Adoption For My Child

Providing adoption profiles on demand for available situations throughout the US

www.adoptionformychild.com team@adoptionformychild.com (801) 559-7444

"Alyssa"

www.adoptionformychild.com/available-situations/Alyssa/

Date Posted:
07/24/2020

Application Deadline:
Ongoing

Open To:
All States **EXCEPT** New York

Mother's Location:
Florida

Due Date:
February 3, 2021

Level of Openness:
Open Updates, Phone Calls, Visits, Letters, Videos, Pictures

Child's Ethnicity:
African-American

Child's Gender:
Unknown Gender

Requested Family Criteria:
All Family Types

Drug Exposure:
None Reported

Additional Information:
The agency is working with birthmother, Alyssa, on her adoption plan. She is now ready to start viewing family profiles. Please read her summary below. I have included her redacted Social and Medical History document for you to review, as well.
Alyssa is a 25 year old African American woman who is 12 weeks pregnant with an estimated due date of 2/3/2021. Gender of baby is unknown. Due date was determined via ultrasound. Race of baby will be African American.
Alyssa began prenatal OB care on June 22, 2020. Records received from her current care.
Alyssa had an ER visit for nausea and dehydration on June 26, 2020. She received an ultrasound, confirming gestational age of 8 weeks at the time of the visit. Records from her ER visit have been received.
Alyssa resides with the birth father of baby, Erik, who is also the father of the children in her care. Erik executed his Consents on 7/18/2020. He is very supportive of her adoption plan and they intend to select an adoptive family together.
Alyssa previously placed a child for adoption through another agency. She has an open adoption plan with direct communication with the adoptive family. The adoptive family is expecting the birth of their second child so are not an option for placement.
Alyssa and Erik are open to 2 parent and single parent homes. As of now, Alyssa and Erik are comfortable with mom/dad, single mom or same sex female couples. Alyssa would love to view families of all ethnic backgrounds, with a strong preference for an African American couple.
Alyssa and Erik would like an open adoption with pictures and updates until the child is 18 years old and yearly visits in Florida.
Alyssa would like direct communication and a healthy relationship with the prospective adoptive family and she would like to meet them in person once she selects.

Adoption Cost & Fee Breakdown

Cost - More Details

Alyssa's living expense estimated budget is $18,000-20,000 ($10,000 due at time of match)

Match fee $20,000 (due at time of match)

Placement Fee $15,000 (due at time of placement)

Fees do not include birth parent counseling or birth mom attorney fees

TOTAL ESTIMATED COST OF THE ADOPTION: $50,000.00
(Basic Members - Please at $3,000 to total cost above for AFMC Networking Fee)

REFUNDED IF ADOPTION FAILS:

DUE UPFRONT IF/WHEN YOU ARE CHOSEN
- AFMC Networking Fee (Basic Members Only): $3,000**
- AFMC Profile Submission Fee (Basic Members Only): $25

***Funds are due within 48 hours of being selected by the expectant mother.** Under NO circumstances should you submit your profile or request to be considered **UNLESS** you have the ability to immediate access to the liquid funding necessary to pay the upfront fees listed above. Please be realistic in regards to your ability to pay the total estimated cost of the adoption by the time the expectant mother delivers her child. If you do not have the total amount required for this adoption available, AFMC recommends that you get PRE-APPROVED for an adoption loan BEFORE you submit for this or any other situation that exceeds your current budget to make sure the adoption will not fall through due to an inability to pay.

HOW TO BE CONSIDERED BY THE EXPECTANT MOTHER

REQUIRED

- A completed **US Domestic Private** home study

- A PDF profile no more than 12 pages (including cover page) about your family with no contact information listed inside.***
***(IMPORTANT:** a link to an online profile WILL NOT be accepted)*

- **An active membership** with AFMC
(membership options start at $0 per month)

- Complete AFMC's "New Member Questionnaire"
(provided after you register for a membership)

- Read and sign AFMC's Service Agreement
(provided after "New Member Questionnaire" is completed)

OPTIONAL

- Letter to Expectant Mother
(providing one is highly encouraged, but not required

- Family Interview Video
Contact AFMC for more details

NOTE: All documents must be formally approved by AFMC before you can request to have your profile sent to the expectant mother.)

