acne (Pimples)	

Please give a brief description of your talents, hobbies and interests:

_____
_____
_____
_____
_____
_____

Reasons for placement:

Why do you consider it desirable to place the child for adoption?

_____
_____
_____

What is your current feeling about being contacted by the child when he/she turns 18 YO?

Family History:

Please give a brief description of your childhood home and family life:

List number of siblings:

Is there something about yourself that you would want your child to know someday?

Social Summary of Birth Father:

Name:
Date of Birth:
Birth Place:

Physical Characteristics:

Eyes:	Color & Texture of hair:	Complexion:
Height:	Weight:	Body Build:
Race:	Glasses:	Right/Left Handed

Educational Information:

Grade School:	High School:	College/University:
Vocational Training:	Other:	

Employment Information:

Are you employed? Yes/No

Current Employment (Type of Job):

Previous types of Jobs held:

Marital History:

Are you currently married? Yes/No
Have you been previously married? Yes/No

Information on other children:

Child's First Name	Sex	Birth date	Birth place	Residence
1.				
2.				
3.				
4.				
5.				

Have any of your children had any unusual physical or mental illness? Yes/No
If yes, please explain:

What religion do you practice? _____

Developmental History (of other children):

Event	Age	Event	Age
First tooth		Food problems	
Crawled		Bed wetting	
Walked		Menstrual cycle onset	
Toilet Trained		Problems with period	
Talked		Acne (Pimples)	

Please give a brief description of your talents, hobbies and interests:

Reasons for placement:

Why do you consider it desirable to place the child for adoption?

What is your current feeling about being contacted by the child when he/she turns 18 YO?

Family History:

Please give a brief description of your childhood home and family life:

List number of siblings:

Is there something about yourself that you would want your child to know someday?

OPENNESS FORM

Birth Mother Name: _____

Birth Father Name: _____

Counselor Name:

I. Please check whichever statement(s) that most closely describes the birth mother's (denote BM) and birth father's (denote as BF) desires:

_____ Wants Agency to Select family (**No openness desired)**

_____ Wants to Participate In Selection Through Profiles and Pictures Only.

_____ Wants One Time Meeting With Adoptive Family At Time of Placement

_____ Wants Ongoing Pictures and Letters Via Agency

_____ Wants to Meet Adoptive Family and Have the Possibility of Future Visits

II. Are there other extended family members (ie. grandparents, paternal or maternal) involved in the process?

CALL LOG

Name of Client:
Counselor:

No.	Date	Time	Result	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

COMMON QUESTIONS YOU MIGHT THINK OF WHEN CONSIDERING ADOPTION FOR YOUR CHILD

1. Can I choose the parents who will adopt my child? At ARC you can assist in this choice. We will share profiles with you about families and you can make your selections. You can see pictures of families, possibly speak with a family on the phone and at the time of placement you can meet the family if you would like to.

2. How do I know they are good people who will provide a good home for my child? Every family who is allowed to adopt is first approved through a process called the homestudy. First they must submit a lot of paperwork such as reference letters, financial statements, medical reports, etc. We also check to be sure they have no criminal or child abuse history. Then they have a social worker come to their home 3 or more times to get to know them and their motives for adoption. Finally they have to attend training classes on adoption and on being good parents. After they have successfully competed all of these steps they can be approved to adopt.

3. How will I know how my child is doing in the future? At ARC we will stay in close contact with both the adoptive family and will obtain pictures and updates on your child from the adoptive family to share with you every few months in the early years and then once a year as the child gets older.

4. What if I want my child back? Adoption is not the same as foster care. In adoption you are making a permanent plan for your child to have a "forever family" - a permanent home. If you think you may want your child back one day this is one of the issues we should talk about in counseling to help you make the best plan. Maybe it will be adoption, maybe it won't be.

