Adoption For My Child

Providing adoption profiles on demand for available situations throughout the US

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

"Isabel"

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

Date Posted:
08/10/2020

Application Deadline:
Ongoing

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

Mother's Location:
Louisiana

Due Date:
January 5, 2021

Level of Openness:
To Be Determined

Child's Ethnicity:
Biracial, African-American, Caucasian

Child's Gender:
Unknown Gender

Requested Family Criteria:
All Family Types

Drug Exposure:

-
No medical concerns at this time. Birth mother stated in May she smoked marijuana about 10 x's and consumed alcohol about 7 x's prior to knowing she was pregnant. Birth mother states she suffered from depression in 2016 from January - April.

Additional Information:
would love a Buddhist family

Adoption Cost & Fee Breakdown

Cost - More Details

Application Fee (due at match)	**$750 (n/r)**
Agency Fee (portion due at match)	**$4,500 (n/r, will rollover to another situation if adoption fails)**
Case Management Fee (due at match)	**$4,000** n/r
Birth Mother Counseling (due at match)	**$1,000** retainer, unused portion is refundable
Ancillary Fee (due at match)	**$500** retainer, unused portion is refundable
Birth Mother Living Asst. (due at match)	**$7,500** unused portion is refundable
Attorney Retainer (portion due at match)	**$1,500** retainer, unused portion is refundable
Agency Legal (due at placement)	$500
Consent Coordination (due at placement)	$1,500
ICPC (due at placement)	$1,500
Balance of Attorney (due at placement)	$6,000 Legal Fees include finalization in Louisiana
Agency Fee (due at placement)	$14,500

TOTAL ESTIMATED COST OF THE ADOPTION: $43,750.00

(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

- Paid to the Adoption Entity: $19,750.00*
- 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.

**Upgrade your membership to Elite or Ultimate level before submitting your request to avoid paying this fee

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/Isabel/#request/

Contact Us

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

8/10/2020

Birth Mother:	ISABEL
State:	LOUISIANA
Due Date:	1/5/2021
Race of Baby:	Caucasian/African American
Gender:	Unknown
Description of BM:	20yr old Caucasian women. She is 5'8" tall and 160 pounds. Brown hair, and brown eyes. Approved for Medicaid. Began prenatal care in June 2020.
Medical:	No medical concerns at this time. Birth mother stated in May she smoked marijuana about 10 x's and consumed alcohol about 7 x's prior to knowing she was pregnant. Birth mother states she suffered from depression in 2016 from January - April.
Birth Father	It was a one-night stand. Birth mother states she does not know who he is. He was AA/Cauc.

FEES *(n/r = non-refundable)*

Application Fee (due at match)	**$750 (n/r)**
Agency Fee (portion due at match)	**$4,500 (n/r, will rollover to another situation if adoption fails)**
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Agency Fee (due at placement)	$14,500

DUE AT MATCH: $19,750
DUE AT PLACEMENT: $24,000

TOTAL ADOPTION: $43,750

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

PROFILE PAGE:

WHAT IS YOUR FULL NAME (FIRST, MIDDLE, LAST): Isabel [redacted]

ANY PREVIOUS LAST NAMES: no

YOUR AGE: 20

WHEN ARE YOU DUE: 01/05/2021

WHAT IS THE RACE OF YOUR BABY/CHILD: biracial

DO YOU KNOW THE GENDER OF YOUR BABY/CHILD: no

BIRTH FATHER FULL NAME (FIRST, MIDDLE, LAST):

HIS AGE:

WHAT IS THE BIRTH FATHER'S RACE:

WHAT STATE WAS YOUR BABY CONCEIVED? LA

DO YOU KNOW WHAT TYPE OF ADOPTION YOU WOULD LIKE (OPEN, SEMI-OPEN, CLOSED, UNSURE): semi-open

IS YOUR FAMILY AWARE OF YOUR PREGNANCY? yes

ARE THEY AWARE OF YOUR ADOPTION PLAN? yes

IF YES, ARE THEY SUPPORTIVE OF YOUR ADOPTION PLAN? yes

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Date: 07/27/21

Name: Isabel [redacted]

Address: [redacted]

City/State/Zip: [redacted] Louisiana, [redacted]

How long have you lived here? 10 yers
Do you live alone? no

Cell Number: [redacted]
Is it okay to leave a message on this phone if we identify ourselves as ABL? yes
Can we text you? Y___y ___n

Email Address: [redacted]
How often do you check your email? weekly

Maiden or Previous Name(s) if applicable:
Are you Married? no
If so, is your husband the birth father? no
If no, who is the birth father?
Have you ever been divorced? no
If yes, what is the date of your divorce?