***

Apply for this Situation

https://www.adoptionformychild.com/available-situations/Alyssa/#request/

Contact Us

Email: team@adoptionformychild.com
Amy Senior Cell: (801) 559 - 7444 (call or text)

Biological Mother's Social/Medical History

(please print and use black or blue ink)

Today's Date:	Due Date: 2/2/21	or Weeks Along:

Name: First	Middle	Last	Maiden
Alyssa	Nicole		

Current Address (No PO Boxes)

City	State	County
	Florida	

Can we leave identifying messages?	Email Address
Home Phone: ☐ Yes ☐ No	
Cell Phone: ☒ Yes ☐ No	Social Security Number
Work Phone: ☐ Yes ☐ No	

Emergency Contact Person: list someone who is aware that you are considering adoption. We will only contact this person in a case of an emergency.

Name	Relationship to you	Phone

Date of Birth	Place of Birth (City, State, County)
-1994	FL

Driver's License or ID (State and Number) Expiration Date

Your Race: (check all that apply)

☐ Caucasian ☒ African-American ☐ Hispanic ☐ Native American ☐ Asian ☐ Other:

Nationality: (for example, French, German, Irish)

Marital Status: ☒ Never married ☐ Married ☐ Separated ☐ Divorced

If Married, name of husband: Any previous marriages:

If divorced (Date, County & State Finalized):

U.S Citizen: ☒ Yes ☐ No If No, passport/visa #:

Height	Weight (Before pregnancy)	Eye Color	Blood Type
5'6"	200		

Skin Color: ☒Fair ☐Olive ☐Tan ☐Dark ☐Other:	Hair Color: ☐Blonde ☐Brown ☐Red ☒Other: Hair Texture: ☐Straight ☒Naturally Curly ☐ Wavy ☐ Other:
Body Structure	Hand dominance: ☒Right ☐ Left

PREGNANCY INFORMATION

Due Date: 02-03-2021 ☐Twins ☐ Triplets	Baby's Gender: ☐Boy ☐Girl ☒Unknown	Baby's Race: Black

When and how did you find out you are pregnant?

What city and state did you get pregnant in?
Saint Petersburg Florida

Does anyone in your family know about your pregnancy? ☒ Yes ☐ No
If yes, who: My Brother

Do they know about your adoption plan? ☒ Yes ☐ No Are they supportive? ☒ Yes ☐ No

Whom do you currently live with and are they supportive of your adoption plans?
Me My Kids

Describe your feelings and reasons why you are placing your child for adoption:
Can't afford to take care of another child

Have you ever worked with another adoption agency or lawyer? If so, please list the name of the person or entity you worked with and the dates you worked with them: yes September last year

Have you taken any medication during this pregnancy? If yes, what medication and when.
NO

Have you been involved in any accidents during this pregnancy? If yes, please describe in detail.
NO

Have you had any complications with this pregnancy? If yes, please explain.
NO

Have you had X-ray, EKG, or radiation exposure during this pregnancy? If yes, please explain.
NO

PREGNANCY HISTORY

Is this your first pregnancy? ☐ Yes ☒ No	If no, how many prior pregnancies? 05

Did you have any problems during your prior pregnancies or births? If yes, please describe in detail.
lost alot blood

PRENATAL CARE AND HOSPITAL INFORMATION

Are you receiving prenatal care? ☒ Yes ☐ No If yes, what month during your pregnancy did you start receiving prenatal care? this month Does your Doctor/Clinic know about your adoption plan? ☐ Yes ☒ No	What doctor/clinic do you go to? Name: Johnny Ruth Address: 22nd ave Phone number with area code:
Please list all medical providers who have provided medical treatment or care to you and the child (include name, address, phone number).	
At which hospital will you be delivering? Name: Bayfront baby place Address:	Phone number with area code:

MEDICAID / INSURANCE INFORMATION

MEDICAID INFORMATION: Do you have state issued Medicaid? ☒ Yes ☐ No If yes, what is your Medicaid number: Medicaid worker's name and number: What county/state is your Medicaid issued through? Florida If no, are you willing to apply? ☐ Yes ☐ No	INSURANCE INFORMATION: Do you have medical insurance coverage? ☐ Yes ☐ No If yes, Company name:_____ Address: Phone number: What percentage of your insurance will cover this pregnancy?

