



## Adoption For My Child

Providing adoption profiles on demand for available situations throughout the US

[www.adoptionformychild.com](http://www.adoptionformychild.com)

[team@adoptionformychild.com](mailto:team@adoptionformychild.com)

[\(801\) 559-7444](tel:(801)559-7444)

### "Laure"

[www.adoptionformychild.com/available-situations/Laure/](http://www.adoptionformychild.com/available-situations/Laure/)

**Date Posted:**

03/23/2020

**Application Deadline:**

Ongoing

**Open To:**

All States **EXCEPT** New York

**Mother's Location:**

Florida

**Due Date:**

July 2, 2020

**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

# Adoption Cost & Fee Breakdown

1. **Advertising/Networking Fees:** \$15,800.00
2. **Birth Mother Expenses:** \$5,000.00
3. **Legal & Counseling:** \$8,000.00

## Cost - More Details

Outlined below are the estimated fees for this adoption. Please keep in mind fees are estimated, an expectant moms' needs can change during her pregnancy and unexpected changes can arise.

Advertiser Fee	\$15,800 (\$9,000 refundable)
Adoption Coordinator	\$3,800
Estimated Living Expenses	\$5,000
Legal and Counseling Fees:	\$8,000
Estimated Total	\$ 32,600

### **TOTAL ESTIMATED COST OF THE ADOPTION: \$32,600.00**

(Basic Members - Please at \$3,000 to total cost above for AFMC Networking Fee)

### **REFUNDED IF ADOPTION FAILS: \$9,000.00**

### **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.

\*\*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.)

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## Apply for this Situation

<https://www.adoptionformychild.com/available-situations/Laure/#request/>

## Contact Us

Email: [team@adoptionformychild.com](mailto:team@adoptionformychild.com)  
Amy Senior Cell: [\(801\) 559 - 7444](tel:8015597444) (call or text)

First Name: laure

Middle Name: N/A

State: Florida

What is Your Due Date?: 2020-07-02

Proof of Pregnancy? yes

Sex of Baby:

Have you received prenatal care during this pregnancy? yes

How is the health of the baby? Good

Any problems with pregnancy? No

Expectant Mother Age: 22

Birth Date: 1997-11-04

Ethnic Background: Black

Do you have any Native American Blood? no

If so, are you registered with a tribe?

Which Tribe?

Describe Your General Health: I am in good health while pregnant

Eye Color: Brown

Hair Color: Black

Height: 5 ft 3 inches

Weight: 226

Have you ever been arrested: No

Have you ever been diagnosed with mental illness: No

Have you consumed alcohol during this pregnancy: No

Have you done any prescription or other drugs during this pregnancy: Yes I was prescribed some pills for an infection

Do you smoke? no

What is the last grade you completed?

Have you ever been diagnosed with Hepatitis C? no

Have you ever been diagnosed with HIV? no

Are you currently employed? no

Do you currently have medical coverage? no

Are you open to meeting the family who adopts your baby? yes

Would you like pictures or updates after the baby is born? yes

Would you like visits after the baby is born? yes

Does your family know you are pregnant? yes

Does your family know about the adoption? yes

Does your family agree? Yes

Does anyone in your family oppose adoption?

If yes, who?

Do You Have Other Children? yes

How Many? 2

Number of Boys:

Number of Girls: 2

Ages: 2 years old and 11 months

Describe the general health of your children: My children are health and are up to date on their shots

Do they live with you? yes

If they are not with you, where are they?

Do you know who the father of the baby is? yes

Is there a chance it could be anyone else? no

If yes, explain

Expectant Father First Name: Malik

Does he know about the adoption? yes

Does he support the adoption? yes

If he does not, will he oppose and try to parent? no

Are you legally married to the expectant father? no

Are you legally married to someone other than the expectant father? no

What is your current relationship with the birth father: We are not together we are just co-parenting my 2 year old

Father's Ethnic Background: Black

Do hr have any Native American Blood? no

If so, is he registered with a tribe? no

Which Tribe?

Eye Color: Brown

Hair Color: Black

What is the last grade he completed?

