

**Prospective Adoptive Family Inquiry Form  
for Domestic Adoptions**



<b>Name(s):</b>				
<b>E-mail Address(es):</b>				
<b>Street Address:</b>				
<b>City, State, Zip Code</b>				
<b>Home Phone:</b>				
<b>Work Phone(s):</b>				
<b>Mobile Phone(s):</b>				
<b>AGE OF CHILD</b>	<b>Check all that apply</b>	<b>Sibling Groups</b>	<b>Sex Preferences</b>	<b>Other Considerations</b> (Note in this column any issues that concern you at this time)
Newborn Only		Y      N	M      F Either	
Infant to 1 year				
1-3 years				
3-5 years				
Over 5 years				
<b>ETHNICITY:</b>				
Race of Child	Yes	No	Would Consider	Notes
African American				
African American/Caucasian				
African American/Hispanic				
African American/Native American Indian				
Asian				
Caucasian (Anglo)				
Caucasian/Asian				
Caucasian/Hispanic				
Caucasian/Native American Indian				
Hispanic (Latino)				
Hispanic/Native American Indian				
Native American Indian				

Would you consider adopting a Special Needs Child?

How did you learn about Step-by-Step and/or A Step Ahead Adoption Services?

I have the following specific needs or issues: