



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-755-1999  
Fax: 888-203-6124

---

Dear Prospective Adoptive Parents:

Thank you for contacting our agency regarding private placement adoptions! We congratulate you on gathering as much information as possible, whether you are just now considering the option to adopt or have made the decision to adopt and are considering this your first step. We are very excited to share with you information regarding the adoption process and the services our agency has to offer. We take great pride in our staff at Adoption Choices. Our agency is able to provide valuable insight and knowledge on the joys and realities of the adoption process. Our staff works on a one-on-one basis with adoptive parents and birth parents, therefore, our client base of prospective adoptive parents is small. We differ from other adoption agencies in that we are personally involved with our clients and birth parents, giving special attention to matching your needs with those of the birth mother and baby. At Adoption Choices, we work hard to provide you the special service you need during this most critical process.

Although there is no set formula for the adoption process, there are particular services we offer that we have found to be crucial to the success of an agency adoption. Again, our goal is to match the needs and wishes of the adoptive parents as closely as possible with those of the birth mother and baby.

We have a three-step process that we believe will be easy to understand as well as user friendly:

Step 1: Adoptive parents initially contact our agency and receive an adoptive parent packet. The fee to apply with our agency is \$995.00. This fee is non-refundable and allows us to process all paperwork that has been submitted through our Child Placement Supervisor. The Family Marketing Program (FMP) fee is \$3,000.00. This fee is also non-refundable. This fee supports two ways in which we work to match you with the right birth mother in the most effective and efficient way. First, we have a full-time employee who works to cover the state doing outreach, public relations, and education about our agency and the services we provide. Her job is to reach out to physicians, agencies, and clinics in order to let them know that we are here, and we can help. The second is our relationship with CAIRS, a full-service agency focused on every aspect of the adoption process. As part of the FMP, they will work with you to help you create your static profile, online profile, video profile, online blog, and much more as your family sees the need. CAIRS also operates several adoption-oriented websites such as [www.parentfinder.com](http://www.parentfinder.com) and will help you and your profile have the most impactful online presence. Each of these points have been strategically selected in order to increase our advertising strategies.



*An Oklahoma Licensed Agency*

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

Step 2: After all paperwork has been submitted, your application has been approved, and you have completed your profile with CAIRS we begin working on matching you with a birth mother!

We are now highlighting our adoptive families on our agency website by maintaining an up-to-date listing of electronic profiles. By selecting Adoption Choices of Oklahoma as a potential placing agency, you give us permission to post your electronic profile on the website until you are successfully matched. Names will solely be limited to first names, and no last names or other identifying information will be provided in an effort of confidentiality. Your electronic profile may be the same as the hard copy of your profile.

We also keep a chart of all our adoptive families that lists the following: ages, length of marriage, number of children already in the home, general occupation, religious preference, your preferences for a child, and adoption budget. Each birth mother fills out a form listing her preferences for the adoptive family. Some birth mothers want adoptive parents within a specific age range or of a certain religion; others do not care. We try to show each birth mother at least three families that match her preferences. Generally, we will contact you before presenting your profile and give you an opportunity to review her medical and social history and decide whether you want to be presented to her. You will also be given an estimate of the total cost of the adoption. In some cases, we are unable to get in touch with adoptive families ahead of time. In those situations, we ask the birth mother to choose a second and third choice in case her first choice of family decide not to proceed with the match.

Step 3: Once a match has been identified, you will be asked to sign a contract and submit funds. Most of our birth mothers want to meet their chosen family in person, so you will also be asked to make arrangement to come to Oklahoma. The birth mother's case worker will coordinate with you. When you arrive in Oklahoma, you will first attend an interview/counseling session with the worker, and then meet your birth mother.

Our services to adoptive applicants. The services listed below are provided to adoptive applicants:

1. Initial meeting to discuss the adoption process and answer your questions. An electronic profile posted to the website.
2. Separate meetings by assigned caseworker (personally or by telephone) with each birth mother to determine her commitment level and to screen her.
3. Referrals to caring counselors for the birth mother if needed or requested.
4. Coordinate meetings between the adoptive parents and the birth mother after



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

- 
- match.
5. Obtain medical authorizations from the birth mother.
  6. Assist in creating a hospital plan for the birth mother and adoptive parents.
  7. Coordinate with hospital staff regarding the birth mother's stay, as well as the birth mother's and the child's release.
  8. Assist in obtaining medical/hospital records concerning birth mother and child.
  9. Obtain the birth parents' background information, including health, ethnicity, and social history.
  10. Arrange for drug and HIV screening of the birth mother if requested by the adoptive parents and agreed upon by the birth mother.
  11. Assist the birth mother with transportation to and from treating physicians and hospitals.
  12. Meet with the adoptive parents and the birth mother at the hospital after the child's birth.
  13. Make follow-up telephone calls to the birth mother and adoptive parents.
  14. Assist with obtaining approval from the Interstate Compact for the Placement of Children (ICPC).
  15. Help with Federal tax information regarding adoption.
  16. Assist with coordination between birth mother, birth father, attorney, agency, counselors and adoptive parents.

*Note: All legal work needed for finalization of the adoption is to be completed by the agency or attorney in your home state.*

We also:

1. Provide information about the availability of children in particular localities, including the critical need for parents for some of these children.
2. Provide information about how to collect appropriate documentation.
3. Prepare certain documents on behalf of clients.
4. Examine all required documents for sufficiency.
5. Assist with certain authentication procedures as required by child's home state.
6. Submit documents to appropriate authorities.
7. Keep adoptive applicants informed about the progress of their applications.
8. Inform adoptive applicants about the child proposed for adoption by the appropriate organization in the child's home state.
9. Provide advice about traveling to the child's home state.

Our extensive outreach and advertising programs allow birth mothers from different states



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

access to our agency. Once we are contacted by a birth mother, our agency conducts a preliminary screening and obtains information from her regarding her personal and medical history. We discuss with the birth mother her preferences for an adoptive family and the type of environment she would like for her child. Based on this information, we allow the birth mother to choose a family by reviewing family profiles. The birth mother carefully considers each family presented to her and selects the family with whom she feels most comfortable. We then arrange for the birth mother to meet with the adoptive parents post-match.

Be sure to send your home study as soon as it is available. We cannot match you with a birth mother until you have a completed home study. However, if your home study is still in process, you can go ahead and send your completed application and other supporting documents so our Child Placement Supervisor can set up your file and begin her review.

**FEES** The cost of our adoption program consists of estimated birth mother living expenses, case worker fees, legal fees, counseling fees, and court costs. If your birth mother decides to parent her child, or miscarries, or the child has a non-correctable medical condition which is detected at birth that you are not comfortable with, the only costs to you will be any amounts paid out, such as living expenses, court related costs, and the case worker/social worker fees (\$4500 flat rate), plus \$7,500.00 for administrative costs and expenses. When you are matched with a birth mother, you will be provided a breakdown of any anticipated expenses so you will know the total projected cost of your adoption. This total can run anywhere between \$45,000.00 and \$55,000.00 depending on the individual situation and the birth mother's needs. All living expenses in Oklahoma are court approved and are paid to third party providers. We do not accept any fees other than the application fee and FMP fee until you are actually matched with a birth mother.

**FINALIZING YOUR ADOPTION** If you do not live in Oklahoma, you will need to obtain legal counsel or use an agency in your home state for finalization. We will provide you and your attorney or agency with the birth mother's consent documents, birth mother and birth father termination documents, and other court documents. We will be happy to provide you with names of adoption professionals in your area upon request. If you are a resident of Oklahoma, there is a six-month waiting period before the adoption can be finalized.

Through our work and efforts, we experience the joys of helping adoptive parents' dreams come true and in the contentment of a birth mother knowing her child is cared for and loved so very much.



*An Oklahoma Licensed Agency*

[info@adoptionchoicesofoklahoma.org](mailto:info@adoptionchoicesofoklahoma.org)

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

Deciding on adoption is never easy. Adoption is risky and can be financially and emotionally draining. Once you have contemplated and weighed your options, you may decide you would like more information on adoption and/or our agency. Anytime you have questions you are welcome to call us at 405-794-7500, or you may e-mail us at [info@adoptionchoicesofoklahoma.org](mailto:info@adoptionchoicesofoklahoma.org). We look forward to working with you!

Sincerely,

The Staff at Adoption Choices of Oklahoma



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

## EXPLANATION OF AGENCY FEES

Our agency Placement Fee is \$18,000.00, and our Administrative Fee is \$7,500.00. These are the actual fees our agency receives for your adoption placement. We do not take placement fees out of your account until the child is born. If the adoption fails, the Placement Fee will be refunded to you. However, the Administrative Fee is non-refundable.

The services covered under these fees include the following:

1. Initial meeting (interview) to discuss the adoption process and answer your questions.
2. Meetings by assigned caseworker (personally or by telephone) with each birth mother to determine her commitment level and to screen her.
3. Referrals to caring counselors for the birth mother, if needed or requested.
4. Coordinating meetings between the adoptive parents and the birth mother.
5. Obtaining medical authorizations from the birth mother.
6. Assistance in creating a hospital plan for the birth mother and adoptive parents.
7. Coordination with hospital staff regarding the birth mother's stay, as well as the birth mother's and the child's release.
8. Assistance in gathering all medical and hospital records concerning the birth mother and the child.
9. Gathering background information on the birth parents, including health, ethnic, and social history.
10. Upon request of the adoptive parents, assistance in arranging for drug and/or HIV screening of the birth mother.
11. Assisting the birth mother with transportation to and from treating physicians and hospitals.
12. Being at the hospital and coordinating with hospital staff during delivery.
13. Assistance obtaining approval from the Interstate Compact for the Placement of Children (ICPC).
14. Access to Federal tax information regarding adoption.
15. Coordination assistance between birth mother, birth father, attorney, agency, counselors, and adoptive parents.
16. Assistance when needed in dealing with insurance companies regarding payment of child's medical expenses.

We also provide assistance with:

1. Information about availability of children in particular localities, including the critical need for parents for some of these children.
2. How to collect appropriate documentation.
3. Preparation of certain documents on behalf of clients.
4. Examination of all required documents for sufficiency.
5. Assistance with certain authentication procedures, as required by the child's home state.