NATIVE AMERICAN-INDIAN TRIBAL MEMBERSHIP

It is important for us to know if you are a member of, or qualify to be a member of, any Native American Indian tribe, in compliance with federal law. **Please answer the following questions fully, completely, and to the best of your knowledge:**

Are you a member of any Native American tribe? ☐ Yes ☒ No

Do you qualify to be a member of any Native American tribe? ☐ Yes ☒ No

If yes, please indicate the tribe, location and your registration or identification number:

_____

Do you currently or have you ever lived on an American Indian reservation? ☐ Yes ☒ No

Are any of your relatives members of any Native American Indian tribes? ☐ Yes ☒ No

Do any of your relatives qualify to be members of any Native American tribes? ☐ Yes ☒ No

HISTORY OF OTHER CHILDREN

Do you have other children? ☒ Yes ☐ No Do they currently live with you? ☒ Yes ☐ No
If no, please explain:

Name	Date of birth	Gender M/F	Height	Weight	Hair color	Eye Color	Complexion	Length of Pregnancy
Amira	10-16-13	F			Black	Brown	Light	☒ Full term ☐ Overdue ☐ Premature
Enk	02-08-16	M			Black	Brown	Brown/tan	☒ Full term ☐ Overdue ☐ Premature
Anyia	06-16-18	F			Black	Brown	Light Brown	☐ Full term ☐ Overdue ☐ Premature
Ana	09-25-19	F			Black	Brown	Brown/ Dark	☐ Full term ☐ Overdue ☐ Premature
								☐ Full term ☐ Overdue ☐ Premature

EMPLOYMENT AND EDUCATION HISTORY

Current Job/Employment: McDonalds

Number of Years Attended:

Grade School High School 11 College Other GED Program

Educational Achievements:

Educational Goals: Nursing

Hobbies/Interests:

Reading, cooking, watching movies Spending time with kids

BIRTH FATHER INFORMATION

Do you know the identity of the birth father? ☒ Yes ☐ No

If yes, please provide his full name: Erik

Birth Father's Race: (check all that apply)

☐ Caucasian ☒ African-American ☐ Hispanic ☐ Native American ☐ Asian ☐ Other: _____

Please provide the following: Date of birth	Social security number	Driver's license or state id number & state of issuance

Do you know where the biological father is now? ☒ Yes ☐ No

If yes, please provide his address, current phone number, including cell phone numbers:

If not known, please provide:

last known address: _____

last known phone number: _____

last known place of employment (including address & phone number): _____

Names, addresses and phone numbers of relatives (including but not limited to parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former or current in-laws, stepparents, or step children who might know the biological father's identity or whereabouts):

Is the biological father in any branch of the Armed Services of the United States? ☐ Yes ☒ No

If yes, please list what branch and his last known location:

Is he also the father of any of your other child(ren)? ☒ Yes ☐ No

Does he know about the pregnancy? ☒ Yes ☐ No

If yes, when did you tell him you were pregnant?

We took the test together

Does he know of your adoption plan? ☒ Yes ☐ No

Does he agree with your adoption plan? ☒ Yes ☐ No

Will he sign paper to place the child for adoption? ☒ Yes ☐ No

If no or unknown, please explain:

How and when did you meet the birth father?

We met in 2014 I believe

Please describe your relationship with the biological father. If you are no longer together, please state when the relationship ended and why. We are together. We live together.

Please list the date of the last contact with the biological father.
This morning

Are you involved in any litigation with the biological father? ☐ Yes ☒ No
If yes, please list the type of action, where it was filed and names of lawyers involved:

Is there any litigation pending regarding this child (custody, paternity, etc.)? ☐ Yes ☒ No
If yes, please list the type of action, where it was filed and names of lawyers involved:

Has he ever filed a petition to be declared the father of the child in any Court of otherwise been identified to be the father of the child? ☐ Yes ☒ No
If yes, what Court and when?