Social Security Number: [redacted]
Birth Date: 09/02/1999
Place of Birth: Metairie
Race: white
Drivers License Number:
State Issued:
Any restrictions?

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Do you have private health insurance? yes
If yes, Name on policy: [redacted]
Name of insurance company: BLUE CROSS
Group Number:
ID Number:

Do you have Medicaid?
If yes, Medicaid number:
Is it active?
Name of Case Worker:
Phone number:

Do you have Medicare?
If yes, Medicare number:
Is it active?
Do you receive Social Security?
If yes, why?

Religion? Buddhist
Where you ever in the Military? no
If yes, what branch?
Education (High School/College/Etc.): Archbishop Chapelle/ UNO
Last grade completed: 3
Occupation:
Currently employed? no
How do you financial support yourself? i dont

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Physical Information About You:

Height: 5"7

Pre-Pregnancy Weight: 160

Hair Color: Brown

Eye Color: blue

Complexion: fair

General Build/Body Type: average

Are you right or left handed? right

Do you wear glasses? no

Hobbies/Talents:

Future Plans:

PERSONALITY (DESCRIBE YOU)

What happens when you become angry?

What do you like about yourself?

What would you like to change about yourself?

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Your Family History:

Where were you born? Metairie

Citizenship? USA

How many brothers and/or sisters do you have? Only child

What is your parents' relationship with each other? married

Family Heritage (example: English, African, French, German, Italian, etc.) english, hungarian

Mother's side:

Father's side:

Brief history of your childhood & growing up:

Native American Indian?

Important: if yes, please complete the following:

Name of person registered:

Birth date:

Tribe name:

Tribe location:

If you or a member of your family are registered with a Native American Indian Tribe, it is important that we have the above information ahead of time in order to help your adoption go smoothly.

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Your Medical History:

What is your general heath? good

Any allergies? no

Have you ever had any serious illnesses or accidents? If yes, please describe.
no

Have you ever been seen by a mental health or behavioral health therapist, psychologist?
yes

If yes, what emotional or psychological problems have you had?
depression

Type of treatment?
therapy/medication

When (dates)?
1/20/16- 4/30/16

Any medication(s) prescribed during treatment?
zoloft

Any diagnosis?
Depression

Situational or hereditary?
both

Did you have psychiatric hospitalization?
yes

If yes, dates?

1/20/16-2/2/16

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Your Pregnancy

DUE DATE: 1/16/21

When did you learn of your pregnancy? June

When did you begin prenatal care? june

Have you had any of the following:

- any problems during pregnancy? no
- any accidents or abuse during your pregnancy? no
- any x-rays, radiation, etc. during your pregnancy? no
- German Measles, Venereal Diseases, Virus or other infections during your pregnancy? no

If yes to any of the above, please describe below:

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Drug & Alcohol Usage

Have you used any of the items below during your pregnancy. Answer yes or not. If yes, please share with us how often (daily, weekly, couple times a month, etc.)

EXAMPLE: Yes, I smoke a 1 pack each week.

Cigarettes no

Alcohol yes, in may i drank 7? times

Marijuana yes, in may i smoked 10? times

Cocaine/Crack no

Huffing no

Spice No

Amphetamines No

Heroin no

Ecstasy no

Methadone/Suboxone/Subutex no

Stimulants no

Depressants no

Diet Pills no

Cortisone no

Barbiturates no

Lithium no

Accutane no

Steroids no

Tetracycline no

Sleeping Pills no

ACE Inhibitors no

Nose Drops/Spray no

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

About Your Children:

If you have other children, list them below. Include any children previously placed for adoption. If any child is deceased, please provide cause of death.