*An Oklahoma Licensed Agency*

[info@adoptionchoicesofoklahoma.org](mailto:info@adoptionchoicesofoklahoma.org)

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

- 
6. Submission of documents to appropriate authorities.
  7. Keeping applicants informed on the progress of their applications.
  8. Informing applicants of the child who has been proposed for adoption by the appropriate organization in the child's home state.
  9. Providing advice about traveling to the child's home state.

Our agency advertises extensively to attract new birth mothers, mostly through various online resources, which results in a large turn over of birth mothers. This is why we are able to place most families within a year in most situations, rather than the two or three years or more required by some agencies. A large portion of our fee goes towards payment for that advertising.

If you still have questions regarding our fees, please feel free to contact us at 405-794-7500 or [info@adoptionchoicesofoklahoma.org](mailto:info@adoptionchoicesofoklahoma.org).



*An Oklahoma Licensed Agency*

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

## FREQUENTLY ASKED QUESTIONS OF ADOPTIVE PARENTS

The following are the most common questions that are frequently asked by prospective adoptive parents. Please note that these answers do not constitute legal advice, and you should seek the advice of an attorney in your birth mother's state of residence. Adoption Choices of Oklahoma has attorneys available in each state to answer your questions.

**What do you mean by “semi-open” adoption?** When you are first presented to a birth mother, we tell her basic information about you – first names, ages, religion, general occupation, etc. After you meet your birth mother, it is up to you to decide how comfortable you are with her as to how much information you reveal.

Our agency believes semi-open adoption is the best way to allow communication between birth parents and adoptive parents without invading anyone's comfort zone. Letters, photos, and small gifts may be sent between parties through our agency. This allows us to maintain confidentiality of your address, along with the confidentiality of the birth mother. As we receive letters and photos for the birth mother, we make copies to put in our file, and then send the letter on to the recipient. The use of Child Connect also maintains confidentiality as pictures and letters are sent through this service.

**How long does it take from the time of being placed on the active list to being matched with a birth mother?** We average and strive to match families between three months to a year. This time frame is not a guarantee of course, and in some cases may take a little longer or not as long. If you have been on our list much longer than ten months, we might want to review your profile to determine if changes should be made in the way you are representing yourselves.

**When do we come to Oklahoma?** When you have been matched with a birth mother, you will come to Oklahoma as soon as possible. You will first have an interview with our agency, at which time your birth mother's case worker will go over the process with you and have some documents for you to sign. After that meeting, you will meet your birth mother at a restaurant for lunch or dinner, depending on the time of day. The case worker will also be present at the meeting with the birth mother.

**Do we have to sign the contract before we meet her?** Yes. A contract will be emailed to you as soon as you are matched, and you will sign it and send it back to us before coming to Oklahoma. If for any reason you decide not to proceed with the situation from





An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

that first meeting (telephone or in person, whichever comes first), or the birth mother does not wish to proceed with you, we will void your contract and return your funds to you.

**How long will we need to stay in Oklahoma after our initial meeting?** You may stay as long as you wish. Some families stay the weekend so as to be able to spend more time with the birth mother and her family (if that is her situation). Some are only able to come for that day.

**Can we talk to our birth mother on the phone before meeting with her?** If you wish to speak over the telephone prior to the actual meeting, you must sign your contract and send it to us first. If you decide after the initial phone call that the situation is not for your family, the contract will be voided.

**Why would they need housing and/or living subsidy and what kind do you provide?** Some birth mothers need housing because they do not want anyone to know of the pregnancy while others may be struggling with finances to support themselves and/or family. While we cannot sign a lease, we will help her find a reasonably priced apartment.

**What percentage of the money is refundable?** If your birth mother decides to parent her child, or miscarries, or the child has a non-correctable medical condition which is detected at birth, the only costs to you will be any approved living expenses you agreed to provide to your birth mother during her pregnancy, any court related costs, and the case worker/social worker fees (flat rate of \$4500), plus \$6,000.00 for administrative costs and expenses. When you are matched with a birth mother, you will be provided a breakdown of all anticipated expenses and costs so you will know the total cost of your adoption. This total can run anywhere between \$45,000.00 and \$55,000.00. We do not accept any fees (other than the application fee and family marketing fee) until a birth mother has chosen your profile.

**What percentage of birth mothers change their minds?** About ten percent of birth mothers change their minds, usually at the time of delivery. Our agency prides itself on the fact that our case workers are there for our birth mothers to help them throughout their pregnancy. We accompany them to doctor appointments, take them to buy groceries, etc. We work very hard to build a relationship with them. We offer counseling to all of our birth mothers, but even if they don't accept it, they have a case worker they can call twenty-four hours a day, seven days a week. We feel that this helps us stay in touch with how the birth mother is feeling about the adoption, and if it looks like she may be having doubts, we are aware of it and can help her deal with that decision.



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

**When does the birth mother's consent take place?** She gives her consent before a judge within a few days after being released from the hospital. Her consent is irrevocable from that point on.

The only exception is when the baby is eligible for membership in a Native American Indian tribe. If so, the birth mother (and birth father if he is signing) must wait ten days after delivery to give her consent, and she can revoke it up until the final decree is entered.

**What is the law concerning Native American (American Indian) heritage? Can a tribe legally take the baby away after the adoption has already been finalized? Do you need to know if we have Native American Indian in our background?** If a birth parent has Native American Indian heritage in his or her background and names a tribe, we must notify the tribe of the intention to place the infant for adoption, and request that they provide us with a letter of non-intervention. As soon as we know of this situation we write to the tribe immediately. Failure to ask for tribal permission can result in the tribe overruling an adoption, even if it has been finalized. It is extremely important to acquire their permission if the child is tribally affiliated. We would like to know if you do have this in your background because we would be able to inform the Indian Counsel and let them know we had a couple for the baby.

**What happens if the birth father will not consent?** In most situations, the birth father does not consent. This does not mean that he plans to contest the adoption or is against it. In many cases, he just does not want to be involved, or he is afraid that by signing papers he is admitting paternity and possibly committing himself to child support if the mother decides to parent the child.

In Oklahoma, if the birth father is not married to the birth mother, he may sign an Extrajudicial Consent at any time prior to the birth, voluntarily relinquishing his rights to the child. The consent is then filed with the Paternity Registry, and he has fifteen days during which he can revoke his consent. To do so, he must notify the Paternity Registry in writing.

If the birth father is not involved and is not signing the consent, we will have an investigator attempt to locate him (if we do not already have his address), and serve him with a Notice of Plan for Adoption and Response to Notice of Plan for Adoption. The response form gives him several options, such as: admitting paternity but relinquishing his rights and waiving further notice; denying paternity, relinquishing his rights and waiving further notice, etc. He must then file his response with the Paternity Registry by either mailing it directly to the Registry or to our office. He has thirty days after the date of being served



*An Oklahoma Licensed Agency*

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

with the Notice in which to file his response. If he fails to respond, then after the baby is born we will request that the judge sign the termination order. If he does respond and does not waive his rights, we must then wait until the baby is born, and set a hearing before the judge. Notice of the hearing must be served to him at least fifteen days prior to the hearing date.

If we are unable to locate a birth father, then we request the judge allow us to serve him by publication, which as above entails setting a hearing after the baby is born. If the birth father does not appear in court on the day of the hearing, his rights are terminated at that time.

**What if the birth father wants to contest the adoption for any reason?** He must show the court that he supported the birth mother throughout the pregnancy. He must request DNA testing to prove he is the father, which he will have to pay for. He will also have to retain an attorney to represent him. Not only would he have to show that he can take proper care of the child, but that he can provide for the child better than you, the adoptive parents. Oklahoma has strict laws pertaining to birth fathers and their duties to the child before and after birth.

**What is ICPC?** ICPC is the Interstate Compact for the Placement of Children. Every state has an ICPC office, and all adoptions conducted between two different states must be approved by each participating state's Compact Administrator. After the birth mother has given her consent to the adoption, we put together a packet of all the documents filed in the case, such as the consent documents, background information on the birth parents and the adoptive parents, medical discharge records for the baby, home study, etc. This packet is sent to the Compact office, where the administrator reviews it to be sure we have followed all of the proper procedures and laws for our state. When they have given their approval, they send the packet to the ICPC office in your home state, where the administrator again reviews it there. When your state's administrator has reviewed the packet, he or she will telephone the Oklahoma Compact office and give a verbal approval for you to travel. The Oklahoma administrator will call our office, and we will call you at your hotel. Until we have received this verbal approval from your state's administrator, you are not allowed to take the baby out of the State of Oklahoma. How long this process takes varies from state to state. By law, each state has thirty days to approve a placement, however, in most cases the process takes approximately one week.

**What is the process of discharging the baby?** The baby will be discharged into the agency's custody. When leaving the hospital, the baby is normally handed to the person



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

there representing our agency. After this, you will have physical custody of the baby and will be able to take the baby back to the hotel with you.

**Will we need a car seat, clothing, formula, etc. for when the baby is discharged from the hospital?** You will need a car seat for the baby during your stay. We also recommend you bring whatever outfit you would like for the baby to be discharged in. After all, those hospital outfits just aren't cute enough! When it comes to the formula, ask the nurse in the nursery what the baby has been using and if he or she seems to be taking to it. Some hospitals will give you plenty of samples to take with you, others may give you the brand name so you can purchase some prior to discharge.

**Who pays the medical and hospital bills for the birth mother and the baby?** Most of our birth mothers are on Medicaid, which covers the expenses for the birth mother. The adoptive parents are responsible for any expenses that are not covered by insurance or Medicaid. If a birth mother is unable to qualify for Medicaid and does not have insurance, then the adoptive parents must pay her medical bills.

By federal law, the adoptive parents' insurance company must cover the baby. You will have a placement agreement, which states that you have physical custody and financial responsibility for the baby with the intent to permanent adopt him or her. Generally, this document is all you need to provide to your insurance company. However, if your insurance company balks at covering the baby, we will help you deal with them.

**Will a social worker visit our home between the time we receive the baby and the finalization?** Yes. Our agency requires three post placement visits before you finalize your adoption, one of which must be done in person in your home. There is no set time frame, as long as the three visits are completed within six months. Generally, we suggest that you schedule your first visit as soon as you return home with your baby. The three visits should be at least 30 days apart.

**How long does it take to finalize the adoption?** Finalization takes place in your state of residence, so this will depend on the laws in your state. For Oklahoma residents, the state has a six-month waiting period.