Does anyone in his family oppose the adoption? No

Describe fathers general health: He is health no problems that I know of

Has the expectant father ever been diagnosed with mental illness: No

Why are you considering adoption? I am not stable enough to take care of 3 kids on my own and don't have the support I will need

# MEDICAL HISTORY

## Medical Conditions

### First Name

laure

#### 1. Respiratory (Self)

	Yes	No
Allergies	<input type="radio"/>	<input checked="" type="radio"/>
Asthma	<input type="radio"/>	<input checked="" type="radio"/>
Bronchitis	<input type="radio"/>	<input checked="" type="radio"/>
Emphysema	<input type="radio"/>	<input checked="" type="radio"/>
Tuberculosis	<input type="radio"/>	<input checked="" type="radio"/>
Cystic Fibrosis	<input type="radio"/>	<input checked="" type="radio"/>

#### (Family)

	Yes	No
Allergies	<input type="radio"/>	<input checked="" type="radio"/>
Asthma	<input checked="" type="radio"/>	<input type="radio"/>
Bronchitis	<input type="radio"/>	<input checked="" type="radio"/>
Emphysema	<input type="radio"/>	<input checked="" type="radio"/>
Tuberculosis	<input type="radio"/>	<input checked="" type="radio"/>
Cystic Fibrosis	<input type="radio"/>	<input checked="" type="radio"/>

Comments (indicate family member etc)

#### 2. Gastrointestinal (self)

	Yes	No
Ulcers	<input type="radio"/>	<input checked="" type="radio"/>
Inflammatory Bowel	<input type="radio"/>	<input checked="" type="radio"/>
Cleft Lip or Palate	<input type="radio"/>	<input checked="" type="radio"/>
Other	<input type="radio"/>	<input checked="" type="radio"/>

#### (Family)

	Yes	No
Ulcers	<input type="radio"/>	<input checked="" type="radio"/>
Inflammatory Bowel	<input type="radio"/>	<input checked="" type="radio"/>
Cleft Lip or Palate	<input type="radio"/>	<input checked="" type="radio"/>
Other	<input type="radio"/>	<input checked="" type="radio"/>

Comments (indicate family member etc)

#### 3. Cardiovascular (self)

	Yes	No
High Blood Pressure	<input type="radio"/>	<input checked="" type="radio"/>
Heart Attack	<input type="radio"/>	<input checked="" type="radio"/>
Stroke	<input type="radio"/>	<input checked="" type="radio"/>
Congestive Heart Failure	<input type="radio"/>	<input checked="" type="radio"/>
Atherosclerosis	<input type="radio"/>	<input checked="" type="radio"/>
Heart Rhythm Abnormality	<input type="radio"/>	<input checked="" type="radio"/>
Congenital Heart Defect	<input type="radio"/>	<input checked="" type="radio"/>

#### (Family)

	Yes	No
High Blood Pressure	<input checked="" type="radio"/>	<input type="radio"/>
Heart Attack	<input type="radio"/>	<input checked="" type="radio"/>
Stroke	<input type="radio"/>	<input checked="" type="radio"/>
Congestive Heart Failure	<input type="radio"/>	<input checked="" type="radio"/>
Atherosclerosis	<input type="radio"/>	<input checked="" type="radio"/>
Heart Rhythm Abnormality	<input type="radio"/>	<input checked="" type="radio"/>
Congenital Heart Defect	<input type="radio"/>	<input checked="" type="radio"/>

Comments (indicate family member etc)

#### 4. Immune/Hematological Condition (self)

	Yes	No
Mononucleosis	<input type="radio"/>	<input checked="" type="radio"/>
Hemophilia	<input type="radio"/>	<input checked="" type="radio"/>
Leukemia	<input type="radio"/>	<input checked="" type="radio"/>
Lymphomas	<input type="radio"/>	<input checked="" type="radio"/>
Hodgkin's Disease	<input type="radio"/>	<input checked="" type="radio"/>
Lupus	<input type="radio"/>	<input checked="" type="radio"/>

