



A Chosen Child Adoption Services

A SOUTH CAROLINA ADOPTION AGENCY AND NON-PROFIT CORPORATION

AUTOBIOGRAPHY

Personal Data

Name		Maiden Name:	
Home Address:		County:	
Tel. Home:		Tel. Mobile:	
Place of Birth		Country:	
Birth Date			

List others living in your household

Name	Relationship	Date of Birth

List any other children not living with you

Name	Relationship	Date of Birth

Mailing Address

PO Box 50637

Summerville, South Carolina 29485-0637

Telephone

(843) 851-4004

Internet

Email: info@ACCAAdoptionServices.com

www.ACCAAdoptionServices.com

1. Motivation to Adopt

A. Why have you decided to pursue adopting a child?

B. How long have you been thinking about this decision?

2. Family Preference in a Child

A. What type of child are you interested in adopting? Age, sex, race, number of children, etc.

B. International adoption only – What country have you selected and why?

3. Description of Applicant

Height:		Eye Color:	
Weight:		Race:	
Hair Color:		Complexion:	

4. Family History

A. Parents:

Father's Name:	
Current Address:	

Mother's Name:	
Current Address:	

B. Describe your mother and your relationship with her. Include age & (former) occupation:

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C. Describe your father and your relationship with him. Include age & (former) occupation:

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D. Describe the relationship between your parents and between your parents and their children:

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E. Siblings:

Name:		DOB:	
Address:			
Occupation:		Health	

Name:		DOB:	
Address:			
Occupation:		Health	

Name:		DOB:	
Address:			
Occupation:		Health	

Name:		DOB:	
Address:			
Occupation:		Health	

F. What was your relationship with your siblings when you were growing up and what is it like now?

G. What chores or responsibilities did you have while growing up? Did you have a part-time job as a teen?

H. What were some special occasions observed by your family?

I. What type of punishment did you receive as a child? How and why would this be different from what you would use for your own children?

J. What were some of the rules in your parent's home?

5. Family Relationships

A. How would you describe your marriage and your spouse?

B. Date of marriage and place of marriage:

C. When and how did you meet your spouse?

D. How are decisions made within your family?

E. What is the most controversial subject?

F. How are disagreements or problems solved?

G. Have you been previously married? _____

When and for what reason(s) did the marriage end?

H. If you have minor children not living with you, do you pay child support and how often do you see them?

I. If there are infertility problems, please list medical diagnosis and course of treatment.

6. Coping Abilities

A. What do you feel is your greatest personal achievement? How did you feel and/or react?

B. What do you feel is your greatest personal failure? How did you feel and/or react?

C. What is the one most stressful area in your life at the current time?

D. How do you best handle stress - major and/or minor?

E. What loss have you experienced in your life-time (ex.: death of parent, sibling, spouse, child) and how did this change your life?

7. Family Lifestyle and Values

A. How do you spend your leisure time alone?

B. How do you spend your leisure time with your spouse and/or children?

C. What special talents or hobbies do you have?

D. Does religion play a role in your life?

E. Do you attend worship services? When, where, and how often? Any special activities or committees?

F. What family values do you feel are important to teach your children and why?

G. Do you have pets? _____

Please list pets:

Type	Name	Age	Indoor or Outdoor

8. Children / Parenting

A. Describe your children's accomplishments, school work, failures, personalities, special interest or talents, behavior problems, physical characteristics:

B. How do your children feel about adding to the family by way of adoption?

C. How did becoming a parent change your marriage?

D. Current (or planned) mode of discipline:

E. Other experiences with children (ex.: Scout leader, Sunday School teacher, ball coach, Big Brother, baby sat as a teen, etc):

9. Work and Educational History

A. Current employer:

B. Job Title

C. How long with this employer (date began)

D. Regular work hours:

E. Out-of-town travel:

F. What do you like most and least about your job?

G. Have you ever served in the US military?

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Branch of Service:			
From:		To:	

Branch of Service:			
From:		To:	

H. Name and location of last high school attended and dates:

Name of HS:			
Location of HS:			
Did you graduate?		When:	
Do you have a GED?		When:	

I. Name and location of university, college and/or technical schools attended and dates:

Name of School:			
Location of School:			
Did you graduate?		When:	
Degree:			

Name of School:			
Location of School:			
Did you graduate?		When:	
Degree:			

Name of School:			
Location of School:			
Did you graduate?		When:	
Degree:			

J. Do you have any plans for continuing education?

K. List any extracurricular activities in which you participated (specify high school and/or college):

10. Medical History

Please have your physician complete the medical form.

A. Describe your health:

B. Have you had any serious illness or accidents? _____

If yes, please explain:

C. Have you ever been treated for any type of emotional, psychological, or mental health problems? _____

If yes, please explain:

11. Financial

Please complete the financial form.

A. Who is responsible for budgeting and handling the family's money?

B. Have you ever declared bankruptcy? _____

When?

C. Do you have health and life insurance? _____

D. Will your health insurance cover adopted child at time of placement? _____

E. Who will be responsible for child in case of parents' death?

F. Has this been discussed with this person? _____

12. Other Household Members

A. Is there anyone else living in the household? _____

B. How long have they lived with you? _____

C. What were the circumstances leading to their residing with you?

D. How do they participate in family life?

E. What household responsibilities do they have?

F. Is this a permanent or temporary arrangement? _____ If temporary, how long will they be in the household? _____

G. Will this person be involved in child care? _____

How?

13. Home and Community

A. Describe your home: (ex.: age, sq footage, number of bedrooms, baths, etc.)

B. What school(s) would child attend?

C. Recreational activities in or near neighborhood:

D. How would childcare be provided?

E. Will you have maternity/paternity leave?

14. Working with the Child

A. Do you understand the importance of confidentiality of a child's background?

B. To what degree of openness are you comfortable with?

C. How would you feel if your child decided to search for birth parents?

D. Are you willing to seek professional assistance if problems arose?

15. Signature

I certify that the information provided in this autobiographical statement is true and accurate. I understand that this information is necessary to complete my adoption home study.

Signature

Name

Date