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

## ABBREVIATED POLICIES AND PROCEDURES OF ADOPTION CHOICES

**INTRODUCTION** The purpose of Adoption Choices is to assist in the placement of abandoned, orphaned, and special needs children with adoptive families in the United States. We believe each child, notwithstanding their family background, physical limitations, ethnic origin or class status, is worthy of love and deserves to have a happy and safe home. Adoption Choices is committed to assisting couples and individuals seeking to find that special child for their family. The staff of Adoption Choices is concerned about each family and shall support and guide them throughout the entire adoption process and beyond.

**PLACEMENT Criteria** It is the policy of this agency to place children with adoptive families after the birth mother has chosen from several adoptive families, if she chooses. The birth mother shall have final approval of the couple. Thereafter, the couple will be contacted and given all medical and social history of the birth mother available and will be asked if they want to proceed with this adoptive match. If all parties agree, the adoptive parents will come to Oklahoma for a personal interview with the Executive Director of the Agency, followed by a meeting between the birth mother, the adoptive parents, and the Agency. At this time the following information will be discussed: openness of the adoption, legalities of the adoption, rules and regulations of the Agency, counseling for the birth mother, and all other aspects relating specifically to the adoption.

### Eligibility Requirements:

1. Co-Applicants shall be married for at least two consecutive years.
2. Applicants shall be at least twenty-one years of age.
3. Applicants shall have a minimum combined family income of at least \$21,000.00.
4. Applicants shall maintain a minimum life insurance policy of \$20,000.00.
5. Each Applicant shall be a high school graduate or possess a GED equivalency.
6. Applicants shall be given information upon inquiry to the Agency regarding United States Immigration Naturalization Service requirements for international adoption, if any.

Waiver of Eligibility Requirements for Special Needs Children: In situations involving special needs placements, Agency may waive one or more of the above requirements if Agency feels the placement situation is in the best interests of the special needs child involved.

**COMPLAINTS FROM ADOPTIVE APPLICANTS** If an adoptive applicant is not pleased with any aspect of the services of the Agency, the applicant may discuss his or her complaint with the Executive Director (Natalie Turner – 405-755-1999) in an effort to resolve the situation.

If an adoptive applicant has been notified that this Agency will not assist the applicant in the desired adoption, the applicant may communicate with the Executive Director regarding this matter. If the applicant believes the application has been misunderstood or wishes to provide



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

additional information which the applicant believes may cause the Agency's staff to determine that services shall be provided, a signed statement and any supplemental information may be provided to the Agency by the applicant. Should such a statement and any supplemental information be received by the Agency, they will be carefully considered. The applicant will then be notified of the Agency's decision.

Despite every effort made to provide high quality service, situations arise in domestic adoptions where any or all parties concerned can become frustrated or dissatisfied with the way other parties are performing. Should adoptive applicants become displeased with any aspect of the adoption process, they are encouraged to discuss these matters with the Agency staff member who is working with their adoption. If resolution or understanding does not occur from this communication, the applicants may speak with the Executive Director about their concerns. Every reasonable effort shall be made to reach an understanding and resolve whatever problems have arisen.

This Agency understands that the time spent going through the adoption process can be an especially stressful time for the applicants, and that many applicants would like the process to be completed as quickly as possible. It is expected that the Interstate Compact for the Placement of Children will govern all adoptions out-of-state. This agency will make all parties aware of any delays of the Interstate Compact that could exist and any fees involved.

**Formal Review Procedures:** Should an applicant desire a more formalized review, the Agency shall review a complaint regarding the application or home study process, denial of an applicant for adoptive placement, or other pre-placement adoption services offered by the Agency.

1. The Agency review shall include a face-to-face meeting with the adoptive applicant requesting the Agency review, the adoptive family caseworker, and the Executive Director of the Agency, or his or her designee.
2. The Executive Director of the Agency, or his or her designee, shall render a written decision, including the reason for the decision. The decision shall be based upon the evidence presented at the review. A copy of the decision shall be provided to all parties to the Agency review within fifteen days of the review.
3. All documents related to notifications regarding rights to an Agency review and written decisions of the Agency review shall be maintained in the adoptive applicant's case file.

Geographic Area of Families to be Served Families seeking adoptive services will be served throughout the United States, and United States citizens will be served worldwide.

Additional Adoption Services In addition to the services described above, the following is a description of additional services which shall be provided to the adoption applicants prior to the finalization of their respective adoptions.



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

- 
1. Information about availability of children in particular localities, including the critical need for parents for some of these children.
  2. Information about the completion of procedures before adopting a foreign child.
  3. How to collect appropriate documentation.
  4. Preparation of certain documents on behalf of clients.
  5. Examination of all required documents for sufficiency.
  6. Assistance with certain authentication procedures, as required by the child's home state.
  7. Submissions of documents to appropriate authorities.
  8. Keeping the applicants informed on the progress of their applications, as progress is made.
  9. Informing applicants of the child who has been proposed for adoption by the appropriate organization in the child's home state.
  10. Providing advice about traveling to the child's home state.

**BEHAVIOR MANAGEMENT** The Agency's policy concerning the behavioral management of children shall be to discourage applicants from using physical punishment such as shaking, striking, or cruel treatment, harsh, humiliating, cruel, abusive or degrading language, the denial of food, shelter or sleep, assignment of degrading or unnecessary work tasks inappropriate to the child's age or ability, medications or chemical agents, forced isolation, mechanical restraints, or extreme physical exercise. The Agency shall encourage applicants to lovingly discipline their child with age-appropriate punishment such as object removal, time out or cooling off time, or the denial of privileges such as television and special treats. If cooling off time is used it should be for only a short duration and the room should be left unlocked.

**SERVICES FOR SPECIAL NEEDS CHILDREN** Adoption Choices shall be committed to identifying and assisting in the placement of special needs children. Specific factors or conditions creating special needs includes, but is not limited to, the child's ethnic background, age, membership in a minority or sibling group, or medical condition (physical, mental or emotional disability). This Agency shall make every effort to place siblings with the same adoptive parents. If this is not in the best interest of the siblings, the record shall include what efforts were made and the reasons and supporting evidence for such separate placement. If placement of siblings together is impossible, the Agency shall discuss with the adoptive parents the importance of siblings maintaining contact. When siblings cannot be placed together, the Agency shall prepare a written statement, to be signed by the adoptive parents and an Agency representative, verifying that the family will encourage and allow on-going contact between the siblings unless it is not in the best interest of the children.

**SERVICES PROVIDED RELINQUISHING PARENT(S)** The Agency's services to relinquishing parents can include, but not limited to, the following:

- A. Casework services to the parent to reach a decision regarding plans for the child and to ensure that a relinquishing parent understands the meaning of surrender of parental rights.



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

When such counseling is not possible or is contraindicated, the reasons will be documented in the case record.

- B. Casework services to help each birth parent (if available in all areas/cities of the US), as an individual, meet his or her physical, emotional and material needs. When indicated, the Agency will assist the mother in obtaining the following:
1. Living arrangements away from her home.
  2. Medical care, including prenatal, obstetrical, dental, and hospital care.
  3. Psychiatric and psychological services.
  4. Vocational planning.
  5. Legal aid.
  6. Financial assistance.
- C. Casework services to ensure that relinquishing parents understand the Agency's policy on open and closed adoptions and the state law regarding openness.

**OPEN AND CLOSED ADOPTION** It shall be the policy of this Agency to be sensitive to the expectations of openness for all members of the triad. In most instances, the policy of openness will be determined by the comfort level between the birth mother and the adoptive parents. Each adoption will be specific and will have its own adoption plan.

**DISRUPTED PLACEMENTS** The adoptive family and child in placement shall be provided post placement services to assist them with the integration of the child into the family and to reduce the risk of disruption. Once the applicants have finalized the adoption, the child cannot be returned to the Agency.





An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

### PROCEDURE FOR ADOPTIVE PARENTS TO APPLY WITH ADOPTION CHOICES OF OKLAHOMA

1. You complete the application packet and send to our office with the following:
  - a. Non-refundable application fee of \$995.00.
  - b. Non-refundable Family Marketing Program fee of \$3,000.00.
  - c. Home Study and supporting documents (a list of all required documents is included in this packet). You must have a completed and approved home study before you can be matched with a birth mother. We will need at least one original (with an original inked signature). Under Oklahoma statute, a home study is valid for one year. If it is older than one year, you must obtain an update. Your home study and/or update must be completed by a private organization. We cannot accept a home study and/or update completed by a state or county worker.
  - d. As part of our ongoing commitment to the success of our adoptive families and our birth parents, we are requiring at least ten hours of adoption education for our applicants. We believe this is the best way to help our families understand the perspectives of our birth parents as well as begin their successful journey as an adoptive family. If your home study provider required adoption training, please provide certificates of completion for the classes you participated in. Please make sure that these certificates clearly state your hours of Continuing Education earned for each training session. If you have not completed at least ten hours of adoption training, you will be required to take as many classes needed to gain your required ten hours of training. You can find the required training at [www.adoptiontrainingonline.com](http://www.adoptiontrainingonline.com). Both applicants are required to take the following educational classes:
    - i. Multi-Cultural and Trans-racial adoption
    - ii. Openness in Adoption
    - iii. Our Child is Home! Now what?
    - iv. Bonding and Attachment Issues in Domestic Adoption
    - v. Medical Risks for Domestically Adopted Children

The online training comes in two different options. The five courses are \$15.00 per person, per course, or there is the option of the Domestic Adoption Bundle. This bundle has eight courses, of which the five required courses are included. The Domestic Bundle is \$139.00 for couples.

Further, the book "Bridges Out of Poverty" is required reading for all applicants. It can be purchased on Amazon for an average price of \$20.00. We have found copies on eBay and at Barnes and Noble as well, and it is available for download on Goodreads and Audible.



