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AUTOBIOGRAPHY

A major task of the Home Study process is getting to know you as an individual, couple and family. This is not a test; your answers will reflect your thoughts and feelings. Please complete these questions without talking with your spouse. After completing the autobiography, you may compare answers, however, please do not change what you have written. If you need more space, please use additional paper.

ADOPTIVE PARENT NAME: _____

DIRECTIONS TO YOUR HOME: _____

I. DESCRIPTION OF HOME

I (We) live in a _____ bedroom, _____ bath home which has a _____ car garage. My (Our) _____ story home is about _____ square feet in size and is located in a _____ neighborhood near _____. Within my (our) home is a dining room / living room / family room / kitchen / utility room (circle those which apply). The interior can be described as _____. The baby's room is located _____. The exterior of my (our) home is _____. The backyard is/is not fenced with a pool / spa / screened patio. I (We) have lived in our home for the past _____ years. I (We) own / rent our home. I (We) have _____ smoke detectors and _____ fire extinguisher which is/are located _____.

II. APPLICANT DESCRIPTION:

My full name is _____. I prefer to be called _____. I am _____ years old and was born on _____. I am a (race) _____ male/female of _____ decent. I have _____ hair and _____ eyes. I am _____ feet _____ inches tall and weigh _____ pounds. I have a _____ complexion. In my spare time, I enjoy _____. I describe my personality as _____. I have been a Georgia resident for _____ years. Previously, I have resided in the following states: (please provide year as well as state):

III. CHILDREN/OTHER:

Please list any other person(s) living in your home (if you need additional room – please attach a separate sheet and provide the same information).

NAME: _____ DOB: _____
Adopted or Biological (if applicable) _____
School attended and grade /or/ occupation: _____
Physical Description: _____
Special Interests: _____
Health Concerns: _____

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How does/do your child(ren) feel about your adoption plans?

PETS

Name _____ Breed _____ Age _____
Name _____ Breed _____ Age _____

Have your pets been around children? YES NO

How do your pets respond to children? _____

Has your pet ever been aggressive towards or bitten anyone? _____ (if yes explain) _____

IV: SOCIAL HISTORY:

I was born in (city/state) _____ on (date) _____ to
(father's full name) _____ (present age) _____
(mother's full name) _____ (present age) _____.

Father's Employment: _____

Father's Personality: _____

Mother's Employment: _____

Mother's Personality: _____

Relationship with parents as a child: _____

Date of parents marriage: _____ Are they still married? _____

If no, cause and year of divorce _____.

If either of your parents are remarried, please list the year and the name of their spouse.

Mother's spouse: _____

Father's spouse: _____

If either of your parents are deceased, please indicate which parent, the cause of their death, your age at the time, and describe the impact the death had on you:

If your parents are living, where do your parents reside now? _____

Where/what states did you reside in during your childhood? List dates.

Which parent do you feel assisted you most in your formative years? _____

Why? _____

Who was the most significant person in your childhood? _____

Why? _____

Favorite childhood memories: _____

Describe your family traditions: _____

Please list your siblings:

NAME: _____ Age _____

He/She lives where? _____

Is he/she married? _____ If yes, name of spouse? _____

Does he/she have children? _____ If yes, how many? _____

What is your siblings occupation? _____

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He/She lives where? _____

Is he/she married? _____ If yes, name of spouse? _____

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NAME: _____ Age _____

He/She lives where? _____

Is he/she married? _____ If yes, name of spouse? _____

Does he/she have children? _____ If yes, how many? _____

What is your siblings occupation? _____

Describe your relationship with your siblings:

What was the biggest disappointment / loss you have had in your life?

How did you handle it?

Please Circle: Have you or anyone close to you been affected directly or indirectly by:

Sexual Abuse	YES	NO	Counseling/Therapy	YES	NO
Physical Abuse	YES	NO	Financial Problems	YES	NO
Mental Abuse	YES	NO	Drug/Alcohol Abuse	YES	NO

If yes to any of the above, please explain:

Please indicate in boxes below any strengths and weaknesses:

STRENGTHS	WEAKNESSES

Have you ever been arrested? _____ If yes, please explain the circumstances surrounding the arrest

Do you use:

Alcoholic Beverages? _____	Frequency? _____
Narcotics? _____	Frequency? _____
Tobacco Products? _____	Frequency? _____

What achievement are you most proud of?

What are your personal goals?

Are you a member of any social organizations? If yes, please list:

What are your hobbies and interests?

V. EDUCATION AND EMPLOYMENT HISTORY

I attended _____ High School in (city/state) _____ and graduated in _____. I went to college at _____ and graduated in _____ with a degree in _____.