Has the birth father lived with you before or during the pregnancy? ☒ Yes ☐ No
If yes, when? Both we are a couple

Has he given or offered any support financially or emotionally during this pregnancy? (Explain in detail.)
He is here every step of the way.

Was he ever physically or emotionally abusive to you during the pregnancy? (Explain in detail.)
NO

Please give the name, address and telephone number of any other man with whom you were living with at the time when conception of the child may have occurred.

Is there any possibility that any other man may be the biological father of the child? Why or why not?
NO

Please provide a detailed description of any man/men you believe could be the father of the child:

	Age	Race	Height	Weight	Eye Color	Skin Color	Hair Color	Hair texture	Build
BF #1	28	African	5'7	160	Black	Brown	Black	smooth	muscular
BF #2									
BF #3									

MARITAL INFORMATION

If you were married at any time during your pregnancy and your husband is NOT the biological father of this baby, the courts require him to terminate his parental rights to the child. Please provide your husband's full name, permanent address, phone number with area code, social security number and date of birth:

If you do not know his address, what is the County and State of your husband's last known residence?

Please provide a physical description of your husband:

Age	Race	Height	Weight	Eye Color	Skin Color	Hair Color	Hair texture	Build

Is your husband aware of your pregnancy☐ Yes ☐ No

If yes, is he aware of your adoption plan? ☐ Yes ☐ No

If applicable, will your husband consent to the adoption? ☐ Yes ☐ No

CONTACT WITH THE ADOPTIVE FAMILY

Do you want to select the adoptive family? ☐ Undecided ☒ Yes ☐ No

Do you want pictures/letters from the family after the adoption? ☐ Undecided ☒ Yes ☐ No
If yes, for how long? until 18

Do you want to meet the adoptive family at the time of placement? ☒ Yes ☐ No

Do you authorize us to disclose your name, address and phone number to the adoptive parents?

Please initial: Yes ____ No dnd

Please include any additional information you would like the adoptive family and your child to know about you or characteristics or preferences you would like to see in an adoptive family.

Wants open adoption with a natural relationship with AP. Yearly visits in FL. ~~At~~ least every other year.

Pictures and letters throughout the year.

Direct phone communication with AP.

Biological Mother's Extended Family

(complete to the best of your knowledge)

	Your Mother	Your Father	Your Sister(s)	Your Brother(s)
Name	Angeal	Seth		
Age or Year of Birth				
Race	AfricanA	AfricanA		
Education	college			
Hobbies/ Interest	Reading Hair			
Occupation	Payroll	Garbage Truck		
Height				
Weight				
Hair Color	Black	Black		
Eye Color	Brown			
Complexion (skin tone)	Brown	Dark Brown		

HEALTH HISTORY OF BIOLOGICAL MOTHER

Place indicate by checking the appropriate box if the listed medical condition exists in your medical history or if any relatives or other family member have/had any of the conditions below. For any condition checked YES, please provide specific information as to the cause, treatment and age onset. If one of your relative's deaths was the result of a particular medical condition, note it on the additional information section and include the age at which they died.

MEDICAL CONDITION	YOU		RELATIVE			
ARTHRITIS	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Rheumatoid	☐	☒	☐	☒		
Osteo	☐	☒	☐	☒		
Juvenile	☐	☒	☐	☒		
BIRTH HANDICAPS	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Cleft Palate	☐	☒	☐	☒		
Harelip	☐	☒	☐	☒		
Congenital Heart Defect	☐	☒	☐	☒		
Fetal Alcohol Syndrome	☐	☒	☐	☒		
Fetal Drug Exposure	☐	☒	☐	☒		
Hydrocephalus (water on the brain)	☐	☒	☐	☒		
Spina Bifida	☐	☒	☐	☒		
Born with hip problems	☐	☒	☐	☒		
Other birth handicaps	☐	☒	☐	☒		
BLOOD PROBLEMS	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Anemia	☒	☐	☒	☐	aunt	
Hemophilia	☐	☒	☐	☒		
Leukemia	☐	☒	☐	☒		
Sickle Cell Trait	☐	☒	☐	☒		
Sickle Cell Disease	☐	☒	☐	☒		
Hepatitis	☐	☒	☐	☒		
CANCER	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Breast	☐	☒	☐	☒		
Cervical	☐	☒	☐	☒		
Uterine	☐	☒	☐	☒		
Ovarian	☐	☒	☐	☒		
Hodgkin's Disease	☐	☒	☐	☒		
Bone	☐	☒	☐	☒		