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

- 
2. Our Child Placement Supervisor reviews your application packet and contacts you regarding any missing items or information that she may need.
  3. Adoption Choices shows your profile to birth mothers once they have signed a statement of intention to place their child for adoption with our office. Usually three profiles are presented to each birth mother.
  4. You are chosen! You sign a contract and deposit agency fees and living expenses in Adoption Choices' client funds account. You must come to Oklahoma for a personal interview with the agency, and then you may meet your birth mother. Keep in touch with us and with your birth mother throughout the pregnancy.
  5. Go to the city where the child is to be born close to the date of delivery. Sometimes you will be allowed to be present at the delivery. This is the birth mother's option. Usually you can be with the baby while it is in the hospital.
  6. When your baby is born, you will receive a temporary custody placement agreement allowing the baby to leave the hospital with you. Thereafter, the hospital releases the baby and the adoptive couple takes the baby with you to the hotel and wait. The placement agreement should be faxed to your insurance company so the baby will have medical coverage. If your baby is delivered outside of Oklahoma, other states have similar documents which you will receive that will allow you to provide the child with medical care while you are waiting for a final decree.
  7. In Oklahoma, the birth mother consents to the adoption before a judge after discharge from the hospital. Her consent is irrevocable.
  8. For out of state families, our office will submit a packet to the Oklahoma Interstate Compact on the Placement of Children (ICPC) office, and that office reviews and approves the placement. They have thirty days to approve it, but generally approval is received within seven to ten days from the day the child's state receives your packet.
  9. Return home and have three post placement supervisory visits conducted.
  10. Set up the Final Decree hearing. Our office will provide your attorney with all the necessary court documents.
  12. Congratulations! You now have a new member in your family!



*An Oklahoma Licensed Agency*

[info@adoptionchoicesofoklahoma.org](mailto:info@adoptionchoicesofoklahoma.org)

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

Copyright 2022 Adoption Choices of Oklahoma. This document is the property of Adoption Choices of Oklahoma. Duplication, publication or decimation of this document in whole or in part is strictly prohibited without the express written permission of Adoption Choices of Oklahoma.



---

A CHILD FOR EVERY HOME AND A HOME FOR EVERY CHILD



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

### FINANCIAL AID INFORMATION:

Adoption is not inexpensive! Here are a few resources for help in financing an adoption (quotes are taken from the organization's website).

[www.helpusadopt.org](http://www.helpusadopt.org). "Helpusadopt.org is a national 501(c)(3) financial grant program that helps couples/individuals (regardless of race, religion, gender, ethnicity, marital status or sexual orientation) with the cost of their adoptions by awarding grants up to \$15,000. We support domestic, international and foster care adoptions and do not charge our applicants to apply. Since 2007, we have awarded 218 adoption grants totaling over \$1.9 million."

[www.nacac.org/help/adoption-assistance-us/state-programs/](http://www.nacac.org/help/adoption-assistance-us/state-programs/) "Each state operates its own program to support children who were adopted from that state. In general, the rules and benefits of adoption assistance are based on where the child is adopted from, rather than where the family lives."

[www.giftofadoption.org](http://www.giftofadoption.org) "Our mission is to fill the void that separates child from family – through adoption assistance grants that give vulnerable children a permanent home and the chance to thrive." Priority is given to situations that will prevent a child from entering the foster care system, or siblings from being separated.

<http://www.adoptionattorneys.org/aaaa/charitable-trust/applications-for-grant> - Academy of Adoption and Assisted Reproductive Attorneys. "The mission of the American Academy of Adoption Attorney Family Formation Charitable Trust is to provide financial assistance to those individuals and nonprofit organizations seeking to build families through adoption and assisted reproductive technology. The Trust is supported through a variety of fund raising efforts, including personal contributions of Fellows of the American Academy of Adoption Attorneys and the American Academy of Assisted Reproductive Technology Attorneys, personal contributions of personal donors, corporate giving, grants, educational programs, and through charitable events."

Noonday – <http://www.noondaycollection.com/impact/adoption/> "We've celebrated and supported over 3500 adopting families with over \$550,000 in donations from Adoption Trunk Shows."

God's Grace Adoption Ministry, <https://ggam.org>. "God's Grace Adoption Ministry, Inc. was established in 1998 as a non-profit organization dedicated to helping place orphaned children of the world into forever families. GGAM is not an adoption agency, but rather works in cooperation with the agency to assist with the family's financial needs. GGAM seeks to help Christian families overcome the financial burden of adopting children. GGAM believes that the placement of children into Christian homes ministers to their physical needs, but more importantly, influences their lives eternally for the Kingdom of God."



*An Oklahoma Licensed Agency*

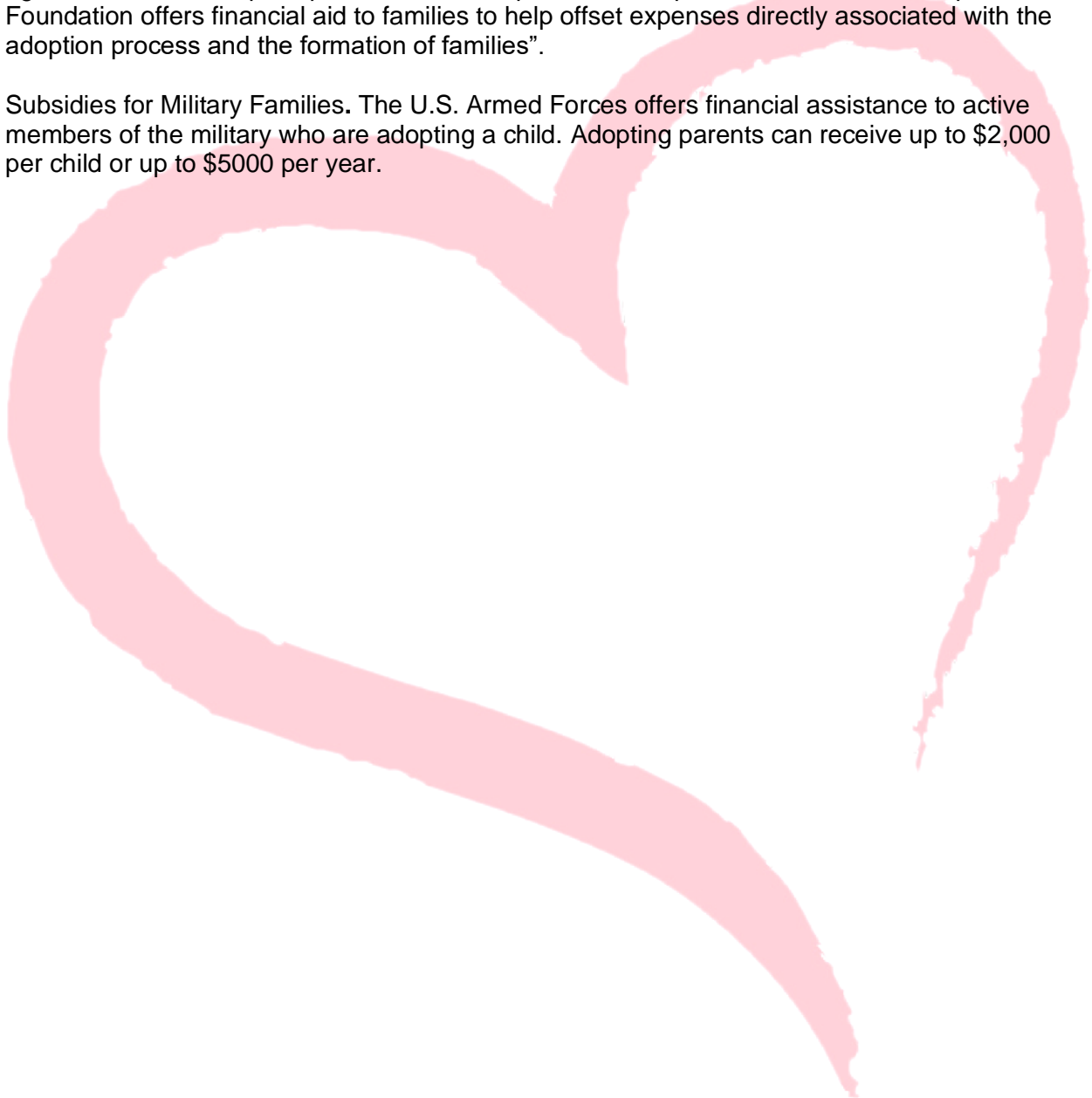
info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

National Adoption Foundation, <http://fundyouradoption.org/adoption-grants/> "Most experts agree that one of the principal barriers to adoption is the expense. The National Adoption Foundation offers financial aid to families to help offset expenses directly associated with the adoption process and the formation of families".

Subsidies for Military Families. The U.S. Armed Forces offers financial assistance to active members of the military who are adopting a child. Adopting parents can receive up to \$2,000 per child or up to \$5000 per year.





An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

### Memo for Home Study Agency or Preparer:

Adoption Choices of Oklahoma is an adoption agency that matches adoptive parents with children from various states. To meet the requirements of all of the states in which we receive or place children and to assist you in preparing the home study, we are listing the required information as follows:

**\*\*PLEASE NOTE:** your home study must be conducted by a home study provider who is certified and/or licensed to conduct private home studies in your home state. (Some states have different requirements for private adoptions versus foster care versus DHS services.) If the Child Placement Supervisor does not receive proper documentation that your home study is valid, your application can be delayed or denied until the issue is resolved.

- ❑ **At least one joint & one individual interview** with the adoptive couple (also, if they have children, please include information about them & document an interview if they are old enough);
- ❑ **Child desired**
- ❑ **Current FBI & state criminal history investigations including fingerprints** (attach copies);
- ❑ **Current child abuse registry clearances** (attach copies);
- ❑ **Social history**, e.g., childhood, how discipline was handled, current information about extended family, marriage(s);
- ❑ **Family lifestyle/marital relationship**, e.g. how they spend their time, degree of satisfaction; how they handle stress, resolve differences;
- ❑ **Employment/income** (verify);
- ❑ **Financial management;**
- ❑ **Health**, including current doctors' statements (attach copies);
- ❑ **Health insurance coverage for the adopted child** (verify);
- ❑ **Home**, e.g., description, verification of health and safety;
- ❑ **Adoption/parenting**, e.g., motivation to adopt; attitudes re. themselves, infertility, the child's biological parents; open vs. closed adoption; how they will explain adoption to the child; parenting philosophy & practices; expectations of the child;
- ❑ **Child Care Plan;**
- ❑ **3 current letters of reference** from non-relatives; must be signed and dated within one year;
- ❑ **Assessment & recommendation;**
- ❑ **Credentials of person preparing the study & authority to place;**
- ❑ **Copy of Agency License;**



*An Oklahoma Licensed Agency*

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

- 
- ❑ **Copy of Post Placement Supervision Agreement or statement on Agency letterhead verifying Agency will provide post placement supervision.**

An annual home study update is needed if the original home study is over a year old at the time of placement and must include:

- ❑ **Home visit;**
- ❑ **Joint interview;**
- ❑ **Inquiry re. significant changes**, e.g., relocation, job change, children added to the family;
- ❑ **Current criminal background checks including FBI fingerprints;**
- ❑ **Current child abuse clearances;**
- ❑ **Current doctor's statements;**
- ❑ **3 current letters of reference (non-relatives).**

Additionally, please forward a signed original of the study or update. If you have any questions, please feel free to contact us at [info@adoptionchoicesofoklahoma.org](mailto:info@adoptionchoicesofoklahoma.org) or 405-794-7500.