5. Are there really any families for my child - my child is not an infant. YES, there are loving, approved families for every child no matter what has happened during the pregnancy, or if the child is unexpectedly born with special needs, or if the child is placed for adoption at an older age. These parents receive extra training and support services to be equipped to parent these special children.

6. Do I have to tell the father of the child? Pennsylvania and New Jersey law gives fathers the same rights as mothers. This is another subject you can discuss more during your free counseling.

7. I am under 18 - do I have to tell my parents? This is a complicated question and the answer depends on who you live with and other things. You can talk about it with your counselor when she comes to see you.

8. What if I end up keeping my child - does ARC still help me? YES, we will continue to provide you with free counseling, support services and referrals to other services you may need to be successful as you parent your child.

PERMANENCY PLANNING ASSESSMENT TOOL

This brief questionnaire will attempt to help you assess your feelings, along with the realities of the context of your situation as you explore the options you are faced with for your child's future. Since this is about permanency planning, we are only going to discuss three options: you raising the child as a full time parent; a relative (or the other parent) raising the child as a full time parent; or adoptive placement for the child.

Please complete this questionnaire thoroughly and honestly. Use as much more paper as you need. You and your partner or the child's other parent should each respond separately. We want you to have as much power and control over the future of yourself and your child as possible. We also believe strongly that your child's needs must be the top priority and that any decisions made must truly be in his best interests. We hope that using this tool will help with your decision.

Goals:

1. What are your goals for yourself? Try to name at least three to five most important goals.

2. What do you hope your life will be like in 5 years from now? What about in 10 years from now?

3. Which of your goals is most important to you? How hard are you willing to work to make that goal happen? What effect will working toward this goal have on other aspects of your life? Other relationships in your life?

4. Which of your goals are least important to you? Would it be OK with you if you had to give up this goal? How will giving it up effect your life? How will giving it up effect the lives of others important to you (your spouse, partner or children for example)?

5. How will being a full time parent to this child effect your ability to reach your goals?

6. How will placing this child with a family member effect your ability to reach these goals?

7. How will placing this child for adoption effect your ability to reach your goals?

Goals for your Child and any other Children of yours

1. As a parent, what are the 3 - 5 most important goals you have for your children's lives? some examples could include things like:

- grow up to be happy and healthy
- obtain a good education
- to reach his potential talents in music or art or sports, etc.
- Develop moral values
- develop good relationships with others
- to be financially successful
- to have a better life than I (the parent) have had

2. What goals for your child are least important to you as a parent?

3. What effect will it have on your child if he does not have a child hood that helps him reach these goals?

4. What effect will it have on your child if his childhood can help him to reach these goals?

5. How will it effect you as a parent if your child cannot reach these goals? How will it effect you as a parent if he does have the opportunity to reach these goals?

6. As a parent, what efforts, including what sacrifices, am I willing to make so that my child can have the opportunities to reach these goals?

7. How will raising the child as a full time parent effect my child's opportunities to reach these goals?

8. How will placement with a family member effect my child's opportunity to reach these goals?

9. How will adoptive placement effect my child's opportunities to reach these goals?

Practical Realities, Finances:

1. How much will it cost to raise this child? What are the most essential costs involved?

2. Do I have the financial resources necessary to raise this child? If no, what changes could I make that would allow me to have the financial resources needed to raise the child?

3. If I do not personally have the financial resources to raise a child, what sources of help and support could I obtain to help me with this?

4. Will it stretch my financial resources to add this child's needs into the budget? If yes how will this effect me? How will this effect the child? How will this effect other children I am already caring for?