MEDICAL CONDITION	YOU		RELATIVE			
Prostate	☐	☐	☐	☐		
Lung	☐	☐	☐	☐		
Melanoma	☐	☐	☐	☐		
CANCER	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Stomach	☐	☐	☐	☐		
Liver	☐	☐	☐	☐		
Colon	☐	☐	☐	☐		
Malignant Tumors	☐	☐	☐	☐		
Benign Tumors	☐	☐	☐	☐		
CARDIAC CONDITIONS	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
High Blood Pressure	☐	☐	☐	☐	a couple people	
Heart Disease before age 50 (Coronary)	☐	☐	☐	☐		
Hypertension	☐	☐	☐	☐		
Murmur	☐	☐	☐	☐		
Stroke	☐	☐	☐	☐		
Heart Attack	☐	☐	☐	☐		
CHROMOSOMAL ABNORMALITIES	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Down's Syndrome	☐	☐	☐	☐		
Turner's Disease	☐	☐	☐	☐		
Other chromosomal abnormality	☐	☐	☐	☐		
DENTAL CONDITIONS	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Periodontal disease	☐	☐	☐	☐		
Gingivitis	☐	☐	☐	☐		
Overbite	☐	☐	☐	☐		
Underbite	☐	☐	☐	☐		
Dentures	☐	☐	☐	☐		
Multiple cavities	☐	☐	☐	☐		
EDUCATIONAL HANDICAPS	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Mental Retardation	☐	☐	☐	☐		
Hyperactivity	☐	☐	☐	☐		

MEDICAL CONDITION	YOU		RELATIVE			
Hearing Impaired	☐	☐	☐	☐		
Speech Impaired	☐	☐	☐	☐		
Learning Disorder	☐	☐	☐	☐		
Dyslexia	☐	☐	☐	☐		
Emotionally Disturbed	☐	☐	☐	☐		
MENTAL HEALTH	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Depression	☐	☐	☐	☐		
Suicide (including attempts)	☐	☐	☐	☐		
Alzheimer's Disease	☐	☐	☐	☐		
Autism	☐	☐	☐	☐		
Bi-Polar Disorder	☐	☐	☐	☐		
Schizophrenia	☐	☐	☐	☐		
Anorexia/Bulimia	☐	☐	☐	☐		
ADHD or ADD	☐	☐	☐	☐	Brother	
Other (specify)	☐	☐	☐	☐		
MUSCULOSKELETAL CONDITIONS	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Cerebral Palsy	☐	☐	☐	☐		
Clubfoot	☐	☐	☐	☐		
Scoliosis	☐	☐	☐	☐		
Slipped disk	☐	☐	☐	☐		
Pinched nerve	☐	☐	☐	☐		
NEUROMUSCULAR CONDITIONS	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Lou Gehrig's Disease	☐	☐	☐	☐		
Huntington's Disease	☐	☐	☐	☐		
Multiple Sclerosis	☐	☐	☐	☐		
Neurofibromatosis	☐	☐	☐	☐		
Parkinson's Disease	☐	☐	☐	☐		
Tay-Sachs Disease	☐	☐	☐	☐		
Muscular Dystrophy	☐	☐	☐	☐		
RESPIRATORY CONDITIONS	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Asthma	☐	☐	☐	☐		