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

## OKLAHOMA HOME STUDY REQUIREMENTS

### OKLAHOMA TITLE 10, CHAPTER 2A, SECTION 60.13, HOME STUDIES AND REPORTS

- A. Upon the filing of a Petition for Adoption, the Court shall order or receive a home study or report to be made by:
1. The agency having custody or legal guardianship of the child; or
  2. The State Department of Human Services; or
  3. A licensed child-placing agency or certified adoption agency; or
  4. A person designated by the Court who meets one of the following qualifications:
    - a. A master's degree in social work and one year of experience in children's services;
    - b. A member of the Academy of Certified Social Workers (ACSW) and one year of experience in children's services;
    - c. A master's degree in a behavioral or social science and two years experience in children's services;
    - d. A doctorate in a behavioral or social science and one year of experience in children's services; or
    - e. Is a member of the clergy with two years of experience in family counseling; or
  5. A person who is supervised by a person described in paragraph four of this subsection, and who meets one of the following qualifications:
    - a. A bachelor's degree in social work; or
    - b. A bachelor's degree in behavioral or social science and one year of experience in children's or family services.
- B. The Court shall order that a report of such home study be filed with the Court by the designated investigator within the time fixed by the Court and in no event more than sixty days from the issuance of the order for home study, unless time therefore is extended by the Court.
- C. The home study shall:
1. Include appropriate inquiry to determine whether the proposed home is suitable for the child; any other circumstances and conditions which may have a bearing on the adoption and of which the Court should have knowledge; in this entire matter of investigation, the Court is specifically authorized to exercise judicial knowledge and discretion;
  2. Consist of documentation of at least one individual interview with each parent, each school-age child, and any other household member, one joint interview, a home visit, and three written references;
  3. Include verification that the home is a healthy, safe environment in which to raise a child, as well as verification of marital status, employment, income, access to medical care, physical health and history, and a criminal background check. Your home study must include a copy of the criminal background check.
- D. A supplemental report, including a determination as to the legal availability or status of the child for adoption, shall be filed prior to the final adoption Petition.
- E. The Court may order agencies named in subsection A of this section located in one or more counties to make separate investigations on separate parts of the inquiry, as may be appropriate.
- F. The report of such home study shall become a part of the files in the case and shall contain a definite recommendation for or against the proposed adoption and the reasons therefore.
- G. Provided, that if the child petitioned to be adopted shall be the natural or adopted child or either of the petitioners, then no investigation shall be made.





*An Oklahoma Licensed Agency*

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

- 
- H. The Department of Human Services shall not be required to make a home study and report to the Court on adoptive placements made by private adoption agencies or persons providing private adoption services.

If your home study is over one year old and you are having an update done, please be aware that Oklahoma requires a face-to-face meeting, and that your reference letters and criminal background check be updated as well.





An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
 Norman, OK 73069  
 Tel: 405-794-7500  
 Fax: 888-203-6124

## DOCUMENTS NEEDED TO COMPLETE APPLICATION

The following documents will be needed in order to complete your application with our office. Many of these documents will have already been obtained by your home study professional. You may need to contact them and request that they attach those documents to your home study, or provide you or us with copies. Your home study and all information below need to have been completed within one year of your pending adoption. Otherwise, you must also provide our agency with a home study update along with updating all correlating documents. Please note that Oklahoma law requires that you have a face-to-face meeting for your updated home study, and that your reference letters and criminal background checks also be updated at that time.

|   |  |  |
|---|--|--|
| 1. Birth certificate(s)   |  |  |
| 2. Financial statement  |  |  |
| 3. Divorce Decree from previous marriages (if applicable)   |  |  |
| 4. Home Study (and update if applicable) (with an original signature from your home study professional)   |  |  |
| 5. Income tax returns for last three years for <u>both</u> applicants (first page only)   |  |  |
| 6. Letter from employer verifying income, job title, and current employment history (where and for how long)  |  |  |
| 7. Copy of Indian Heritage enrollment card (if applicable)  |  |  |
| 8. Marriage license   |  |  |
| 9. Verification of medical insurance under which child will be covered  |  |  |
| 10. Military discharge papers (if applicable)   |  |  |
| 11. Physician's report for each person living in the home, dated within one year  |  |  |
| 12. Three reference letters, with date, address and phone number (for example, minister, employer, friend) No family members  |  |  |
| 13. Copy of social security cards or passports  |  |  |
| 14. FBI fingerprints, State Bureau of Investigation report, Sex Offender and Child Abuse Registry, where available, for each person over the age of 18 living in the home |  |  |
| 15. Application completed   |  |  |
| 16. Prospective Adoptive Parent Questionnaire   |  |  |
| 17. Health History form   |  |  |
| 18. Documentation of all training completed   |  |  |
| 19. Copy of medical marijuana card (if applicable)  |  |  |

We do not need originals of any documents EXCEPT the home study and update. For your convenience we have provided a column on the right hand side of the page so you can check off the items you are providing to our agency. Please call our office at 405-794-7500 or email us at



*An Oklahoma Licensed Agency*

[info@adoptionchoicesofoklahoma.org](mailto:info@adoptionchoicesofoklahoma.org)

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

[info@adoptionchoicesofoklahoma.org](mailto:info@adoptionchoicesofoklahoma.org) if you have any questions about the requested documents.



---

A CHILD FOR EVERY HOME AND A HOME FOR EVERY CHILD



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

## ADOPTION INFORMATION/APPLICATION FOR ADOPTION CHOICES OF OKLAHOMA

Application fee is \$995.00 made out to Adoption Choices and must accompany application. This fee is non-refundable. (All information will remain confidential unless your permission is granted, in writing, to release part or parts of it.) Please remember that with the new age of technology and the internet, your name, address and phone can possibly be located through diligence by a birth parent.

Domestic Application

Date: \_\_\_\_\_

First Applicant's full name: \_\_\_\_\_

Second Applicant's full name: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

First Applicant's cell phone number: \_\_\_\_\_

Second Applicant's cell phone number: \_\_\_\_\_

First Applicant's email: \_\_\_\_\_

Second Applicant's email: \_\_\_\_\_

Date and place of marriage: \_\_\_\_\_

Names and birth dates of children of this marriage. State whether adopted or biological.  
\_\_\_\_\_

Who referred you to us? \_\_\_\_\_

### PERSONAL INFORMATION

**FIRST APPLICANT:** Age and date of birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Race: \_\_\_\_\_

Nationality: \_\_\_\_\_ (If not US citizen, provide documentation showing legal status)

Weight and Height: \_\_\_\_\_

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

How long? \_\_\_\_\_

Office address: \_\_\_\_\_

Office telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Office e-mail: \_\_\_\_\_

Annual income: \_\_\_\_\_

Religion: \_\_\_\_\_

Dates of previous marriages and divorces: \_\_\_\_\_

Children: (ages and custody status) \_\_\_\_\_



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

---

**SECOND APPLICANT:** Age and date of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Race: \_\_\_\_\_  
Nationality: \_\_\_\_\_ (If not US citizen, provide documentation showing legal status)  
Weight and Height: \_\_\_\_\_  
Education: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
How long? \_\_\_\_\_  
Office address: \_\_\_\_\_  
Office telephone: \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail : \_\_\_\_\_  
Annual income: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Dates of previous marriages and divorces: \_\_\_\_\_  
Children: (ages and custody status) \_\_\_\_\_

### FAMILY BACKGROUND

**FIRST APPLICANT:** Father's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Age and occupation: \_\_\_\_\_

Mother's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Age and occupation: \_\_\_\_\_

Brothers and/or sisters:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Age and occupation: \_\_\_\_\_  
Marital status and spouse's name: \_\_\_\_\_  
Names and ages of children: \_\_\_\_\_



*An Oklahoma Licensed Agency*

[info@adoptionchoicesofoklahoma.org](mailto:info@adoptionchoicesofoklahoma.org)

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

---



---

A CHILD FOR EVERY HOME AND A HOME FOR EVERY CHILD



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-755-1999  
Fax: 888-203-6124

---

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Age and occupation: \_\_\_\_\_  
Marital status and spouse's name: \_\_\_\_\_  
Names and ages of children: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Age and occupation: \_\_\_\_\_  
Marital status and spouse's name: \_\_\_\_\_  
Names and ages of children: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Age and occupation: \_\_\_\_\_  
Marital status and spouse's name: \_\_\_\_\_  
Names and ages of children: \_\_\_\_\_

**SECOND APPLICANT:** Father's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Age and occupation: \_\_\_\_\_

Mother's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Age and occupation: \_\_\_\_\_

Brothers and/or sisters: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Age and occupation: \_\_\_\_\_  
Marital status and spouse's name: \_\_\_\_\_



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

Names and ages of children: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Age and occupation: \_\_\_\_\_

Marital status and spouse's name: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Age and occupation: \_\_\_\_\_

Marital status and spouse's name: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Age and occupation: \_\_\_\_\_

Marital status and spouse's name: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

**PAST OR PRESENT MEDICAL PROBLEMS**

First Applicant: \_\_\_\_\_

Medical marijuana card: Yes \_\_\_\_\_ No \_\_\_\_\_

Second Applicant: \_\_\_\_\_

Medical marijuana card: Yes \_\_\_\_\_ No \_\_\_\_\_

Has either applicant been in treatment (out-patient or in-patient) for substance abuse? If yes, please explain.





An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

---

---

---

Has either applicant been diagnosed with a drug or alcohol addiction? If yes, please explain.

Does either applicant smoke, vape, or use any recreational drugs (legal or not legal)? If yes, please explain.

### REFERENCES

Please list three references who have written letters on your behalf. Please also enclose the letters. It is the policy of our agency to call these references to verify that the individual(s) actually wrote the letters.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Have you had an adoption fail or fall through? If so, briefly describe the circumstances.



*An Oklahoma Licensed Agency*

[info@adoptionchoicesofoklahoma.org](mailto:info@adoptionchoicesofoklahoma.org)

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

---

---

---

---





An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-755-1999  
Fax: 888-203-6124

---

Have you ever been denied a favorable home study? If so, when and for what reason?

