

### DESIRED CHILD FORM

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			
QUADRIPLAGIC			
<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			
<b>VISUAL IMPAIRMENT:</b>			
POSSIBLE VISUAL LIMITATION			
HAS SIGHT IN BOTH EYES, BUT VISION IS LIMITED AND SPECIAL GLASSES ARE NEEDED			
HAS SIGHT IN ONLY ONE EYE			
IS BLIND, BUT SURGERY MAY GIVE PARTIAL SIGHT			
IS BLIND AND WILL NEVER HAVE SIGHT			
<b>HEARING IMPAIRMENT:</b>			
POSSIBLE HEARING LIMITATION (Infant)			
HAS HEARING PROBLEM WITH ONLY PARTIAL HEARING-SURGERY MAY HELP			

CHARACTERISTIC	ACCEPTABLE	WILLING TO DISCUSS	NOT ACCEPTABLE
HAS HEARING PROBLEM WITH ONLY PARTIAL HEARING- SURGERY WILL NOT HELP			
HAS HEARING IN ONLY ONE EAR			
HAS TOTAL DEAFNESS AND DOES NOT SPEAK			
IS DEAF, BUT DOES SPEAK-HEARING LOSS OCCURRED AT AN OLDER AGE			
<b>ALLERGIES:</b>			
ALLERGIC TO MEDICATIONS			
MILD FOOD AND/OR CHEMICAL ALLERGIES			
SEVERE FOOD AND/OR CHEMICAL ALLERGIES			
<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			

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CHILD BORN IN PRISON			
CHILD DELIVERED AT HOME			
<b>BACKGROUND INFORMATION ON BIRTH PARENTS AND EXTENDED FAMILY</b>			
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.			
<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			
<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			

CHARACTERISTIC	ACCEPTABLE	WILLING TO DISCUSS	NOT ACCEPTABLE
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**MEDICAL HISTORY OF CHILD'S FAMILY INCLUDING EXTENDED FAMILY:**

HEART DISEASE			
HIGH BLOOD PRESSURE			
CANCER			
DIABETES			
EPILEPSY			
HEMOPHILIA			
STROKE			

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).

COMMENTS: \_\_\_\_\_  
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 Prospective Adoptive Father's Signature

\_\_\_\_\_  
 Prospective Adoptive Mother's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date