**STATE OF DELAWARE ADOPTION DATA**

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| --- |
| **CHILD INFORMATION** |
| **1.** | Date of Birth |  | **2.** | Gender | Male |  |
| **3.** | Race/Ethnicity | White |  |  |  | Female |  |
|  |  | Black |  | Sexual Orientation | Straight or heterosexual |  |
| Hispanic |  |  | Gay or Lesbian |  |
| Amer Ind/Alaskan |  | Bisexual |  |
| Abandoned |  | Don’t know |  |
| Declined |  | Something else |  |
| Unknown/Other |  | Decline |  |
| Not applicable |  | **5.** | Tribal Membership | Yes |  |
| No |  |
|  |  |  | Unknown |  |
| **BIRTH PARENT INFORMATION** |
| **1.** | **Parent 1** | **2.** | **Parent 2** |
|  | Date of Birth |  |  | Date of Birth |  |
|  | Race / Ethnicity | White |  |  | Race / Ethnicity | White |  |
|  |  | Black |  |  |  | Black |  |
| Hispanic |  | Hispanic |  |
| Amer Ind / Alaskan |  | Amer Ind / Alaskan |  |
| Asian / Pacific Islander |  | Asian / Pacific Islander |  |
| Abandoned |  | Abandoned |  |
| Declined |  | Declined |  |
| Unknown / Other |  | Unknown / Other |  |
| **3.** | TPR | Voluntary |  | **4.** | TPR | Voluntary |  |
|  |  | Involuntary |  |  |  | Involuntary |  |
| **Date:**  | **Date:**  |
| **5.** | Tribal Membership | Yes |  | **6.** | Tribal Membership | Yes |  |
| No |  | No |  |
|  |  | Unknown |  |  |  | Unknown |  |
| **7.** | Marital Status at Time of Birth (Mother only): Circle One Married Single Divorced Widowed Civil Union Unknown  |
| **ADOPTION DETAIL** |
| **1.** | Adoptive Placement Date:  | **2.** | Special Needs: Circle One Yes No |
| **3.** | Previous Placement(s) | Yes | No | **4.** | Special Needs Basis: (Check only Primary) |
| **5.** | Siblings in Care | Yes | No |  | Race / Ethnic Background |  |
| **6.** | Placed with Siblings | Yes | No | Age |  |
| **7.** | Number of siblings placed in adoptive home |  | Sibling Group |  |
| Medical conditions, or mental, physical, emotional disability |  |
| **8.** | Identified Adoption | Yes | No |
| Other |  |
| **9.** | Type of Disability: Check All That Apply | **10.** | Adopted By: | Check One |  |
|  | Mental Retardation |  |  |  | Stepparent |  |
| Blind / Visually Impaired |  | Other Relative |  |
| Deaf – Hard of Hearing |  | Foster Parent |  |
| Physically Disabled |  |  | Non-Relative |  |
| Emotionally Disturbed |  |  |  |  |
| Learning Disability |  |  |  |  |
| Medical Condition |  |  |  |  |
| Other: |  |  |  |
| **11.** | Placed by: Check One |  | **13.** | Supervised by (Social Report): Check One |
|  | DFS |  |  | DFS |  |
| Out-of-State Public (name) |  | Out-of-State Public (name) |  |
| A Better Chance For Our Children |  | A Better Chance For Our Children |  |
| Adoptions from the Heart |  | Adoptions from the Heart |  |
| Children and Families First  |  | Children and Families First  |  |
| Children’s Choice, Inc |  | Children’s Choice, Inc |  |
| Welcome House |  | Welcome House  |  |
| Other Private  |  | Other Private  |  |
| **14.** | Child Placed From: Check One |  |  |
|  | This State |  | Indicate County:  |
| Another State |  | Indicate State:  |
| Another Country |  | Indicate Country:  |
| **ADOPTIVE PARENTS** |
| **1.** | Marital Status at Time of Adoption Legalization: Circle One Married  Single  Divorced Widowed Civil Union |
| **2.** | **Adoptive Parent #1**  | **3.** | **Adoptive Parent #2** |
|  | Date of Birth: |  |  | Date of Birth: |  |
|  | Race / Ethnicity | White |  |  | Race / Ethnicity | White |  |
|  |  | Black |  |  |  | Black |  |
| Hispanic |  | Hispanic |  |
| Amer Ind / Alaskan |  | Amer Ind / Alaskan |  |
| Asian / Pacific Islander |  | Asian / Pacific Islander |  |
| Unknown / Other: |  | Unknown / Other |  |
| **4.** | Sexual Orientation | Straight or Heterosexual |  | **5.** | Sexual Orientation | Straight or Heterosexual |  |
|  |  | Gay or Lesbian |  |  | Gay or Lesbian |  |
| Bisexual |  | Bisexual |  |
| Don’t know |  | Don’t know |  |
| Something else |  | Something else |  |
| Decline |  | Decline |  |
| Not Applicable |  | Not applicable |  |
| **6.** | Child’s relationship to adoptive parent (check all that apply) |  | **7.** | Child’s relationship to adoptive parent (check all that apply) |  |
|  | Paternal grandparent(s) |  |  | Paternal grandparent(s) |  |
| Maternal grandparent(s) |  | Maternal grandparent(s) |  |
| Other paternal relative(s) |  | Other paternal relative(s) |  |
| Sibling(s) |  | Sibling(s) |  |
| Kin |  | Kin |  |
| Non-relative(s) |  | Non-relative(s) |  |
| Foster parent(s) |  | Foster parent(s) |  |
| **5.** | Tribal Membership | Yes |  | **6.** | Tribal Membership | Yes |  |
| No |  | No |  |
|  |  | Unknown |  |  |  | Unknown |  |
| **ADOPTIVE SUPPORT: If From Another State** |
| **1.** | Is child receiving any Federal or State subsidy or service as a condition of adoption? Circle One Yes No |
| **2.** | Is this a non-recurring cost subsidy only? Circle One Yes No |

When the adoption petition is granted, the Clerk of the Court is to send this form to:

 Adoption Services-DFS

 DSCYF – DE Youth & Family Center

1825 Faulkland Road

Wilmington, DE 19805

|  |  |  |  |
| --- | --- | --- | --- |
| Date of adoption finalization: |  | County: |  |