\_\_\_\_\_

What other methods are you using to try and adopt? \_\_\_\_\_

\_\_\_\_\_

Are you currently undergoing any fertility treatments? \_\_\_\_\_

\_\_\_\_\_

How long have you been trying to adopt? \_\_\_\_\_

\_\_\_\_\_

Have either of you ever had psychiatric problems or problems with alcohol or drug abuse?  
Please explain. \_\_\_\_\_

\_\_\_\_\_

Have you applied for a child elsewhere? If so, when and where? What were the results?

\_\_\_\_\_

Have you ever had your driver's license or a professional license revoked? If yes, please  
explain: \_\_\_\_\_

\_\_\_\_\_



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

### INFORMATION ON CHILD YOU WISH TO ADOPT

Sex and age preference: \_\_\_\_\_  
Would you accept twins? \_\_\_\_\_  
Nationality you would accept:  
Caucasian: \_\_\_\_\_  
Hispanic: \_\_\_\_\_ Hispanic mix: \_\_\_\_\_  
African American: \_\_\_\_\_ African American mix: \_\_\_\_\_  
Asian/Oriental: \_\_\_\_\_ Asian/Oriental mix \_\_\_\_\_  
Hawaiian \_\_\_\_\_ Hawaiian mix \_\_\_\_\_  
Other: \_\_\_\_\_

Are either of you enrolled or eligible for enrollment in any Indian Tribe? What Tribe?  
\_\_\_\_\_  
\_\_\_\_\_

Would you accept:  
An older child? \_\_\_\_\_ To what age? \_\_\_\_\_  
More than one older child if siblings? \_\_\_\_\_  
A child with a correctable medical condition? \_\_\_\_\_  
A child with a non-correctable medical condition? \_\_\_\_\_

#### Openness in Your Adoption

Each birth mother creates a personalized adoption plan with her preferences for adoptive parents, including openness. Adoptions are generally classified as Open, Semi-open, or Closed, but not everyone defines those terms in the same way. Additionally, a birth parent who knows your first name, your profession and the state in which you live could easily find you through the internet or other technological means.

Please indicate the scenarios that you would be comfortable with once a birth parent has chosen you:

- \_\_\_ The birth parent(s) would be given your last name.
- \_\_\_ The birth parent(s) would be given your phone number.
- \_\_\_ The birth parent(s) would be given your address.
- \_\_\_ The birth parent(s) would meet you in person.
- \_\_\_ The birth parent(s) would have an annual visit with you and the child after placement.



An Oklahoma Licensed Agency  
 info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
 Norman, OK 73069  
 Tel: 405-794-7500  
 Fax: 888-203-6124

Occasionally we are contacted by a birth mother or hospital regarding a baby that is about to be born or is already born. These drop in situations are urgent and require the chosen adoptive parents to immediately travel to Oklahoma, giving them no time to be prepared. Are you open to being shown to a birth mother in this situation and able to comply with the urgency needed? \_\_\_\_\_

Indicate your level of acceptance of a child who has the following problems:

|   | YES | NO | MAYBE |
|---|-----|----|-------|
| <b>NEWBORNS - Low APGAR score, prognosis uncertain</b>  |     |    |       |
| <b>DRUGS: Would you accept a child whose biological mother:</b>                               |     |    |       |
| Has used or is using marijuana?   |     |    |       |
| Had used other drugs before realizing she was pregnant?                                       |     |    |       |
| Has continued to use other drugs during her pregnancy?  |     |    |       |
| Had used other drugs in the past but not at or since time of conception?                      |     |    |       |
| Whose biological father had used drugs at conception or was using drugs during the pregnancy? |     |    |       |
| <b>ALCOHOL: Would you accept a child whose biological mother:</b>                             |     |    |       |
| Had used alcohol before realizing she was pregnant?   |     |    |       |
| Has continued to use alcohol during her pregnancy?  |     |    |       |
| Had used alcohol in the past but not at or since time of conception?                          |     |    |       |
| <b>BI-POLAR DISORDER</b>  |     |    |       |
| Had one parent diagnosed with bi-polar disorder   |     |    |       |
| Had both parents diagnosed with bi-polar disorder   |     |    |       |
| Had grandparent(s) diagnosed with bi-polar disorder   |     |    |       |
| Had one parent who was taking medication during pregnancy for bi-polar                        |     |    |       |
| <b>SCHIZOPHRENIA</b>  |     |    |       |
| Schizophrenic child   |     |    |       |
| Had one parent diagnosed as schizophrenic   |     |    |       |
| Had two parents diagnosed as schizophrenic  |     |    |       |
| Had grandparents diagnosed as schizophrenic   |     |    |       |



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

|  | YES | NO | MAYBE |
|--|-----|----|-------|
| <b>DEPRESSION</b>  |     |    |       |
| Had one parent who was depressed but not on medication                                   |     |    |       |
| Had two parents who were depressed but not on medication                                 |     |    |       |
| Had one parent who was depressed and on medication                                       |     |    |       |
| <b>CHILDREN</b>  |     |    |       |
| Slight limp  |     |    |       |
| Leg braces   |     |    |       |
| Missing limb   |     |    |       |
| Is in a wheel chair  |     |    |       |
| Is paraplegic  |     |    |       |
| Is quadriplegic  |     |    |       |
| Cerebral Palsy   |     |    |       |
| Cystic Fibrosis  |     |    |       |
| <b>SEIZURES</b>  |     |    |       |
| Seizure disorder controlled by medication  |     |    |       |
| Seizure disorder not controlled but has infrequent seizures                              |     |    |       |
| Seizure disorder not controlled and has frequent seizures                                |     |    |       |
| <b>BLOOD DISORDERS</b>   |     |    |       |
| Blood disorder requiring blood transfusions every 3 months                               |     |    |       |
| Blood disorder requiring hospitalization once a month                                    |     |    |       |
| Blood disorder resulting in a limited lifespan   |     |    |       |
| <b>HEART PROBLEMS</b>  |     |    |       |
| Heart murmur, activity not curtailed   |     |    |       |
| Heart murmur, vigorous activity curtailed  |     |    |       |
| May require open heart surgery at a later date but at placement needs only to be watched |     |    |       |
| Definitely will require open heart surgery   |     |    |       |
| Will require more than one open heart surgery  |     |    |       |
| <b>SIGHT PROBLEMS</b>  |     |    |       |
| Sight in both eyes but vision is limited/glasses needed                                  |     |    |       |



An Oklahoma Licensed Agency  
 info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
 Norman, OK 73069  
 Tel: 405-794-7500  
 Fax: 888-203-6124

|  |     |    |       |
|--|-----|----|-------|
| Sight in one eye only  |     |    |       |
| Blind but surgery may give partial sight   |     |    |       |
| Blind and will never have sight  |     |    |       |
|  | YES | NO | MAYBE |
| <b>HEARING PROBLEMS</b>  |     |    |       |
| Hearing problem with only partial hearing/surgery may help   |     |    |       |
| Hearing problem with partial hearing/surgery will not help   |     |    |       |
| Hearing in only one ear  |     |    |       |
| No hearing, deaf and does not speak  |     |    |       |
| <b>PHYSICAL DEFORMITIES</b>  |     |    |       |
| Deformed hand  |     |    |       |
| Deformed arm   |     |    |       |
| Deformed leg   |     |    |       |
| Deformed face  |     |    |       |
| Two deformed arms  |     |    |       |
| Two deformed legs  |     |    |       |
| <b>SPECIAL NEEDS CHILDREN</b>  |     |    |       |
| In special education   |     |    |       |
| In EMR   |     |    |       |
| In TMR   |     |    |       |
| Mentally handicapped and will always need supervision  |     |    |       |
| Downs Syndrome   |     |    |       |
| <b>HYPERACTIVE PROBLEMS (OLDER CHILDREN)</b>   |     |    |       |
| Hyperactive  |     |    |       |
| Hyperactive, requires medication/functions normally  |     |    |       |
| Hyperactive, requires medication and some kind of special classroom setting                          |     |    |       |
| <b>EMOTIONAL PROBLEMS (OLDER CHILDREN)</b>   |     |    |       |
| Emotionally damaged, very withdrawn and will require therapy for an extensive period of time         |     |    |       |
| So emotionally damaged he/she is very abusive toward other people; a child who is abusive to animals |     |    |       |



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
 Norman, OK 73069  
 Tel: 405-794-7500  
 Fax: 888-203-6124

|   |     |    |       |
|---|-----|----|-------|
| Emotionally damaged; he/she is very abusive toward his/her person (pulling hair, pinching self) |     |    |       |
| <b>SPEECH PROBLEMS (OLDER CHILDREN)</b>   |     |    |       |
| Stutters  |     |    |       |
| Lisp  |     |    |       |
|   | YES | NO | MAYBE |
| Speech at age 6 is very hard to understand  |     |    |       |
| Will always have trouble speaking and being understood  |     |    |       |
| <b>CLEFT PROBLEMS (OLDER CHILDREN)</b>  |     |    |       |
| Hare lip  |     |    |       |
| Cleft palate  |     |    |       |
| Cleft palate Both hare lip and cleft palate   |     |    |       |
| <b>SICKLE CELL ANEMIA DISORDER (OLDER CHILDREN)</b>   |     |    |       |
| Sickle Cell carrier   |     |    |       |
| Sickle Cell Anemia but relatively controlled  |     |    |       |
| Sickle Cell Anemia with frequent episodes   |     |    |       |
| <b>BURNS (OLDER CHILDREN)</b>   |     |    |       |
| Burn scars  |     |    |       |
| Slight  |     |    |       |
| Extensive, needing surgery  |     |    |       |
| <b>BIRTH MARKINGS (OLDER CHILDREN)</b>  |     |    |       |
| Birth marks   |     |    |       |
| Small   |     |    |       |
| Large or extensive  |     |    |       |

**GENERAL QUESTIONS**

The cost of our adoptions generally range between \$45,000 and \$55,000, excluding finalization and all travel expenses. How much are you willing and able to spend on an adoption, excluding finalization and travel expenses? \_\_\_\_\_

Do you have health insurance? \_\_\_\_\_





An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

Life insurance? How much? \_\_\_\_\_

Have you ever been arrested, or do you have any type of criminal record? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Any other comments or information you would like to add: \_\_\_\_\_

\_\_\_\_\_

Please initial the following, and sign below:

\_\_\_\_\_/\_\_\_\_\_ We understand and acknowledge that the adoption application is an objective process, and that a positive assessment is not guaranteed.

