

### DESIRED CHILD

Complete the following, indicating which physical, medical and/or social characteristics that you are willing to consider accepting in a prospective adoptive child, whether the characteristic is presently found in the child or found to be in the child's background history. Some traits may be difficult to determine if in an infant, but are possibilities for the future.

Please keep in mind that even "healthy" children have some minor medical problems that may or may not be treatable. When considering background issues, you should consider your own medical and family history. Please be flexible. Check all that apply. You may make revisions at a later date.

CHARACTERISTIC	ACCEPTABLE	WILLING TO DISCUSS	NOT ACCEPTABLE
<b>AGE:</b> 0-12 MONTHS 12-24 MONTHS OLDER CHILD (Please Specify)			
<b>GENDER:</b> MALE FEMALE NO PREFERENCE			
<b>RACE:</b> CAUCASIAN AFRICAN-AMERICAN HISPANIC ASIAN BI-RACIAL			
<b>STATUS OF HEALTH:</b> HEALTHY CHILD CORRECTABLE SPECIAL NEEDS MEDICAL SPECIAL NEEDS PHYSICAL SPECIAL NEEDS			
<b>ORTHOPEDIC CONDITIONS:</b> SLIGHT LIMP NEEDS LEG BRACES MISSING LIMB IS IN WHEEL CHAIR PARAPLEGIC QUADRIPILIGECO			
<b>DIABETIC CONDITIONS:</b> BORDERLINE DIABETES (Dietary control necessary)  JUVENILE DIABETES (Requiring daily injections)			

CHARACTERISTIC	ACCEPTABLE	WILLING TO DISCUSS	NOT ACCEPTABLE
<b>NEUROLOGICAL DISORDERS:</b> HAS HAD PREVIOUS SEIZURES THAT CAN BE CONTROLLED BY MEDICATION  DISORDER NOT CONTROLLED BUT CHILD HAS INFREQUENT SEIZURES  ABNORMAL EEG (Electroencephalogram)  CEREBAL PALSY			
<b>BLOOD DISORDERS:</b> BLOOD DISORDER THAT REQUIRES TRANSFUSIONS  CHILD HAS LIMITED LIFESPAN DUE TO BLOOD DISORDER  HEMOPHILIA  CHILD IS HIV POSITIVE  CHILD HAS AIDS			
<b>HEART CONDITIONS:</b> HEART MUMUR NOT ACTIVELY CURTAILED  HEART MUMUR VIGOROUS ACTIVITY CURTAILED  MAY REQUIRE OPEN HEART SURGERY AT A LATER DATE, BUT AT PLACEMENT, JUST HAS TO BE WATCHED  WILL DEFINETLY REQUIRE OPEN HEART SURGERY			
<b>PULMONARY DISEASES:</b> ASTHMA  CYSTIC FIBROSIS  TUBERCULOSIS			

CHARACTERISTIC	ACCEPTABLE	WILLING TO DISCUSS	NOT ACCEPTABLE
<p><b>VISUAL IMPAIRMENT:</b> POSSIBLE VISUAL LIMITATION</p> <p>HAS SIGHT IN BOTH EYES, BUT VISION IS LIMITED AND SPECIAL GLASSES ARE NEEDED</p> <p>HAS SIGHT IN ONLY ONE EYE</p> <p>IS BLIND, BUT SURGERY MAY GIVE PARTIAL SIGHT</p> <p>IS BLIND AND WILL NEVER HAVE SIGHT</p>			
<p><b>HEARING IMPAIRMENT:</b> POSSIBLE HEARING LIMITATION (Infant)</p> <p>HAS HEARING PROBLEM WITH ONLY PARTIAL HEARING- SURGERY MAY HELP</p> <p>HAS HEARING PROBLEM WITH ONLY PARTIAL HEARING- SURGERY WILL NOT HELP</p> <p>HAS HEARING IN ONLY ONE EAR</p> <p>HAS TOTAL DEAFNESS AND DOES NOT SPEAK</p> <p>IS DEAF, BUT DOES SPEAK- HEARING LOSS OCCURRED AT AN OLDER AGE</p>			
<p><b>ALLERGIES:</b> ALLERGIC TO MEDICATIONS</p> <p>MILD FOOD AND/OR CHEMICAL ALLERGIES</p> <p>SEVERE FOOD AND/OR CHEMICAL ALLERGIES</p>			

