



Adoption For My Child

Providing adoption profiles on demand for available situations throughout the US

www.adoptionformychild.com

team@adoptionformychild.com

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

"Meganne"

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

Date Posted:

08/16/2020

Application Deadline:

Ongoing

Open To:

All States **EXCEPT** New York

Mother's Location:

Louisiana

Due Date:

October 8, 2020

Level of Openness:

Closed

Child's Ethnicity:

Biracial, African-American,
Caucasian

Child's Gender:

Unknown Gender

Requested Family Criteria:

All Family Types-
Birth Mother wants a closed
adoption after the baby is born.
She is open to same sex couples,
traditional couples and single
parents.

Drug Exposure:

-

No medical concerns at this time. BM does admit to consuming alcohol 1-5 times during pregnancy. BM states mental illness is prevalent in her family.

Additional Information:

36yr old Cauc women. 5'6 tall & 200 pounds. Blonde hair, brown eyes. Began prenatal care Aug 2020. She has 3 children (none live w/ her, 16g (autism), 14b (autism), 10g- placed for adoption. BF is AA, 5'6", brown hair & brown eyes. He is aware of her pregnancy, they are not together. BM has no contact with him.



Adoption Cost & Fee Breakdown

Cost - More Details

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)
Case Management Fee (due at match)	\$3,000 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 - collect \$4,000 at match and balance of \$3,500 at placement.
Attorney Retainer (portion due at match)	\$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
Birth Mother Living Asst. (due at placement)	\$3,000
Balance of Attorney (due at placement)	\$7,500 Legal Fees include finalization in Louisiana
Agency Fee (due at placement)	\$12,000

DUE AT MATCH: \$14,250

DUE AT PLACEMENT: \$26,000

TOTAL ADOPTION: \$40,250

TOTAL ESTIMATED COST OF THE ADOPTION: \$40,250.00

(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: \$14,250.00*
- 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/Meganne/#request/>

Contact Us

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

8/14/2020

Birth Mother:	MEGANNE
State:	LOUISIANA
Due Date:	10/8/2020
Race of Baby:	Caucasian/African American
Gender:	Unknown
About the Birth Mother:	36yr old Cauc women. 5'6 tall & 200 pounds. Blonde hair, brown eyes. Began prenatal care Aug 2020. She has 3 children (none live w/ her, 16g (autism), 14b (autism), 10g- placed for adoption.
Medical:	No medical concerns at this time. BM does admit to consuming alcohol 1-5 times during pregnancy. BM states mental illness is prevalent in her family.
Birth Father	BF is AA, 5'6", brown hair & brown eyes. He is aware of her pregnancy, they are not together. BM has no contact with him.
BM Requests:	Birth Mother wants a closed adoption after the baby is born. She is open to same sex couples, traditional couples and single parents.

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)
Case Management Fee (due at match)	\$3,000 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 - collect \$4,000 at match and balance of \$3,500 at placement.
Attorney Retainer (portion due at match)	\$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
Birth Mother Living Asst. (due at placement)	\$3,000
Balance of Attorney (due at placement)	\$7,500 Legal Fees include finalization in Louisiana
Agency Fee (due at placement)	\$12,000

DUE AT MATCH: \$14,250
DUE AT PLACEMENT: \$26,000
TOTAL ADOPTION: \$40,250



Instructions to completing your Adoption Planning Packet

The attached forms are designed to gather medical, social and family background information from you. This medical, social and family information will be passed on to the prospective adoptive family with whom you have chosen to adopt your child. Please know that completing this form is in no way a commitment to adoption. If you have any questions about information requested in this form, please call A Bond of Life Adoptions at 1.866.650.5683.

If you chose to place your child for adoption, this information will prove to be very helpful to the adoptive family in parenting your child. It is important that they have this information so it can then become a part of their family history. Many health conditions are hereditary and can be passed on to your child. This information may also be important when the child begins to ask specific questions about his or her biological parents (i.e. names, interests, talents, appearances and health). Answers will then be readily available. If possible, please include a picture of yourself and, if applicable, other children.