\_\_\_\_\_/\_\_\_\_\_ We understand that during the course of the application process, more information or documents may be requested of either applicant or family member. Any delay in providing these documents may result in a delay of the application decision.

\_\_\_\_\_/\_\_\_\_\_ We understand that failure to disclose, lying, or concealing information can be cause for immediate cessation and/or denial of an application.

\_\_\_\_\_/\_\_\_\_\_ We understand that if we are to become pregnant while awaiting a match, our profile will be deactivated until the child is born, the home study is updated, and the profile is revised to include the child.

\_\_\_\_\_/\_\_\_\_\_ We understand that while there will not be a new application fee/charge, there may be a new fee/charge in order to revise the profile.

We understand and acknowledge that our application fee of \$995.00, which is non-refundable, guarantees our being on Adoption Choices' active applicants list for a period of one year. After one year, a renewal application fee of \$695.00 will be due. We further understand that adoption costs vary from situation to situation, and that upon our being matched with a birth mother and/or child we will be responsible for paying the full estimated amount of that particular situation. We understand that those funds will be placed in an escrow account and costs incurred by the agency on behalf of our birth mother will be paid from that account. We further understand that if the adoption fails, the agency placement fee, minus a \$6,000.00 Agency Services fee, will be reimbursed to us. All other fees and costs are at risk.



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

First Applicant

Date

---

Second Applicant

Date

---

**ADOPTION CHOICES OF OKLAHOMA**

**MEDICAL REPORT ON ADOPTIVE APPLICANTS AND ALL HOUSEHOLD MEMBERS**

---

First page to be filled out by applicant:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

**MEDICAL HISTORY:**

Have you had/have treatment for serious or chronic illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Have you been hospitalized in the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Have you ever received or been advised to seek mental health services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Have you ever received or been advised to seek treatment for alcohol or substance abuse?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Illnesses & Dates: \_\_\_\_\_



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

Operations & Dates: \_\_\_\_\_  
Accidents: \_\_\_\_\_

Significant Family History (diabetes, heart disease, hereditary or congenital defects, etc.)

Disease: \_\_\_\_\_ Family member: \_\_\_\_\_  
Disease: \_\_\_\_\_ Family member: \_\_\_\_\_  
Disease: \_\_\_\_\_ Family member: \_\_\_\_\_  
Disease: \_\_\_\_\_ Family member: \_\_\_\_\_  
Disease: \_\_\_\_\_ Family member: \_\_\_\_\_

**Second page to be filled out by physician:**

**PHYSICAL EXAMINATION:**

**To the Physician:** A physical examination is requested because this family is considering adoption/boarding a minor.

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Other exam findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Does this individual suffer from an illness, or communicable disease that would be detrimental to the care of an adoptive child placed in his/her home?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
2. Are there any chronic or serious disorders for which this individual has received treatment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
3. Have you ever referred this individual to other medical services, mental health services and/or treatment for substance abuse? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

**Impression of General Health (Does the patient have the usual expectancy of life?)**

Excellent \_\_\_\_\_  
Good (please state why) \_\_\_\_\_



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

Fair (please state why) \_\_\_\_\_

Poor (please state why) \_\_\_\_\_

Was any recommendation for medical care made to the patient? If so, state what:

\_\_\_\_\_

Is patient on any current medication? If so, what and for what reason

\_\_\_\_\_

Is this report based on a current examination only, or a longer professional relationship and knowledge? \_\_\_\_\_

If longer, how long have you been patient's physician \_\_\_\_\_

Is this person healthy and free of communicable diseases or physical conditions that would impair their ability to care for an adopted child? \_\_\_\_\_

Is this person physically and mentally a good candidate for adoption? If no, please explain why

\_\_\_\_\_

\_\_\_\_\_

If physician has known patient personally or as a family physician, any comment he or she wishes to make would be welcome. \_\_\_\_\_

\_\_\_\_\_

Date of Exam: \_\_\_\_\_ Name and Address of Doctor: \_\_\_\_\_

\_\_\_\_\_



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

### LETTER OF REFERENCE FROM NON-RELATIVE

Dear Adoption Choices of Oklahoma:

Please accept this completed questionnaire as a letter of reference for:

---

#### CIRCLE YOUR RESPONSE

1. How long have you known the adoptive applicant(s)?
  - a. Less than a year
  - b. 1-3 years
  - c. 3-6 years
  - d. 6-10 years
  - e. 10+ years
  
2. What is your relationship to the adoptive applicant(s)?
  - a. Friend
  - b. Family friend
  - c. Co-worker
  - d. Other (please specify: \_\_\_\_\_)
  
3. How often do you see the applicant(s)?
  - a. A few times a year
  - b. Once a month
  - c. Several times a week
  - d. Other (please specify: \_\_\_\_\_)







*An Oklahoma Licensed Agency*

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

\_\_\_\_\_

Date

\_\_\_\_\_

Date

Please print your:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_





An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

## STATEMENT OF GUARDIANSHIP

We \_\_\_\_\_/\_\_\_\_\_ hereby name  
\_\_\_\_\_ and \_\_\_\_\_

as guardians to our child(ren) in the event that we are no longer able to physically care and provide for them through both of our deaths.

Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to us: \_\_\_\_\_

By our signatures, we acknowledge that the appointed guardians are aware of our decision and they have agreed to be named as guardians in this home study and as a part of the application process.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_



An Oklahoma Licensed Agency  
 info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
 Norman, OK 73069  
 Tel: 405-794-7500  
 Fax: 888-203-6124

**STATEMENT OF NET WORTH**

| ASSETS                                 |                 | LIABILITIES                    |                 |
|--|-----------------|--------------------------------|-----------------|
| Cash on hand and in Banks              | \$ _____        | Mortgage and real estate notes | \$ _____        |
| Investments                            | \$ _____        | Notes payable                  | \$ _____        |
| Savings accounts                       | \$ _____        | Credit card (balances)         | \$ _____        |
| Cash surrender value of life insurance | \$ _____        |                                | \$ _____        |
| Other stocks and bonds                 | \$ _____        |                                | \$ _____        |
| Real estate:                           |                 |                                | \$ _____        |
| 1. _____                               | \$ _____        | Loans (balances)               |                 |
| 2. _____                               | \$ _____        |                                | \$ _____        |
| Automobiles                            | \$ _____        |                                | \$ _____        |
|  | \$ _____        |                                | \$ _____        |
| Trucks, boats, planes                  | \$ _____        |                                | \$ _____        |
| Personal property                      | \$ _____        |                                | \$ _____        |
| <b>TOTAL ASSETS</b>                    | <b>\$ _____</b> | <b>TOTAL LIABILITIES</b>       | <b>\$ _____</b> |

**NET WORTH\* \$ \_\_\_\_\_**  
 (\*Net worth is the difference between Assets and Liabilities)

**MONTHLY FINANCIAL OBLIGATIONS**

|                            |                              |
|----------------------------|------------------------------|
| _____ Mortgage/Rent        | _____ Car Payments           |
| _____ Utilities            | _____ Car Insurance          |
| _____ Phone                | _____ Other Insurances       |
| _____ Credit Card Payments | _____ Student Loans          |
| _____ Daycare              | _____ Other Loans            |
| _____ Investments          | _____ Not listed Obligations |

\_\_\_\_\_ Total

**MONTHLY INCOME**



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

\_\_\_\_\_ First Applicant  
\_\_\_\_\_ Second Applicant  
\_\_\_\_\_ Additional income (extra jobs, dividends, trust payments, settlements, etc.)  
\_\_\_\_\_ Total

## HEALTH HISTORY INFORMATION OF ADOPTIVE APPLICANTS

Please print two copies of this section and each fill out a separate form. Thank you.

NAME: \_\_\_\_\_

### MENTAL HEALTH

Have you or anyone in your family received counseling or other mental health treatment? \_\_\_\_\_ If yes, please provide additional information, including date(s), reason for care, and medications prescribed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PHYSICAL HEALTH

Describe your general health \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check any of the following childhood diseases you have had:

|                                  |                        |                         |
|----------------------------------|------------------------|-------------------------|
| _____ Measles                    | _____ Rubella (3 days) | _____ Rubella (2 weeks) |
| _____ Mumps                      | _____ Chicken Pox      | _____ Whooping Cough    |
| _____ Roseola                    | _____ Asthma           | _____ Hay fever         |
| _____ Encephalitis               | _____ Meningitis       | _____ Ear infections    |
| _____ Heart murmur               | _____ Scarlet Fever    | _____ Rheumatic fever   |
| _____ Urinary/bladder infections |                        |                         |
| _____ Other (specify) _____      |                        |                         |



*An Oklahoma Licensed Agency*

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

Have you had any major surgeries? If yes, please provide reasons and dates.