5. How will placing this child with a relative effect his ability to have a financially stable upbringing?

6. How will placing this child for adoption effect his ability to have a financially stable upbringing?

Housing:

1. Do I have adequate housing to bring this child home to?

2. If not, what changes can I make to make my housing situation appropriate for this child?

3. How will raising this child effect the housing arrangements for me and my other children?

4. How will this child's housing situation be effected by placing with a relative?

5. How will this child's housing situation be effected by placing for adoption?

Medical Care:

1. Does this child need routine or special medical care?

2. Do I have the resources to provide the medical care this child needs?

3. If not, do I know how to locate and use the resources needed to obtain medical care for my child?

4. How will my child's medical needs be effected by me raising the child?

5. How will my child's medical needs be effected by placing the child with a relative?

6. How will the child's medical needs be effected by placing for adoption?

Special Circumstances:

For some parents and their children, special circumstances in the life of the parent or the child may be critical factors in making this decision. Such special circumstances could include a parent who is recovering from drug or alcohol dependency, a parent challenged by mental health issues, a parent already raising other children, particularly if any of those other children have special needs, a parent attempting to be reunited with other children who are not in her custody for any reason; or a child who has special needs of his own.

1. Do any of these (or other similar) special circumstances apply to you?

2. If no, skip this section and go on. If yes, please list which ones?

3. How will bringing home this child to raise effect your ability to cope with these special circumstances? For example, will raising this child have a positive, neutral or detrimental impact on your recovery, or your ability to raise your other children, etc. . . .

4. How will placing this child with a relative effect your ability to cope with these special circumstances?

5. How will placing this child for adoption effect your ability to cope with these special circumstances?

The Bigger Picture

1. Who else is involved in this decision? Other family members? Friends? Any special service providers I am involved with? Courts?

2. How will any of these people react if I decide to parent this child?

3. How will any of these people react if I decide to place this child with a relative?

4. How will any of these people react if I decide to place this child for adoption?

5. How much do the reactions of others matter to me? How much will this effect my decision? How much will this effect my ability to be successful with the outcome of my decision? How much do I rely on any of these others for support in my day to day life and how will that support be effected my the decision I make?

Feelings:

1. What emotions do I have as I work on these questions?

2. How does the idea of raising this child make me feel, emotionally?

3. What feelings do I have when I consider placing this child with a relative?

4. What feelings do I have when I consider placing this child for adoption?

5. How do I think I will feel in 5 or 10 years about my decision?

6. How do I think my child will feel?

7. Are my immediate feelings and my long term feelings likely to be the same or different? Why? How will these feelings effect my life? My child's life?

8. How much of my decision am I basing on emotions and feelings? Is this the basis I want to use for this decision?

Losses and Benefits:

1. If I decide to raise this child, what losses are involved for me? For the child?

2. If I decide to raise this child, what benefits are involved for me? For the child?

3. If I decide to place this child with a relative, what losses are involved? For me? For the child?

4. If I decide to place this child with a relative, what benefits are involved? For me? For the child?

5. If I decide to place this child for adoption, what losses are involved? For me? For the child?

Self Assessment Statements:

Check any of the following statements that apply to you:

_____ I feel ready to parent this child
_____ Some people say they will help me
_____ I want to raise this baby more than anything else
_____ My partner and I both want to raise this baby together
_____ I am comfortable being a single parent
_____ I am not comfortable being a single parent
_____ I am ready and can manage the needs of this child
_____ I am not ready for and cannot manage the needs of this child
_____ I can manage the needs of a baby, but I'm not sure about a 5 year old or 10 year old or teenager
_____ I can manage the needs of this child and my other children
_____ I can manage the needs of this child but it may jeopardize my ability to meet the needs of my other children
_____ Bringing home this child will prevent me from reaching my goals
_____ I cannot imagine how I will do it financially
_____ I can picture my child growing up more securely in another family
_____ I can never imagine a child of mine in another family
_____ I want my child to have parents that are truly ready to be parents right now

Self Assessment Statements:

_____ I feel confident that adoptive parents are well screened and can provide a good home for my child

_____ I am not confident in the screening process for adoptive parents

_____ I am worried that my child will hate me in the future if I place him with someone else

_____ I am confident that my child will understand my reasons for placing him and the love I have for him

_____ I am worried my child will hate me in the future if I keep him and cannot provide the best life for him

_____ I am confident my child will understand that life isn't always a bed of roses

_____ My religious beliefs are having an effect on my decision

_____ I would feel a great sense of peace knowing I gave my child to someone unable to have children

Any other statements you wish to add:

