**STATE OF DELAWARE ADOPTION DATA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: |  |