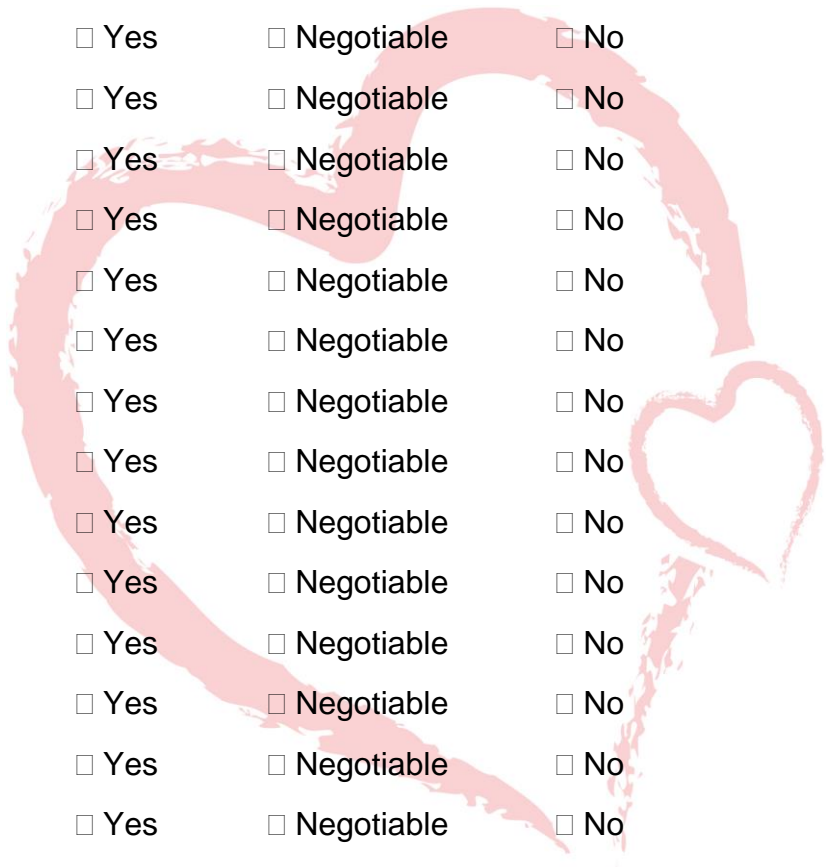




An Oklahoma Licensed Agency  
201 N. Broadway St., Suite 107  
Moore, OK 73160-5135  
TEL: 405-794-7500  
FAX: 888-203-6124  
info@adoptionchoicesofoklahoma.org

**Are you open to adopting a child whose biological parent or adoptive parent?**

- |                                    |                              |                                     |                             |
|------------------------------------|------------------------------|-------------------------------------|-----------------------------|
| Abused A Child                     | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Has A Criminal Record              | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Is An Alcoholic                    | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Exposed Child to Domestic Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Exposed Child to Sexual Activity   | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Has a History of Drug Use or Abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Is Intellectually Disabled         | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Has a Mental Illness               | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Bi-Polar Disorder                  | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Schizophrenia Spectrum             | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Borderline Personality             | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Narcissist Personality             | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Other Personality Disorders        | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Major Depression                   | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Anxiety                            | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Dissociative Disorder              | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Neglected a Child                  | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Sexually Abused the Child          | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Sniffed Paint, Glue or Inhalant    | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Is HIV+                            | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Has AIDS                           | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Other (Please Describe)            | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |

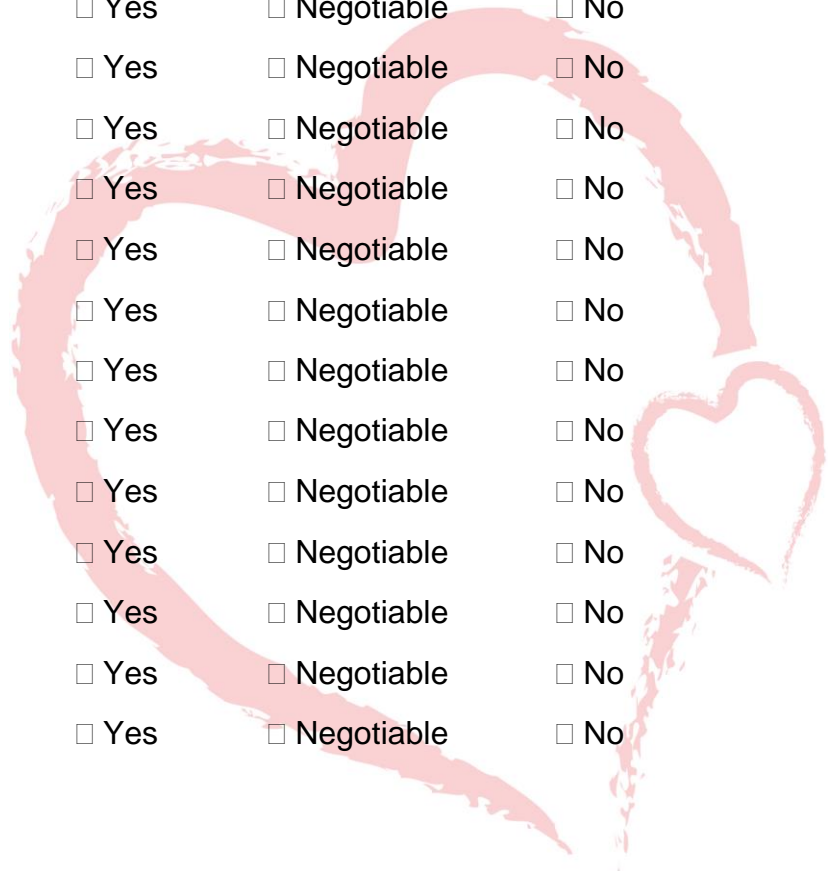


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**Are you open to accepting a child with behavior and/or emotional problems including:**

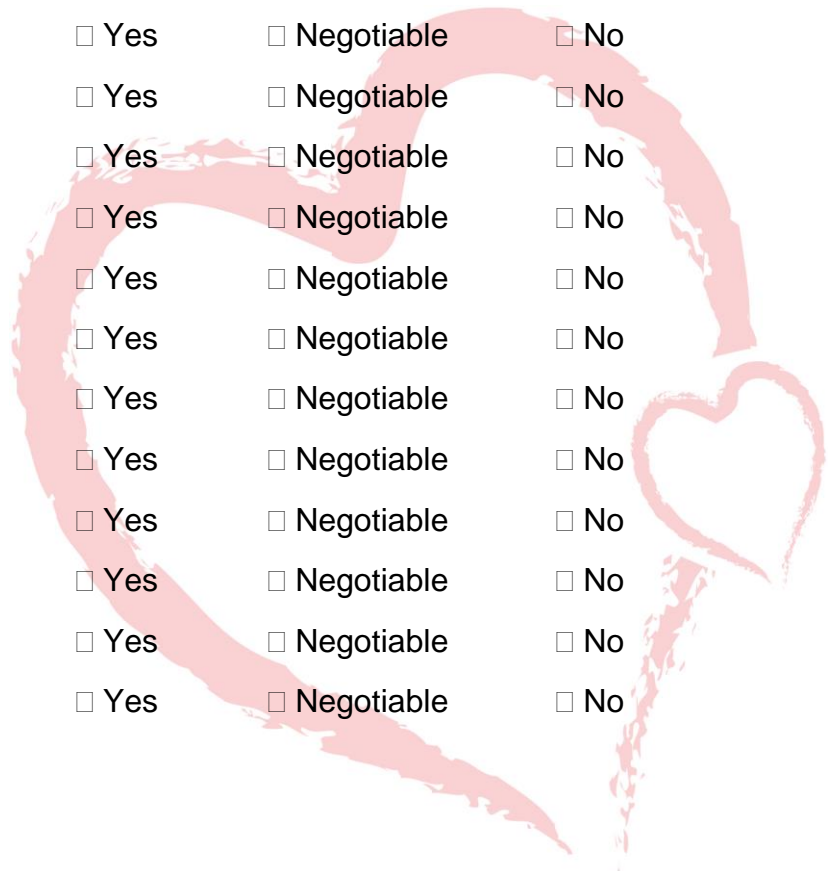
- |                                  |                              |                                     |                             |
|----------------------------------|------------------------------|-------------------------------------|-----------------------------|
| Aggressive, Hostile              | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Bed Wetting                      | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Cruelty to Animals               | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Defiant                          | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Destructiveness                  | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Delinquent Behaviors             | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Extreme Fearfulness              | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Extreme Shyness                  | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Fighting with Other Children     | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Fire Setting                     | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Frequent Crying                  | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Gender Identity Crisis           | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| History of Running Away          | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Hoarding Food or Possessions     | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Hyperactive                      | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Inappropriate Sexual Activity    | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Lying                            | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Masturbation                     | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Mourning Family of Origin        | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Mourning Friends and Connections | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Multiple Moves/Placements        | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Sexually Abusing Others          | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Sexually Active                  | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Smoking or Tobacco Use           | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |
| Stealing                         | <input type="checkbox"/> Yes | <input type="checkbox"/> Negotiable | <input type="checkbox"/> No |