MEDICAL CONDITION	YOU		RELATIVE			
Emphysema	☐	☐	☐	☐		
Cystic Fibrosis	☐	☐	☐	☐		
Allergies	☐	☐	☐	☐		
Food Allergies	☐	☐	☐	☐		
Drug Allergies	☐	☐	☐	☐		
Tuberculosis	☐	☐	☐	☐		
SEXUALLY TRANSMITTED DISEASES	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Gonorrhea	☐	☐	☐	☐		
Chlamydia	☐	☐	☐	☐		
Syphilis	☐	☐	☐	☐		
HIV / AIDS	☐	☐	☐	☐		
Herpes	☐	☐	☐	☐		
Pelvic Inflammatory Disease	☐	☐	☐	☐		
SKELETAL ABNORMALITIES	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Dwarfism	☐	☐	☐	☐		
Osteoporosis	☐	☐	☐	☐		
Paralysis	☐	☐	☐	☐		
SKIN CONDITIONS	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Psoriasis	☐	☐	☐	☐		
Eczema	☐	☐	☐	☐		
VISUAL CONDITIONS	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Blindness	☐	☐	☐	☐		
Glaucoma	☐	☐	☐	☐		
Near Sighted	☐	☐	☐	☐		
Far Sighted	☐	☐	☐	☐		
Color Blindness	☐	☐	☐	☐		
Crossed Eyes	☐	☐	☐	☐		
Lazy Eye	☐	☐	☐	☐		
Cataracts	☐	☐	☐	☐		
OTHER ILLNESSES	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Epilepsy/Seizures	☐	☐	☐	☐		
Tourette's Syndrome	☐	☐	☐	☐		

MEDICAL CONDITION	YOU		RELATIVE			
Crohn's Disease	☐	☐	☐	☐		
Lyme Disease	☐	☐	☐	☐		
Thyroid Disease/Disorder	☐	☐	☐	☐		
Diabetes (specify type)	☐	☐	☐	☐		
OTHER ILLNESSES	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Kidney Stones	☐	☐	☐	☐		
Endometriosis	☐	☐	☐	☐		
Gall Stones	☐	☐	☐	☐		
Lupus	☐	☐	☐	☐		
Kidney Disease	☐	☐	☐	☐		
Liver Disease	☐	☐	☐	☐		
GENERAL HEALTH ISSUES	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Hypoglycemia	☐	☐	☐	☐		
High Cholesterol	☐	☐	☐	☐		
Obesity	☐	☐	☐	☐		
Malnutrition	☐	☐	☐	☐		
Infertility	☐	☐	☐	☐		
Multiple Births (twins, triplets, etc)	☐	☐	☐	☐		
Premature Babies	☐	☐	☐	☐		
SIDS	☐	☐	☐	☐		
GENERAL HEALTH ISSUES	YES	NO	YES	NO	Relationship to you- be specific	ADDITIONAL INFORMATION
Congestive Heart Failure	☐	☐	☐	☐		
Ulcers	☐	☐	☐	☐		
Colitis	☐	☐	☐	☐		
Gall Bladder Problems	☐	☐	☐	☐		

CONFIDENTIAL DRUG/ALCOHOL USAGE

Please be very specific as to any drugs or alcohol used during your pregnancy, including the number of times and the dates of usage. This information is very important for the prediction of your child's health. This information will be passed along to the adoptive family and to the child's pediatrician. Place an 'X' in the applicable boxes and leave blank all other boxes.

DRUG & ALCOHOL USAGE	Used occasionally (1-5 times) during pregnancy	Used daily during pregnancy	Used weekly during pregnancy	Used monthly during pregnancy
Alcohol	☐	☐	☐	☐
Anti-Convulsants	☐	☐	☐	☐
Crack/ Cocaine	☐	☐	☐	☐
Cigarettes	☐	☐	☐	☐
Depressants	☐	☐	☐	☐
Diet Pills	☐	☐	☐	☐
Ecstasy	☐	☐	☐	☐
Heroin	☐	☐	☐	☐
Hydrocodone	☐	☐	☐	☐
LSD/Acid/Schrooms	☐	☐	☐	☐
Marijuana	☐	☐	☐	☐
Methamphetamines	☐	☐	☐	☐
Methadone	☐	☐	☐	☐
Oxycodone	☐	☐	☐	☐
Roxycodone	☐	☐	☐	☐
Stimulants (Caffeine included)	☐	☐	☐	☐
Tranquilizers	☐	☐	☐	☐

