

**CATHOLIC CHARITIES ADOPTION SERVICES  
INTAKE FORM**

Male Applicant

Female Applicant

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

street address

city, state, zip

County:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Work Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Ethnic Descent:

\_\_\_\_\_

Education:

\_\_\_\_\_

Occupation:

\_\_\_\_\_

Date and Place of  
Marriage:

\_\_\_\_\_

Prior Marriages?

Yes  No

Yes  No

Religion:

\_\_\_\_\_

Church Attending:

\_\_\_\_\_

Children:

Name	Age	Adopted/Biological	Special Needs
_____			
_____			

Child Care Plan (for example, stay-at-home parent, day care, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health Problems:**

Male Applicant: \_\_\_\_\_

Female Applicant: \_\_\_\_\_

**Interests:**

Male Applicant: \_\_\_\_\_

\_\_\_\_\_

Female Applicant: \_\_\_\_\_

\_\_\_\_\_

**Special talents/life experiences to offer a child, particularly if interested in a special needs child or a child of a different race or culture:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other pertinent information related to your decision to adopt:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please tell us how you heard about Catholic Charities Adoption Services:** \_\_\_\_\_

**INSTRUCTIONS:** To have your name placed on our infant adoption waiting list, please sign and submit your Intake Form to Catholic Charities Adoption Services along with a check for \$25 payable to *Catholic Charities*. If you are interested in Special Needs (SWAN) adoption **only**, please disregard the \$25 intake fee and contact us at 717-564-7115.

\_\_\_\_\_  
Male Applicant

\_\_\_\_\_  
Female Applicant

\_\_\_\_\_  
Date

Please place us on the Catholic Charities' domestic **Infant** adoption

**NOTE: Catholic Charities' age policy states that the younger parent cannot be more than 40 years of age and the older parent cannot be more than 45 years of age at the time of placement on the infant waiting list. In addition, the youngest parent cannot be older than 45 years of age at the time of infant placement. The current waiting time for a healthy Caucasian infant is approximately 4 years.**

1. I/We are willing to accept an infant/child who is of the following race/culture (circle all acceptable):  
Asian      Black      Black/White      Hispanic      Native American      White

2. I/We are willing to accept an infant/child from newborn to the age of: (circle one)  
1 month      3 months      6 months      1 year      2 years      3 years

3. Check the openness options which you would consider:

- prepare an Adoptive Parent Profile to be shown to birthparents
- meet birthparents before placement
- letters and photos of child sent to birthparents through agency
- child/parent(s) receive cards, letters and/or gifts from birthparents
- meeting with birthparents after placement

4. Please indicate those medical conditions which you would or would not be willing to accept.

	<u>Will Accept</u>	<u>Would Consider</u>	<u>Would Not Consider</u>
Infant/child who is severely premature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who was or may have been exposed to drugs during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who tested positive for drugs at birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who was exposed to alcohol during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child diagnosed with Fetal Alcohol Effect or Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who has a physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child whose birthparent(s) were mentally retarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child who is mentally retarded or has Downs Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/child whose birthparent(s) have a history of mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please mail the completed Intake Document to Catholic Charities Adoption Services along with a \$25.00 processing fee made payable to *Catholic Charities Adoption Services*.**

**Mail to: Catholic Charities Adoption Services  
939 East Park Drive, Suite 103, Harrisburg, PA 17111**