#### (Family)

	Yes	No
Mononucleosis	<input type="radio"/>	<input checked="" type="radio"/>
Hemophilia	<input type="radio"/>	<input checked="" type="radio"/>
Leukemia	<input type="radio"/>	<input checked="" type="radio"/>
Lymphomas	<input type="radio"/>	<input checked="" type="radio"/>
Hodgkin's Disease	<input type="radio"/>	<input checked="" type="radio"/>
Lupus	<input type="radio"/>	<input checked="" type="radio"/>

Comments (indicate family member etc)

#### 5. Renal Condition (self)

	Yes	No
Kidney Failure / Dialysis / Transplant	<input type="radio"/>	<input checked="" type="radio"/>

#### (Family)

	Yes	No
Kidney Failure / Dialysis / Transplant	<input type="radio"/>	<input checked="" type="radio"/>

Comments (indicate family member etc)

	Yes	No
Other Kidney	<input type="radio"/>	<input checked="" type="radio"/>

	Yes	No
Other Kidney	<input type="radio"/>	<input checked="" type="radio"/>

**6. Liver Disease (self)**

	Yes	No
Hepatitis (specify)	<input type="radio"/>	<input checked="" type="radio"/>
Cirrhosis	<input type="radio"/>	<input checked="" type="radio"/>
Other Liver Disease	<input type="radio"/>	<input checked="" type="radio"/>

**(Family)**

	Yes	No
Hepatitis (specify)	<input type="radio"/>	<input checked="" type="radio"/>
Cirrhosis	<input type="radio"/>	<input checked="" type="radio"/>
Other Liver Disease	<input type="radio"/>	<input checked="" type="radio"/>

**Comments (indicate family member etc)**

**7. Central Nervous System Condition (self)**

	Yes	No
Epilepsy	<input type="radio"/>	<input checked="" type="radio"/>
Cirrhosis Hydrocephalus	<input type="radio"/>	<input checked="" type="radio"/>
Multiple Sclerosis	<input type="radio"/>	<input checked="" type="radio"/>
Huntington's Chorea	<input type="radio"/>	<input checked="" type="radio"/>
Seizures / Convulsions	<input type="radio"/>	<input checked="" type="radio"/>

**(Family)**

	Yes	No
Epilepsy	<input type="radio"/>	<input checked="" type="radio"/>
Cirrhosis Hydrocephalus	<input type="radio"/>	<input checked="" type="radio"/>
Multiple Sclerosis	<input type="radio"/>	<input checked="" type="radio"/>
Huntington's Chorea	<input type="radio"/>	<input checked="" type="radio"/>
Seizures / Convulsions	<input type="radio"/>	<input checked="" type="radio"/>

**Comments (indicate family member etc)**

**8. Endocrine (self)**

	Yes	No
Diabetes (Adult or Juvenile)	<input type="radio"/>	<input checked="" type="radio"/>
Thyroid (Hyper/Hypo)	<input type="radio"/>	<input checked="" type="radio"/>
Adrenal	<input type="radio"/>	<input checked="" type="radio"/>

**(Family)**

	Yes	No
Diabetes (Adult or Juvenile)	<input type="radio"/>	<input checked="" type="radio"/>
Thyroid (Hyper/Hypo)	<input type="radio"/>	<input checked="" type="radio"/>
Adrenal	<input type="radio"/>	<input checked="" type="radio"/>

**Comments (indicate family member etc)**

**9. Muscular/Skeletal (self)**

	Yes	No
Club Foot	<input type="radio"/>	<input checked="" type="radio"/>
Scoliosis	<input type="radio"/>	<input checked="" type="radio"/>
Arthritis (Osteo or Rheumatoid)	<input type="radio"/>	<input checked="" type="radio"/>
Lupus	<input type="radio"/>	<input checked="" type="radio"/>

**(Family)**

	Yes	No
Club Foot	<input type="radio"/>	<input checked="" type="radio"/>
Scoliosis	<input type="radio"/>	<input checked="" type="radio"/>
Arthritis (Osteo or Rheumatoid)	<input type="radio"/>	<input checked="" type="radio"/>
Lupus	<input type="radio"/>	<input checked="" type="radio"/>