CHARACTERISTIC	ACCEPTABLE	WILLING TO DISCUSS	NOT ACCEPTABLE
<b>COSMETIC COMPLICATIONS:</b> COSMETIC SURGERY NEEDED			
BIRTH MARK(S) ON FACE			
BIRTH MARK(S) ON BODY			
CLEFT LIP AND/OR CLEFT PALATE			
CLUB FOOT			
<b>OTHER SURGERY NEEDED AFTER PLACEMENT:</b> HERNIA REPAIRS CIRCUMCISION MISCELLANEOUS OUTPATIENT SURGERY			
<b>LEARNING IMPAIRMENTS:</b> POSSIBLE LEARNING IMPAIRMENT (Infancy) LEARNING DISABILITY-CHILD HAS DIFFICULTY IN CERTAIN AREAS RATHER THAN OVERALL CAPABILITIES EDUCABLE RETARDATION-WILL REQUIRE SPECIAL CLASSES BUT WILL BE ABLE TO WORK IN COMPETITIVE EMPLOYMENT IN COMMUNITY SEVERE RETARDATION DOWNS SYNDROME			
<b>MEDICAL AND SOCIAL FACTORS ON CHILD:</b> NO PRENATAL CARE PREMATURE BIRTH CHILD CONCEIVED THROUGH RAPE CHILD CONCEIVED THROUGH DATE RAPE CHILD CONCEIVED THROUGH INCEST CHILD BORN IN PRISON CHILD DELIVERED AT HOME			

**BACKGROUND INFORMATION ON BIRTH PARENTS AND EXTENDED FAMILY**

The following characteristics apply to the birth parents and/or extended family of the child. The characteristics may or may not affect the child and are based on information provided by one or both birth parents.

CHARACTERISTIC	ACCEPTABLE	WILLING TO DISCUSS	NOT ACCEPTABLE
<b>AVAILABILITY OF BACKGROUND ON CHILD:</b> NO BACKGROUND INFORMATION AVAILABLE BACKGROUND INFORMATION ON MOTHER ONLY BACKGROUND INFORMATION ON FATHER ONLY			
<b>MEDICAL AND SOCIAL FACTORS:</b> ALCOHOLIC BIRTH PARENT(S) MATERNAL INVOLVEMENT IN PROSTITUTION BIRTH PARENT(S) WITH CRIMINAL RECORD PAST PRENATAL DRUG ADDICTION PRENATAL MATERNAL DRUG EXPERIMENTATION PRENATAL MATERNAL DRUG USAGE PRENATAL MATERNAL ALCOHOL USAGE PRENATAL MATERNAL ALCOHOL CONSUMPTION MATERNAL SEXUALLY TRANSMITTED DISEASE(S)			
<b>PARENT(S) WITH LEARNING DISORDER:</b>  PARENTS WITH MENTAL RETARDATION PARENT(S) WITH EMOTIONAL ILLNESS PARENT(S) ARE HIV POSITIVE PARENT(S) ARE DIAGNOSED WITH AIDS			

CHARACTERISTIC	ACCEPTABLE	WILLING TO DISCUSS	NOT ACCEPTABLE
<b>MENTAL HISTORY OF CHILD'S FAMILY INCLUDING EXTENDED FAMILY:</b>			
ISOLATED INSTANCE OF MENTAL ILLNESS			
PATTERN OF MENTAL ILLNESS			
ISOLATED INSTANCE OF LEARNING DISABILITY			
PATTERN OF LEARNING DISABILITY			
<b>MEDICAL HISTORY OF CHILD'S FAMILY INCLUDING EXTENDED FAMILY:</b>			
HEART DISEASE			
HIGH BLOOD PRESSURE			
CANCER			
DIABETES			
EPILEPSY			
HEMOPHILIA			
STROKE			
<p>It is understood that medical conditions and the health of a prospective adoptive child cannot be predicted. It is understood that A Helping Hand Adoption Agency, Inc. will provide all available medical and background information. However, A Helping Hand Adoption Agency, Inc. cannot guarantee that any of the above medical conditions will not arise with the child in the future, or that actual background characteristics were left unreported by the birthparent(s).</p>			
<p>COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>_____ HUSBAND'S SIGNATURE</p>		<p>_____ WIFE'S SIGNATURE</p>	
<p>_____ DATE</p>		<p>_____ DATE</p>	