First & Last Name	Meganne [REDACTED]		Due Date	10/08/2020
Address	[REDACTED]			
City, State & Zip	[REDACTED] LA [REDACTED]			
Cell/Phone #	[REDACTED]	Email	[REDACTED]	
*Is it ok to text this number?	Yes <input checked="" type="checkbox"/>	*Can we leave a message if we call?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do you have	<input type="checkbox"/> Cash App <input type="checkbox"/> Venmo <input type="checkbox"/> PayPal <input type="checkbox"/> Apple Pay <input checked="" type="checkbox"/> Other Loadable Card			
Signature of Birth Mother	Meganne [REDACTED]			

Adoption Services Available (Check all that apply to you)	
<input checked="" type="checkbox"/>	I would like to select and/or begin speaking with an adoptive family
<input type="checkbox"/>	I would like to learn more about and/or setup adoption counseling
<input type="checkbox"/>	I need help obtaining medical coverage and/or setting up prenatal care
<input type="checkbox"/>	I would like to speak with someone who has placed a child for adoption
<input type="checkbox"/>	I have other questions:



Birth Mother's History

The following information is true and complete to the best of my knowledge and belief.

Meganne [REDACTED]

Print Name

Date 8/12/2020

Signature

Meganne

"JUST THE BASICS"

Your Legal Name		Meganne [REDACTED]	
Your Birth Name (as listed on birth certificate)		Meganne [REDACTED]	
Have you gone by any other name (i.e. married)?		No	
Address [REDACTED]			
City	[REDACTED]	State & Zip	LA, [REDACTED]
May we send you mail at this address (not identifying "adoption" on envelope?)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
How long at this address?	Years 7 Months	Whom do you live with?	Ex-boy friend
Cell Phone	[REDACTED]	Can we text this number?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Can we leave a voice message on this phone?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address	[REDACTED]	How often do you check it?	daily
Birth Date	12/20/1984	Birth Place	Dallas, X - Parkland Hospital
Social Security #	[REDACTED]	Do you have Medicaid or Private Insurance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Employment

Do you currently work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If so, where at?	N/A
What do you do?	N/A		
Any future employment goals?	Yes		



Birth Mother's History

"TELL US ABOUT YOURSELF"

YOUR PHYSICAL CHARACTERISTICS

Eye Color	Light Blue	Natural Hair Color	Dirty Blonde
Weight	200	Complexion	Light fair
Race	Caucasian	Glasses/Contacts	No
Height	5'6"	Nationality/Descent	Irish/Czech/Mutt
Body Type	Hourglass - When I take care of it		
Languages Spoken	English		
Are you a registered member of an American Indian Tribe or Alaskan Village			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, name of Tribe or Village & contact information:		N/A	
Were you or any family member adopted?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Do you know someone who has placed a baby for adoption?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
What is your favorite color?	Child me? Cerulean Blue	What is your favorite animal?	I've never had a favorite animal, because I could
What music do you like?	It would probably take too long to list it all out, so suffice to say I will listen to absolutely anything but Contemporary Christian, Country P		
What is your favorite food?	Stuffed manibots.		
What is your favorite movie, TV show or reality show?		Big Trouble in Little China, but again - it's difficult to choose just one. Firefly is up there	
What are your hobbies/interests?	Reading, Sewing, PC gaming, some console gaming, various arts and crafts, gardening, learning in-depth information about subjects and then pr		
Do your friends/family know about this pregnancy?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If not, are you planning on telling them?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If you have told them, do they support your adoption plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

Number of years attended: ⁸ _____ Grade School ³ _____ High School ¹ _____ College	
Vocational or other training?	Nothing that sets me apart
Educational Goals?	I'd like to go back to school, but the same problem exists now as it did when I was 25. I still don't know what I want to be.



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.

First Name	Age/Gender	Grade	Any Health Concerns?
[REDACTED]	10/F	Unknown	Autism - Heavy
[REDACTED]	14/M	Unknown	Autism - Mild
Unknown	10/F	Unknown	Closed Adoption - I can provide no information about this child, nor do I wish to discuss her, as the events surrounding her

Do your children live with you? ☐ Yes ☒ No

Has Child Protective Services ever been involved? ☐ Yes ☒ No

Do you have an open CHINS case? ☐ Yes ☒ No

ABOUT YOUR FAMILY

	First Name	Age	Occupation/Hobbies
Mother	[REDACTED]	54	I'm no contact with my mom at the time of writing this, so I don't know what she does for a living
Father	[REDACTED]	53	My dad is an HVAC system installer, and I love him to death but his main hobby is sitting on it
Maternal Grandmother	[REDACTED]	Unknown	I am NC with [REDACTED], because she has many personal opinions I find repellent, and at odds with
Maternal Grandfather	[REDACTED]	Unknown	I've only met [REDACTED] once in my life. I was 8 years old, and none of the adults were
Paternal Grandmother	[REDACTED]	Deceased	For both [REDACTED] and [REDACTED] I have very little memory, as my mom kept me out of contact with m
Paternal Grandfather	[REDACTED]	78	See above
Sibling	[REDACTED]	34	[REDACTED] is probably still in prison, on account of a monumentally bone-headed decision he made
Sibling	[REDACTED]	30	[REDACTED] is a welder, and has ridiculous tattoos stating "Work Hard," and "Play Hard," on his fore
Sibling	[REDACTED]	24	[REDACTED] is the baby hipster of the group, but it's a mild affliction. He floats from job to job, and
Sibling	[REDACTED]	Deceased	[REDACTED] committed suicide in 2014, but he was our gigantic nerd, and I do mean that literally. I