**Comments (indicate family member etc)**

**10. Neuromuscular (self)**

	Yes	No
Cerebral Palsy	<input type="radio"/>	<input checked="" type="radio"/>
Muscular Dystrophy	<input type="radio"/>	<input checked="" type="radio"/>
Spina Bifida	<input type="radio"/>	<input checked="" type="radio"/>

**(Family)**

	Yes	No
Cerebral Palsy	<input type="radio"/>	<input checked="" type="radio"/>
Muscular Dystrophy	<input type="radio"/>	<input checked="" type="radio"/>
Spina Bifida	<input type="radio"/>	<input checked="" type="radio"/>

**Comments (indicate family member etc)**

**11. Visual/Auditory (self)**

	Yes	No
Blindness	<input type="radio"/>	<input checked="" type="radio"/>
Glaucoma	<input type="radio"/>	<input checked="" type="radio"/>
Cataracts	<input type="radio"/>	<input checked="" type="radio"/>
Deafness or Other Hearing Problems	<input type="radio"/>	<input checked="" type="radio"/>

**(Family)**

	Yes	No
Blindness	<input type="radio"/>	<input checked="" type="radio"/>
Glaucoma	<input type="radio"/>	<input checked="" type="radio"/>
Cataracts	<input type="radio"/>	<input checked="" type="radio"/>
Deafness or Other Hearing Problems	<input type="radio"/>	<input checked="" type="radio"/>

**Comments (indicate family member etc)**

**12. Mental and Behavioral Disorders (self)**

**(Family)**

**Comments (indicate family member etc)**

YesNo

Diagnosed Schizophrenia

☐☒

YesNo

Diagnosed Bi-Polar

☐☒

YesNo

Other Mental Illness (Describe)

☐☒

YesNo

Diagnosed Schizophrenia

☐☒

YesNo

Diagnosed Bi-Polar

☐☒

YesNo

Other Mental Illness (Describe)

☐☒

13. Lymphatic Disorders (self)

YesNo

Cancer

☐☒

YesNo

Tumors

☐☒

YesNo

Cystic Fibrosis

☐☒

YesNo

Hodgkins Disease

☐☒

(Family)

YesNo

Cancer

☐☒

YesNo

Tumors

☐☒

YesNo

Cystic Fibrosis

☐☒

YesNo

Hodgkins Disease

☐☒

Comments (indicate family member etc)

14. Drugs Taken During This Pregnancy

YesNo

a. Prescription Drugs

☒☐

Details

Name	When	How Often	Amount
Azithromycin	February 13	Once	2 pills 500 mg

YesNo

a. Non-Prescription Drugs (include aspirin, nosedrops, etc)

☒☐

Details

Name	When	How Often	Amount
Tylenol	February 22	Once	1000mg

c. Alcohol and other substances

YesNo

1. Alcohol (wine, beer, etc)

☐☒

Details



	Yes	No
2. Amphetamines (uppers)	<input type="radio"/>	<input checked="" type="radio"/>

Details

	Yes	No
3. Barbiturates (downers)	<input type="radio"/>	<input checked="" type="radio"/>

Details

	Yes	No
4. Tobacco	<input type="radio"/>	<input checked="" type="radio"/>

Details

	Yes	No
5. Cocaine	<input type="radio"/>	<input checked="" type="radio"/>

Details

	Yes	No
6. Crack	<input type="radio"/>	<input checked="" type="radio"/>

Details

	Yes	No
7. Heroin	<input type="radio"/>	<input checked="" type="radio"/>

Details

	Yes	No
8. LSD	<input type="radio"/>	<input checked="" type="radio"/>

Details

	Yes	No
9. PCP	<input type="radio"/>	<input checked="" type="radio"/>

**Details**

	Yes	No
10. Marijuana	<input type="radio"/>	<input checked="" type="radio"/>

**Details**

	Yes	No
11. Other (specify)	<input type="radio"/>	<input checked="" type="radio"/>

**Details**

**Other:**