Child #1 (name, gender, age, any health concerns)

Child #2 (name, gender, age, any health concerns)

Child #3 (name, gender, age, any health concerns)

I acknowledge that the information on this *BIOLOGICAL MOTHER MEDICAL & SOCIAL HISTORY* form is accurate to the best of my knowledge.

Name Isabel [redacted]

Signature [redacted]

Date 07 / 27 / 2020

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Contact with Adoptive Family & Child to be Adopted:

Check all that apply. Do not feel that you need to make any decisions about the type of contact you want right now. Choosing "undecided" is okay. There may also be other options for you besides what is listed here. Your adoption coordinator will be able to assess your needs as she gets to know you and can help you make these decisions.

BEFORE BIRTH:

Emails ☑

Call/Text ☐

Meeting face-to-face ☐

AFTER BIRTH:

Emails ☐

Calls/Text ☐

Face-to-face visits ☐

Letters/Pictures ☐

If you would like an open adoption, please describe what type of openness you would like. If you are unsure at this time, you can discuss this with your adoption coordinator for some guidance.

[redacted]

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Adoptive Family Characteristics:

If you choose adoption, what type of the family would you like your child to have? This worksheet may help you determine what you are looking for in an adoptive family. Check the box that most closely fits your wishes. If you have other desires, please discuss this with your adoption coordinator.

	A Must	I'm fine either way	Prefer Not
MARRIED	☐	☑	☐
SINGLE	☐	☑	☐
NON-TRADITIONAL COUPLE	☐	☑	☐
OTHER CHILD(REN) ALREADY IN FAMILY	☐	☑	☐
COLLEGE EDUCATED	☐	☑	☐
RELIGIOUS PREFERENCE, PLEASE SPECIFY	☑	☐	☐
LIVE IN A RURAL OR SEMI-RURAL ENVIRONMENT	☐	☑	☐
LIVE IN LARGE CITY	☐	☑	☐
ENJOY/SPEND TIME OUTDOORS	☐	☑	☐
PARENT ~ SAME RACE AS CHILD	☐	☑	☐
POST-ADOPT CONTACT: LETTERS	☐	☑	☐
POST-ADOPT CONTACT: VISITS	☐	☑	☐

[redacted]

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Mother **Relative**

Medical Condition	Yes	No	Relationship to Mother (please specify)
Arthritis			
Rheumatoid	☐	☑	
Osteo	☐	☑	
Juvenile	☐	☑	
Birth Handicaps			
Cleft palate	☐	☑	
Harelip	☐	☑	
Congenital heart defect	☐	☑	
Fetal alcohol syndrome	☐	☑	
Fetal drug exposure	☐	☑	
Hydrocephalus	☐	☑	
Spina bifida	☐	☑	
Cancer			
Breast	☐	☑	
Cervical	☐	☑	
Uterine	☐	☑	
Ovarian	☐	☑	

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Hodgkin's disease	☐	☑	
Bone	☐	☑	
Lung	☐	☑	
Melanoma (skin)	☐	☑	
Stomach	☐	☑	
Liver	☐	☑	
Malignant tumor	☐	☑	
Benign tumor	☐	☑	
Blood problems	☐	☑	
Anemia	☐	☑	
Cooley's anemia	☐	☑	
Hemophilia	☐	☑	
Leukemia	☐	☑	
Addison's disease	☐	☑	
Sickle cell trait	☐	☑	
Sickle cell disease	☐	☑	
Hepatitis	☐	☑	

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Cardiac Conditions			
Arteriosclerosis	☐	☑	
High blood pressure	☑	☐	my dad
Hypertension	☐	☑	
Murmur	☐	☑	
Mitral valve prolapse	☐	☑	
Angina	☐	☑	
Stroke	☑	☐	my grandfather on fathers side
Heart attack	☐	☑	
Chromosomal Abnormalities			
Down's syndrome	☐	☑	
Turner's syndrome	☐	☑	
Dental Conditions			
Periodontal disease	☐	☑	
Gingivitis	☐	☑	
Overbite	☑	☐	me
Underbite	☐	☑	
Dentures	☑	☐	my dad
Multiple cavities	☑	☐	me

