



Do you have any children? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes:

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Living with you:** \_\_\_\_\_ **Adopted or Biological:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

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Have you ever had an adoptive home study done before? If yes, when and with what agency?

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What has brought you to adoption at this time?

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What is the nature of your infertility? \_\_\_\_\_

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Are you currently undergoing infertility treatments? If so, please describe: \_\_\_\_\_

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Are you currently working with any other adoption resources? \_\_\_\_\_

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How did you hear about Bethany? \_\_\_\_\_

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**Child Desired:**

Indicate below all the possible categories with which you would feel comfortable:

Age Range: \_\_\_ Birth to 6 months \_\_\_ 6 months to one year \_\_\_ Older: \_\_\_\_\_

Gender: \_\_\_ Male Only \_\_\_ Female Only \_\_\_ Either

**Racial/Ethnic Groups:**

\_\_\_ Caucasian \_\_\_ African American \_\_\_ Asian \_\_\_ Hispanic \_\_\_ Native American

\_\_\_ Caucasian/African American \_\_\_ Caucasian/Asian \_\_\_ Caucasian/Hispanic

\_\_\_ Caucasian/Native American \_\_\_ Other: \_\_\_\_\_

\_\_\_ Would consider any

Anything else you'd like to tell us? \_\_\_\_\_

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