➤ Please list any academic accomplishments, military experiences, or technical school training:

(Please complete the employment history section or you may attach your professional resume).
Following graduation from _____ I was employed with:

Company Name: _____ City/State: _____
Position: _____ Dates: _____
Reason for leaving company: _____

Company Name: _____ City/State: _____
Position: _____ Dates: _____
Reason for leaving company: _____

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Presently, I am employed with _____ in _____ as a _____. My job duties include _____. I have been with the company for the past _____ years.

VI. COURTSHIP/MARRIAGE/PARTNERSHIP

Where and how did you meet? _____. I was attracted to my significant other because _____

We dated for _____ years and _____ months.

We were married (if applicable) on _____ in (city/state) _____.

What is the most positive aspect of your relationship?

What is something you would change in your relationship?

How do you like to spend time together as a couple?

Describe the most difficult situation in your relationship and how it has affected your relationship:

Have you attended couple's counseling? If so, why and for how long? Were you satisfied with the outcome of counseling?

What are your areas of disagreement?

How do you resolve conflict?

VII. PREVIOUS MARRIAGES

Name of ex-spouse: _____ Date of marriage: _____

Date of divorce? _____ Reason for divorce: _____

Name of ex-spouse: _____ Date of marriage: _____

Date of divorce? _____ Reason for divorce: _____

How is your current marriage different?

VIII. SOCIAL AND RELIGIOUS BACKGROUND

NEIGHBORHOOD:

What made you choose to live in your present neighborhood?

What do you like most about it?

What opportunities are there for children (i.e. schools, parks, etc.)?

Describe your relationship with your neighbors:

RELIGIOUS BACKGROUND:

To what denomination/faith do you presently belong?

What faith were you taught growing up?

Do you belong to a place of worship? Yes / No

How often do you attend?

Which place of worship do you attend?

Why did you choose this place of worship?

How important to you is the teaching of your faith to your child?

How will you do this?

IX. INFERTILITY AND ADOPTION MOTIVATION

Are you able to have biological children? _____

If no, please describe the cause of your infertility:

Have you had any infertility treatments or surgery to correct the problem? Please explain in detail and provide year/length of treatment.

How long have you been attempting to become pregnant?

How have you dealt with the emotional stress, loss and grief of infertility?

At what point did you consider adoption an option for your family?

Why do you want to adopt?

Have you ever started or completed a home study in the past? _____ If yes, where? (please list name and address of Home Study Provider Agency)

X. FEELINGS TOWARDS ADOPTION AND BIRTH PARENTS

What are your concerns about raising an adopted child?

Please list any concerns you have about the adoption process

What are some of the reasons you believe children are placed for adoption?

Do you have any experiences with friends and family who have adopted or are in the process of adoption? If so, how has this had positive or negative effects on your own adoption journey?

What are your feelings towards biological parents who place their children for adoption?

What are your feelings regarding the concept of nature versus nurture (i.e. the concept of biological inherited traits versus nurturance)

Have you had a prior adoption experience? Yes/No

If so, what was your experience? (please explain, even if it was a negative experience)

Is your family supportive of your adoption plans?

XI. PARENTING

What is your experience with children?

What are your parenting goals?

As parents, what will you do differently from your parents? What will you do the same as your parents?

How do you plan to discipline your children?

If there are other children in the family, how will you help them accept a new adopted child?

How and when do you plan to tell your child that he/she is adopted?

XII. CHILD CARE PLAN

Which parent will be staying home with the child initially? _____

How long will you be able to take off work at the time of placement? _____

What type of day care/sitter will you use when/if you return to work? _____

Who will care for your child if something were to happen to you? _____

XIII: CHILD DESIRED

Age range: _____ Race/Ethnicity: _____

For the next few questions please indicate if you are also open to adopting a child with the following prenatal exposures/different races/ different cultures:

Feelings regarding alcohol use during pregnancy?

Feelings regarding drug use during pregnancy?

Feelings regarding tobacco use during pregnancy?

Are you open to adopting a child from another race/culture? If yes, what cultures/races are you open to?

Have you discussed your interest for parenting a child from another race/culture with your family? What was their reaction _____

Do you have friends or neighbors who are of the same race/culture as the child(ren) you wish to parent?

Are there persons in your life that could be models to the child(ren) as a regular part of that child's life?

How will the child(ren) in your home learn about his/her own race, culture, and history?

What have you done to learn about other races and cultures? Specially, the race/culture of the child you are wanting to parent.

Openness to meetings, letters and phone calls with biological family post adoption? If so, what is your comfort level and views on open adoption as it relates to your adopted child?

Your signature below confirms that information provided in this Autobiography is TRUE and ACCURATE.

Applicant _____

Date _____