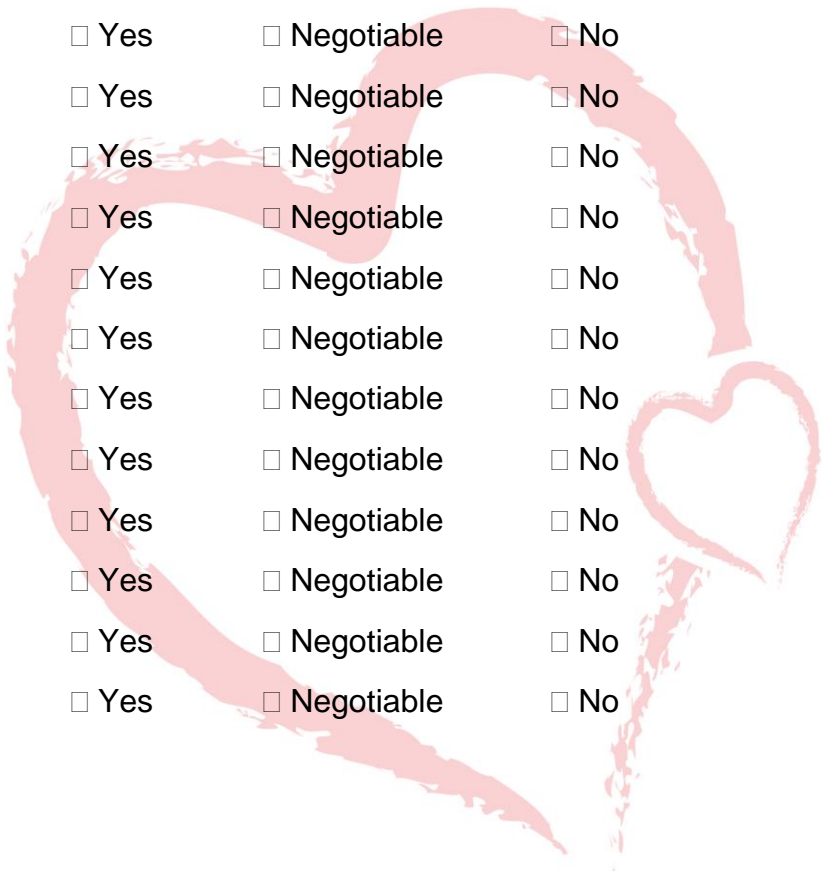
Swearing, Foul Language	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Temper Tantrums	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Truant	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Use of Alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Use of Drugs, legal or illegal	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Use of Inhalant	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Withdrawn	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No

**Are you open to accepting a child with a disability or special conditions?**

AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Allergies, Food or Pet	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Amputation	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Attachment Problems or Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Attention Deficit Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Autism Spectrum Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Blind or Partially Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Cast or Broken Bones	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Cerebral Palsy	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Child of Incest	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Chronic Ear Infection	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Cleft Palate	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Counseling (current or historical)	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Cystic Fibrosis	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Deaf or Hearing Impaired	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Developmental Delays	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Down Syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Drug Affected	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No



Encopresis (bowel movement in pants)	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Enuresis (wetting bed, pants)	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Epilepsy (seizures)	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Fetal Alcohol Syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Heart Defect or Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Hemophilia	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
HIV+	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Intellectual Disability Level			
Mild	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Moderate	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Severe	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Learning Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Receives Special Education Services	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
On Individual Education Plan (IEP)	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Muscular Dystrophy	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Obsessive Compulsive Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Orthodontic Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Orthopedic Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Partial Paralysis	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Post-Traumatic Stress Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Physical Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Psychiatric Care or Counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Scoliosis	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Shaken Baby Syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Sickle Cell Anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Special Education Needs	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Speech Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No
Substance Abuse Treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> Negotiable	<input type="checkbox"/> No



- Suicidal Thoughts or Attempts  Yes  Negotiable  No
- Terminal Illness  Yes  Negotiable  No
- What is your placement preference? \_\_\_\_\_
- Number of children preferred \_\_\_\_\_
- Are you open to siblings?  Yes  Negotiable  No
- Twins  Yes  Negotiable  No
- Gender  Male  Female  Either
- 
- Twins  Yes  Negotiable  No
- Race or Ethnicity \_\_\_\_\_
- Age Range  0 to 5  6 to 10  10 to 14  14+
- Will you help maintain important connections to the child?
- Biological Family  Yes  Negotiable  No
- First Adoptive Family  Yes  Negotiable  No
- Other Former Placement Providers  Yes  Negotiable  No
- Community  Yes  Negotiable  No
- Tribe  Yes  Negotiable  No
- Siblings  Yes  Negotiable  No

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

