
































































# Family Fact Sheet

**Listing For:**  

	Last Name	First Name	MI	Daytime Phone	Home Phone
Parent1					
Parent2					

Address:  ,   Regional Office:  Adoption Type: 

Minimum Age of Acceptable Child		Maximum Age of Acceptable Child	
Willingness to Accept Behavioral Special Needs		Willingness to Accept Legal Risk	
Willingness to Accept Physical Special Needs		Willingness to Accept Prior Family Contact	
Willingness to Accept Emotional Special Needs		Gender of Child(ren) Willing to Accept	
County		Maximum Number of Siblings	
Verification of Home Study Completed		Any limitation on the Race of Child Acceptable	
Status		Status Date	
Initial Contact Date		Date Screen In	
Orientation Not Required		Date Formal State Application Received	
Orientation First Notification Sent		Date Family Returned Supporting Documentation	
Orientation Second Notification Sent		Worker Assigned	
Orientation Date Attended		Date Worker Assigned	
Screening Form Date Given Out		Date Home Study Approved	
Screening Form Date Returned		Date Home Study Last Updated	
Date Child(ren) Placed		Closure Reason	
Adoption Finalized		Adoptive Placement Date Disrupted	

	Last Name	First Name	Race	Hispanic	Religion	Sex	Birth Date	Marital Status
Parent1								
Parent2								
Comments:	