Coming to A Decision:

1. The decision I most want to make is:

2. The decision I think my partner most wants me to make is:

3. After careful reflection of all of the topics raised in this questionnaire, I feel that the decision which will be best for my child now and in the future is:

4. Is the decision that is best for my child the same one that I want? Why or why not?

5. My decision is:

Placing Your Child for Adoption

by, Lauren E., a birthmother

What can help you in the decision making process:

- Speak with someone who is knowledgeable on the subject (talking with friends or family who do not have a realistic idea of the adoption process will only make you question your decision for the wrong reasons).

- Surround yourself with positive people who will support you regardless of your decision(it is very important that no matter what you choose to do, the people around you will respect you and your decision ALL of the time).

- Think about the commitment required in raising a child. Are you in a position to lend that kind of commitment now? In five years? In ten years?

- Consider the environment(s) in which you live, or are immersed in frequently. Would these environments be productive and positive for your baby?

- Consider the current relationships in your life (romantic, platonic, family). Are these current relationships healthy? If no, do you see these relationships changing in the near future? If yes, how?

- Think about the people involved in your life right now. Do you think that these persons would be willing to help you in raising your child? More importantly, would you want these persons to aid you in caring for your baby?

- Though there are many people who can help you and many ways you can come to the right decision for your baby, know that you are the only person who can make the decision to place your child for adoption. Make your decision based on your own assessment of the current circumstances in your life. Understand that whether or not you choose to place your child for adoption, you are a strong and courageous person for even considering such a selfless act.

What can help you cope with your feelings post-adoption:

- Discuss your feelings with someone who you love and trust.

- You may feel remorseful, shameful or guilty.

- You can also expect to feel extreme sadness as you would feel if someone very close to you passed away.

- You will probably feel tired, irritable, and angry as well.

- Though you might be in an environment where there are lots of people, it is very likely that you will feel alone.

- Remember that even in the best of circumstances the childbearing process is one that is full of emotions and feelings. A good number of the things that you are feeling can be attributed to the fact that you just had a baby, and may not really be related to the adoption itself (although that is always there).

- Know that it is okay to cry and feel sad.

- Know that it is not okay to want to hurt yourself or hate yourself, because you made the best decision for you and your baby.

- Think about the many opportunities your child will have being with parents and a family who can provide him/her with everything that you could not.

- Try and do things that gave you pleasure before the adoption, such as cooking, reading, singing.

- Write down your feelings (in a journal, poem, song, etc.) if you do not feel comfortable sharing them with someone.

- It is very easy to focus on all the negative things that accompany placing your child for adoption, such as missing holidays and other important moments in his/her life. Try considering all the positive things that will happen for you as a result of the adoption, such as being able to finish school or accepting more hours and a higher position at your job. Know that wanting these things is not selfish, rather it is commendable that you are focused on achieving your goals and making your child proud of you in the long run.

- Think about the wonderful family you have blessed your child with. Also consider all the love and support they will give to him/her for the rest of their lives.

- Reach out to other birthmothers. Don't be afraid to open up to them because they need you just as much as you need them.

- Try and get involved in things that previously made you happy, such as volunteering, mentoring, planning church functions.

- Don't take too much time off. Idle minds are the devils' playground! The more idle time you have,the easier it will be for you to completely overwhelm yourself with the adoption.

- Avoid potentially stressful or negative situations and/or people, because this will only exacerbate your feelings of sadness.

- It is normal to question the validity of the reasons for choosing adoption, but know that you made the decision to place your child for very valid reasons.

- Though you might feel there are some stigmas attached to speaking wth a professional counselor, know that it is very common amongst all people (even outside of the realm of adoption). It can be helpful to speak to someone who is neutral and can offer a different perspective. If you still feel uncomfortable doing so, it can also be very helpful to reach out to other birthmothers or attend group counseling services such as a support group.

- The more you keep your emotions bottled up inside of you, the longer you will hold on to them, and the harder it will be for you to deal with them. The sooner you open up, the easier it will be to get back to your old self, and the key is finding someone who makes you feel comfortable doing so.

- Pamper yourself! (this could mean a day at the spa, sending the kids to grandmom for a night, or splurging on an awesome pair of shoes). No matter what it is you treat yourself to, know that you more than deserve it.

BIRTH PARENT GRIEF AWARENESS WORKSHEET

I. Previous losses

1. Can you think of situations in your life when you have experienced a loss? Examples can include someone close to you dying or moving away or "disappearing" from your life, a divorce, a serious illness, or even the loss of a pet. Make a list of all losses you can think of.

2. What feelings did you have at those times? What feelings have you had about those losses since the time when they actually occurred?

3. What things have you done to help yourself deal with those feelings?

4. Do you feel that you have completely worked through these losses or are they still freshly painful to you now?

5. During these losses have you ever felt depressed? How do you act when you are depressed? What helps you the most during depressed times?

6. How do other members of your family react to losses? Are their reactions helpful to you or make it harder on you? Does your family have any special rituals for handling grief?

II. Adoption as Loss

1. Have you considered that you may feel sad about not having your baby with you after the placement? This, too, is a loss in your life. What do you think will be most helpful to you during your moments of sadness?

2. We all experience different losses in our lives. What have you learned from your other losses that can help you with this one?

3. What can I, as your counselor, and the agency do to help you at this time?

4. Who or what other resources in addition to the agency do you have to draw on when you are feeling the emotions associated with this adoption plan?

Adoption ARC
Pennsylvania, New Jersey and Delaware Licensed

Founder
Tara E. Gutterman, Esquire

Executive Director
Merle Gutterman Parker, M Ed., MS

Social Work Supervisor
Laura Hoffman, LSCW

Adoption ARC Complaint Policies and Procedures

1. The procedures for lodging such a complaint are as follows:
   I. Should Any individual have a complaint about the services received from Adoption ARC including Adoption ARC Foster Care, such complaint should be made by submitting a written description of the basis for Complaint to the Adoption ARC's Executive Director (unless the Executive Director is the subject of the complaint, and then such complaints shall be submitted to the Board of Directors.)
   II. Adoption ARC will immediately investigate the facts of the complaint and respond to each complaint in writing within 30 days of receipt of such complaint, unless the complainant requests expedited consideration and demonstrates that the complaint concerns time sensitive facts or involves allegations of fraud.
   III. To the extent Adoption ARC receives a complaint, Adoption ARC will maintain a written record of each complaint, and the steps it took to investigate and respond to it. The complaint, as well as all steps taken to remedy and/or address the allegations contained therein, will be available to the entity assigned to accredit Adoption ARC.
   IV. To the extent that the complainant is dissatisfied with the response to the complaint, the complainant may request reconsideration by writing to President of the Board of Directors. The President of the Board of Directors will review and respond within 30 days. This response shall be a final determination.

v. To the extent that the complaint involves an intercountry adoption case that is governed by the Hague, the following additional procedures shall apply:

a. If the Board of Directors does not respond within 15 days, the complainant may submit their complaint to the Department of State's Complaint Registry in electronic format.

b. The complaining person may lodge a complaint with the Hague Complaint Registry

c. The accrediting entity assigned to review and resolve complaints will verify that the complainant has already attempted to seek resolution through the Agency's internal procedures prior to consideration.

2. Adoption ARC will provide to its Hague accrediting entity and the Secretary of State on a semi-annual basis the following:

i. A summary of all complaints received; and

ii. An assessment of any discernible patterns in complaints received against the Agency, along with information about the systematic changes that were made or are planned to be included.