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Educational Handicaps			
Mental retardation	☐	☑	
Attention deficit disorder	☑	☐	my cousin
Hyperactivity	☐	☑	
Hearing impaired (specify)	☐	☑	
Speech problems (specify)	☐	☑	
Learning disorder (specify)	☐	☑	
Mental Health			
Depression	☑	☐	me
Autism	☐	☑	
Alzheimer's disease	☐	☑	
Suicidal	☐	☑	
Psychosis	☐	☑	
Schizophrenia	☐	☑	
Manic depressive	☐	☑	
Anorexia	☐	☑	
Bulimia	☐	☑	

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Musculoskeletal conditions			
Cerebral palsy	☐	☑	
Clubfoot	☐	☑	
Scoliosis	☐	☑	
Slipped disk	☐	☑	
Pinched nerve	☐	☑	
Respiratory conditions			
Asthma	☐	☑	
Emphysema	☐	☑	
Cystic fibrosis	☐	☑	
Allergies/hay fever	☐	☑	
Food allergies	☐	☑	
Drug allergies	☐	☑	
Reactive airway disease	☐	☑	
Tuberculosis	☐	☑	

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Sexually transmitted disease			
Gonorrhea	☐	☑	
Chlamydia	☐	☑	
Syphilis	☐	☑	
HIV positive	☐	☑	
Pelvic inflammatory	☐	☑	
Skeletal abnormalities			
Dwarfism	☐	☑	
Hunchback	☐	☑	
Easily broken bones	☐	☑	
Osteoporosis	☐	☑	
Malformed features or organs (specify)	☐	☑	
Paralysis	☐	☑	
Abnormal digits (specify)	☐	☑	
Skin conditions			
Psoriasis	☐	☑	
Eczema	☐	☑	
Seborrhea	☐	☑	

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Visual conditions			
Blindness	☐	☑	
Retinitis pigmentosa	☐	☑	
Glaucoma	☐	☑	
Near sighted	☐	☑	
Far sighted	☐	☑	
Color blindness	☐	☑	
Crossed eyes	☐	☑	
Lazy eyes	☐	☑	
Cataracts	☐	☑	
Astigmatism	☑	☐	mild in my left eye
Other illnesses			
Epilepsy/seizures	☐	☑	
Tourettes syndrome	☐	☑	
Crohn's disease	☐	☑	
Lyme disease	☐	☑	
Hepatitis (specify)	☐	☑	
Thyroid disease/disorder	☐	☑	

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Diabetes	☐	☑	
Kidney stones	☐	☑	
Endometriosis	☐	☑	
Gall stones	☐	☑	
Lupus	☐	☑	
Kidney disease	☐	☑	
Liver disease	☐	☑	
General Health Issues			
Hypoglycemia	☐	☑	
High cholesterol	☐	☑	
Obesity	☐	☑	
Malnutrition	☐	☑	
Multiple births	☐	☑	
Premature babies	☐	☑	
Sids	☐	☑	
Apnea monitor	☐	☑	

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Additional Comments regarding health background:

[redacted] 07 / 27 / 2020

Signature of Birth Mother (or Guardian) Date

BIOLOGICAL MOTHER

Medical & social history

HELLOSIGN

Audit Trail

TITLE	Birth Mother - Adoption Planning Packet
FILE NAME	Birth Mother MedSoc_1a.pdf
DOCUMENT ID	7d51922d63d4bb36b6f1e5d3fafb8449ab1bdac0
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	● Completed

Document History

SENT	**07 / 24 / 2020** 22:19:11 UTC-5	Sent for signature to [redacted] [redacted] from IP: 108.206.162.222
VIEWED	**07 / 24 / 2020** 23:03:05 UTC-5	Viewed by [redacted] IP: 99.203.97.68
SIGNED	**07 / 27 / 2020** 14:26:35 UTC-5	Signed by [redacted] IP: 99.203.97.23
COMPLETED	**07 / 27 / 2020** 14:26:35 UTC-5	The document has been completed.