Please be specific about any prescription drugs used or prescribed during your pregnancy:

Name: Alyssa Prescribed for: _____

Length used: _____

Please list any other medical issues that were not covered in the information above:

_____

_____

Please list any additional comments, concerns or questions you may have that we may be able to assist you with:

_____

_____

I represent that the information contained in the Biological Mother's Social and Medical History is true and accurate. I acknowledge that the adoptive family and other parties will rely on this information in making a determination to proceed with the anticipated adoption and the Court will rely on this information during the adoption related proceedings. I hereby waive any claim of privilege and agree that the information contained on this form and any information provided by myself, my counselors and my physicians may be given to the adoptive parents, their agency, their attorney, other attorneys, and other state officials, including law enforcement authorities, through all communication medium.

I further understand that any false statements may be viewed as perjury and in violation of penal laws of my state and may subject me to criminal and/or civil penalties under the law. I also understand that it is unlawful for a parent, with the intent to defraud, to accept benefits related to the same pregnancy from more than one adoption entity without disclosing that fact to each entity.

In my written and verbal communications in connection with my adoption plan, I have not provided any false or misleading information of any kind including information concerning myself, the biological father or the background or medical history of my family.

I hereby authorize the Adoption Entity to make inquiry about the truthfulness of the statements made in this document and the circumstances of this placement with other medical, legal and adoption professionals through all communication medium.

Under penalties of perjury, I declare that I have read the foregoing and the facts stated in this document are true.

Signature _____ Date 07-10-20

Alyssa D.

OPENNESS DURING PREGNANCY:

1. Do you want to meet the adoptive family once you have selected? (Y) N

   If yes, how SOON and how OFTEN would you like to meet with the family?

   As soon as possible.
   One meeting or two before hospital time.

2. Would you like to establish a relationship with the family during your pregnancy? (Y) N

3. Do you want to have direct communication with the family? (Y) N

4. Are you comfortable exchanging phone numbers with the family? (Y) N

5. Would you like the family to accompany you on any pregnancy related appointments?

   Y (N)

Describe your ideal relationship with the adoptive family during pregnancy

I want to be able to have a relationship with the family where we both feel comfortable picking up the phone and check in on each other. An actual relationship. Wants that comfort and close. A more naturally flowing and growing relationship. Would like to be able to video chat, text, call.

OPENNESS POST-PLACEMENT

____ OPEN ADOPTION (PICTURES/UPDATES/VISITS)

____ SEMI-OPEN (PICTURES/LETTERS/UPDATES)

____ NO CONTACT AFTER BABY IS PLACED WITH THE ADOPTIVE FAMILY

PICTURES/LETTERS/UPDATES:

1. How often do you want to receive pictures and updates?

Major holidays, Birthday, mother + fathers Day. Email is ok.
Also, would love to receive random pictures at any time to share special moments. (via text or email)

2. Until what age of the child would you like to plan to continue receiving pictures and updates?

until age 18.

3. How would you like to receive your pictures and updates?

email and text.

4. Would you like to plan to send pictures to the family via email or through the agency?

yes. mutually sharing. It is important to have the siblings all know of each other.

VISITS:

1. How often do you want to have visits with the adoptive family and your child?(I.e. yearly, every 2 years?)

   Yearly. In Florida.

2. Up until what age of the child would you like to plan to have visits with the adoptive family and your child?

   until the child is old enough to decide if he/she wants to still have the visit.

3. Where would you like for the visits to take place? (i.e. Florida, your home state, Adoptive family home state, alternative location, etc)

   Florida.

Describe the ideal post-placement relationship with the adoptive family after placement:

Very natural., able to call and text eachother, send pictures at random, a real relationship / closeness.

Wants update on milestones, favorite foods favorite toys and likes / dislikes.

Wants to feel like she knows her child.