3. Adoption ARC shall utilize the complaint data as part of an overall quality improvement program which includes reviewing complaint data, using client satisfaction surveys, or comparing the Agency's practices and performance against the data contained in Secretary's annual reports to Congress.

Signature: _____

Date: _____

Signature: _____

Date: _____

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ADOPTION ARC'S POLICY FOR FOSTER HOME COMPLAINTS

FOSTER HOME COMPLAINT/COMMENDATION PROCEDURE
Rule 137: Foster Home Complaints/Commendations

For any Foster Home complaints that suggest immediate danger or potential risk to our Adoption ARC children, Adoption ARC will conduct an immediate investigation;

- There will be immediate action to protect any child to be found at risk;
- Adoption ARC will provide written reports including findings and recommendations
- Adoption ARC will make certain that our Foster Homes will be commended by the agency for outstanding performance.

Signature: _____

Date: _____

Signature: _____

Date: _____

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CLIENT SATISFACTION SURVEY
BIRTH PARENT

Recently you received services from Adoption ARC also known as Adoption Resource Center. In an effort for us to improve the quality of our services, your opinion is very important to us. Please answer the following questions and return it to us as soon as possible.

1) Office location: _____

2) Demographics:

   a. Your age? ____under 15 ____15-18____19-25____26-35____over 35

   b. Your gender? ____Female ____Male

   c. Your ethnicity? ____African American____Caucasian____Latino
      ____ Asian ____Mixed-racial ____Other

   d. Marital status? ____Single ____Married ____Divorced____Widowed

3) Reason for coming to our office for services?
   _____
   _____
   _____

4) Where did you hear about Adoption Resource Center (Adoption ARC)?

   a. Hospital_____
   b. Relative/friend_____
   c. Another agency_____
   d. Phone book/newspaper_____
   e. Other___(please specify)_____

(continued on other side)

5) How long have you been receiving services?_____

6) How often have you been in telephone contact with our agency?

___daily ___weekly ___2X a month ___monthly ___less than monthly

7) How often have you been in personal contact with our agency?

___daily ___weekly ___2X a month ___monthly ___less than monthly

8) Please read each of the following statements and check the appropriate response.

	YES	NO	Not certain
1) Agency personnel were courteous	_____	_____	_____
2) My first appointment occurred within a reasonable time period.	_____	_____	_____
3) I believe that the information I have shared is kept confidential by agency staff.	_____	_____	_____
4) I have been treated with care and concern.	_____	_____	_____
5) I am satisfied that my rights, responsibilities, and options have been explained to me.	_____	_____	_____
6) I feel empowered and supported in developing and facilitating my plan for my baby.	_____	_____	_____
7) I would recommend this agency to others.	_____	_____	_____

9) Are there any additional suggestions to help improve the services at Adoption ARC?

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TRANSFER OF LEGAL CUSTODY TO AGENCY & AUTHORIZATION FOR MEDICAL CARE

TO THIS HONORABLE COURT:

1. Your Petitioner is a birth mother named _____.

2. She is a(n) _____ having been born on _____.

3. Petitioner is the mother of _____ born on _____.

4. Petitioner signs this document in order to transfer legal custody of her child to Adoption ARC, Inc. of 811 Church Rd, Suite 202, Cherry Hill, NJ 08002. Adoption Resource Center is an adoption agency licensed in Pennsylvania, Delaware and New Jersey.

5. Petitioner intends to sign a New Jersey surrender as a means to terminate her Parental Rights and allow Adoption Resource Center to plan for adoption of the child.

6. Petitioner states that _____is the birth father.

7. Petitioner grants consent to Adoption ARC, Inc. to provide routine and emergency medical care as needed to Baby _____ until such time as the adoption is finalized in court.

Date:_____ Petitioner:_____

Witness: _____