---

---

---

---





An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
 Norman, OK 73069  
 Tel: 405-794-7500  
 Fax: 888-203-6124

## HEALTH HISTORY OF YOURSELF, YOUR PARENTS, AND OTHER RELATIVES

Indicate by checking the appropriate box if you or any relatives (for example, your parents, brothers, sisters, aunts, uncles, grandparents, children, etc.), have or have had any of the medical conditions listed below. If yes, please indicate that person's relationship to you and complete the COMMENTS section. If a medical condition resulted in the death of a family member, please indicate and give the person's approximate age at the time of death in the COMMENTS section.

| Medical Condition   | Yes, No, or Unknown | Relationship To You | Comments                         |
|---|---------------------|---------------------|----------------------------------|
| CONGENITAL IMPAIRMENTS<br>Club foot or any orthopedic problem (i.e., flat footed, etc.) |                     |                     |                                  |
| Harelip (cleft lip) or cleft palate   |                     |                     |                                  |
| Downs Syndrome  |                     |                     |                                  |
| Other chromosome abnormality  |                     |                     |                                  |
| Hydrocephalus   |                     |                     |                                  |
| Muscular Dystrophy  |                     |                     | Areas affected and age at onset  |
| Dwarfism  |                     |                     |                                  |
| Spina Bifida  |                     |                     |                                  |
| Congenital heart defect   |                     |                     |                                  |
| Tay-Sachs Disease   |                     |                     |                                  |
| ALLERGIES<br>Eczema or other skin condition   |                     |                     | Treatment or medication received |
| Hay fever   |                     |                     |                                  |



An Oklahoma Licensed Agency  
info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

|  |                            |                            |   |
|--|----------------------------|----------------------------|---|
| Medication allergy   |                            |                            | To what medication?                             |
| <b>Medical Condition</b>   | <b>Yes, No, or Unknown</b> | <b>Relationship To You</b> | <b>Comments</b>                                 |
| Food allergy   |                            |                            | To what foods?                                  |
| EYE, DENTAL, EAR AND DEVELOPMENTAL DISORDERS<br>Blindness, Glaucoma, color blindness, or other visual problems |                            |                            |   |
| Corrective glasses or contact lenses   |                            |                            | At what age were prescription lenses necessary? |
| Farsighted or nearsighted  |                            |                            |   |
| Astigmatism (inability to focus)   |                            |                            |   |
| Strabismus (cross-eye)   |                            |                            |   |
| Other (explain)  |                            |                            |   |
| Braces on teeth or other orthodontic work  |                            |                            | What orthodontic work and for how long?         |
| Deafness or other ear problems   |                            |                            | Special education? Age at onset                 |
| Speech problems  |                            |                            | Special education? Age at onset                 |
| Learning disability  |                            |                            | Any diagnosis/hospitalization?                  |
| Retardation - mental or physical   |                            |                            | Any diagnosis/hospitalization?                  |
| CIRCULATORY DISORDERS<br>Hemophilia  |                            |                            |   |
| Sickle Cell Anemia or trait  |                            |                            |   |



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

|                                    |                            |                            |   |
|------------------------------------|----------------------------|----------------------------|---|
| Hypertension (high blood pressure) |                            |                            | Age at onset, what treatment?<br>Hospitalization? |
| <b>Medical Condition</b>           | <b>Yes, No, or Unknown</b> | <b>Relationship To You</b> | <b>Comments</b>                                   |
| Stroke                             |                            |                            | Age, treatment?                                   |
| Heart Attack (coronary)            |                            |                            | Age, treatment?                                   |
| Arthritis                          |                            |                            | What kind? Age at onset and areas affected        |
| Hepatitis                          |                            |                            | What type? Age at onset and treatment             |
| Kidney disease                     |                            |                            | Age at onset and treatment                        |
| HORMONAL DISORDERS<br>Diabetes     |                            |                            | Age at onset and treatment                        |
| Thyroid Disorder                   |                            |                            | Age at onset and treatment                        |
| Obesity (overweight)               |                            |                            | Age at onset and treatment                        |
| RESPIRATORY DISORDERS<br>Asthma    |                            |                            | Treatment   |
| Tuberculosis                       |                            |                            | What kind and age at onset                        |
| Emphysema                          |                            |                            | Age at onset                                      |



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

|  |                            |                            |   |
|--|----------------------------|----------------------------|---|
| MENTAL AND BEHAVIORAL DISORDERS<br>Diagnosed Schizophrenia |                            |                            | Age at onset and treatment.<br>Hospitalization? |
| Diagnosed Manic Depressive                                 |                            |                            | Treatment                                       |
| <b>Medical Condition</b>                                   | <b>Yes, No, or Unknown</b> | <b>Relationship To You</b> | <b>Comments</b>                                 |
| Other mental illness                                       |                            |                            | Describe, using additional paper if necessary   |
| Alcoholism or heavy drinking                               |                            |                            | Treatment/hospitalization?                      |
| Drug usage   |                            |                            | Kind, amount and when taken?                    |
| LYMPHATIC DISORDERS<br>Cancer                              |                            |                            | Kind, age at onset, areas affected              |
| Tumors   |                            |                            | Kind, age at onset, areas Affected              |
| Cystic Fibrosis  |                            |                            | Age at onset, areas affected                    |
| Hodgkin's Disease  |                            |                            | Age at onset, areas affected                    |
| NERVOUS SYSTEM DISORDERS<br>Multiple Sclerosis             |                            |                            | Age at onset, areas affected                    |
| Huntington's Disease                                       |                            |                            | Age at onset, areas affected                    |
| Cerebral Palsy   |                            |                            | Age at onset                                    |





An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

|                         |  |  |   |
|-------------------------|--|--|---|
| Seizures or convulsions |  |  | Frequency, age at onset, what treatment |
| Epilepsy                |  |  | Frequency, age at onset, what treatment |

| Medical Condition  | Yes, No, or Unknown | Relationship To You | Comments          |
|--|---------------------|---------------------|-------------------|
| INFECTION, HOSPITALIZATION<br>Repeated attacks of fever with known Infection |                     |                     | Diagnosis         |
| Repeated severe infection necessitating hospitalization                      |                     |                     | Diagnosis         |
| Hospitalization, operation or injury   |                     |                     | When and for what |
| OTHER MEDICAL OR HEALTH PROBLEMS   |                     |                     | Describe          |

Signature \_\_\_\_\_



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

### PROSPECTIVE ADOPTIVE PARENT QUESTIONNAIRE

**Please print two copies of this section and each fill out a separate form. This form will NOT be shown to the birth mother.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Describe yourself (hair, eyes, height, weight, complexion, personality). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe your spouse's personality. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If you have children, describe their physical appearances and personalities. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have pets? If so, what types? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

5. What do you feel are the strong points in your marriage? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What qualities do you appreciate most in your spouse? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If you could change anything about him/her, what would it be? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Describe your views and approaches to parenting, including discipline. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What activities do you enjoy sharing with your spouse? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



An Oklahoma Licensed Agency  
info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

10. What activities do you enjoy separately from your spouse? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What things do you do for fun as a family? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What goals are you working toward in your marriage? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Why are you applying for adoption? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. At this time, what type of child do you feel you can parent? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

15. What are the experiences and strengths you feel you have that will enable you to parent this type of child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. What are your expectations for this child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. How will you handle the situation if your child does not meet your expectations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. What things could you absolutely not accept in a child, and why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. What are your views on religion, and what is its role in your life? \_\_\_\_\_



*An Oklahoma Licensed Agency*

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

---

---

---

---

20. If you are working outside of the home, what is your child care plan? \_\_\_\_\_

---

---

---

---

21. What is your greatest fear concerning adoption? \_\_\_\_\_

---

---

---

---



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

## RECITALS REGARDING ZIKA VIRUS

An outbreak of the Zika virus has emerged and in light of the severity of the virus, the World Health Organization has declared a public health emergency on February 1, 2016.

The Zika virus may cause the infected person to suffer serious health problems including neurological defects and damage to the infected person's immune system.

The Zika virus can be transmitted by an infected pregnant woman to the fetus she is carrying and the infected fetus may suffer irreversible damaging effects on the brain and incurable lifelong health and cognitive problems, including but not limited to microcephaly, which may result in incomplete brain development or death of the fetus.

The Zika virus is carried by mosquitoes and can be transmitted via a single mosquito bite.

The Zika virus can also be transmitted through sexual contact with an infected person or a person who has been in a Zika infected area. Recent studies have also discovered Zika virus in urine and saliva, but it is currently unknown if it can be transmitted through these fluids. Zika virus may also be transmitted through a blood transfusion if the blood donor was infected with the Zika virus at the time of donation.

The Zika virus may cause symptoms such as low-grade fever, sore body, joint pain, muscle pain, headache, red eyes, and/or a body rash and those symptoms may last from several days to one week.

Alternatively, the Zika virus may cause no detectable symptoms whatsoever to the infected person and in majority of cases, there are no symptoms. Nonetheless, an infected pregnant woman who has no detectable symptoms can transmit the virus to the fetus she is carrying.

Currently, there is no vaccine or medication available to protect against infection of the Zika virus. Accordingly, the Centers for Disease Control currently recommends that all pregnant women avoid travel to areas where the Zika virus transmission is ongoing. Medical authorities are now advising men to abstain from sex or use condoms after visiting affected countries. Additionally, guidelines for preventing infection include, but are not limited to, the following: taking steps to avoid mosquito bites during the day and night;



An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

wearing long-sleeved shirts and long pants; using medically approved insect repellants; using permethrin-treated clothing and gear; staying and sleeping in screened-in or air-conditioned rooms; and maintaining one's home and yard so as to not allow small bodies of standing water to accumulate given that such small bodies of water are likely to attract mosquitoes.

Medical recommendations regarding the Zika virus and its effects upon pregnant women and fetuses may vary over the course of the Agreement, and generally may require and include the following: regular fetal ultrasounds; utilizing condoms during sexual activity; waiting at least twenty-eight days after a partner has left a country impacted by the Zika virus before engaging in sexual activity with that partner; blood tests of the Birth Mother; amniocentesis; and other possible screening, diagnostic, and detection measures.

By signing this form, Adoptive Parents understand that Agency will take the below-mentioned precautions. Further, Adoptive Parents understand that the agency cannot guarantee the status of a Birth Mother with the Zika virus.

The Treating Physician shall be defined as the Birth Mother's Obstetrician while she is under her Obstetrician's care.

\_\_\_\_\_  
ADOPTIVE APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADOPTIVE APPLICANT

\_\_\_\_\_  
DATE





An Oklahoma Licensed Agency

info@adoptionchoicesofoklahoma.org

2301 Westpark Dr.  
Norman, OK 73069  
Tel: 405-794-7500  
Fax: 888-203-6124

---

**USE OF ELECTRONIC PROFILE**

We, \_\_\_\_\_ and \_\_\_\_\_, hereby authorize Adoption Choices of Oklahoma to use pictures of our family on its website. We further authorize Adoption Choices of Oklahoma to use our included electronic profile to upload onto the Adoption Choices of Oklahoma website. Names will solely be limited to first names, and no last names or other identifying information will be provided in an effort of confidentiality.

By signing this release of information, we understand that we are only providing consent to Adoption Choices of Oklahoma for the use of our electronic profile. Any and all other agencies operating with a name similar to Adoption Choices of Oklahoma are considered separate agencies. This includes, but is not limited to, Adoption Choices, Inc. a 501 (C)(3) Not for Profit Colorado Corporation, Adoption Choices of Texas, Adoption Choices of Arizona, and Adoption Choices of Kansas. The aforementioned agencies and Adoption Choices of Oklahoma network to afford greater opportunities of matching between potential birth mothers and prospective adoptive families but operate individually under separate boards and as individual corporations.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Adoptive Applicant

\_\_\_\_\_  
Adoptive Applicant