Give a brief description of your childhood?
 It was unstable in many ways, full of situations no child should have to witness or deal with. I wouldn't say I was oblivious, but I was surprisingly equanimous considering. I don't remember much of my young childhood. It's most brief memories of traumatic experiences, and that's kind of depressing to talk about. I was a ribbon dancer at my second elementary school, as well as a member of a Junior Bible Quiz team, and by all accounts was quiet and observant and really defensive of my brother, but I remember being fairly happy and vivacious - until the mulet incident when I was eight. I sometimes think the

Does your family know about this pregnancy? ☐ Yes ☒ No

If not, do you plan on telling them? ☐ Yes ☒ No

Would your family support you in your adoption plan? ☐ Yes ☐ No ☒ I'm not sure



ABOUT YOUR BABY'S FATHER

If birth father is unavailable to complete this section, please complete it to the best of your knowledge.

Name	Louis [REDACTED]	Date of Birth	Unknown
Address	Unknown		
City	Lafayette	State/Zip	LA
Cell Phone		Email Address	Unknown
Is he aware of your pregnancy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are you together as a couple?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does he support an adoption plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does he want to be involved?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does he have other children?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does he support the other children?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have other children together?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If so, does he support them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your relationship together	Ill-advised, short-term, and entered into on my part based on falsehoods and misrepresentations on his.		
What are his hobbies/interests?	Fashion, Music, Car Mechanics		
Does he work?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If so, what does he do?	General Handy Work

His Physical Characteristics

Eye Color	Brown	Hair Color	Dark Brown/4b-4c
Height	5'9"	Complexion	Espresso
Race	Black	Body Type	Wiry, but muscled
Weight	Unknown	Glasses/Contacts	No
Nationality/Descent	Unknown		
Languages Spoken	English		
Is he a registered member of an American Indian Tribe or Alaskan Village?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, Name or Tribe or Village			

Does the father of your baby use any of the following?

Substance	Yes	No	Amount or Details
Alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Very small amount - when we first met, I gave him a few beers, and he was drunk off three. I doubt this has ch
Amphetamines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Barbiturates	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



[Continued] Does the father of your baby use any of the following?

Substance	Yes	No	Amount or Details
Cocaine		X	
Heroin		X	
LSD		X	
Marijuana	X		I don't know an amount, only that he did. I never participated or saw him do it, but he was vocal about his support.
Tobacco		X	
Prescription Drugs		X	
Vaping/E-Cigarettes		X	
Other		X	
Does he have any known venereal (sexually transmitted) diseases?			___ Yes <u>X</u> No
Does he have any physical or emotional conditions?			___ Yes <u>X</u> No
If yes, please explain			

YOUR MARTIAL STATUS

Are you:	<u>X</u> Married ___ Divorced ___ Never Married ___ Widow	If divorced, when? (month/year)
----------	---	---------------------------------

(If married, please complete the form below)

Husband Name	I have been estranged from my husband for nearly ten years. None of		Cell Phone	
Address				
Date of Birth			Date of Marriage	
Is he aware of your pregnancy?	Yes	No	Is he the father of this baby?	Yes No
Does he support an adoption plan?	Yes	No	Does he live with you?	Yes No
Does he financially support you?	Yes	No	Is he in the military?	Yes No
Describe your relationship				
Are you currently in a relationship with a man other than your husband?				Yes No



YOUR PREGNANCY

Due Date	08/08/2020	What month did you begin prenatal care?	August 2020
Gender of Baby	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input checked="" type="checkbox"/> Unknown	Twins?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Medicaid?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you have private Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Doctor or Clinic	Current Unknown		
Doctor or Clinic Phone Number			
Hospital you are planning for your delivery?			
Hospital Phone Number			

Have you experienced any sexual or physical abuse during pregnancy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please explain	
Have you been in a car accident during this pregnancy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please explain	
Have you experienced any complications during pregnancy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please explain	
Have you had X-Ray, electrocardiogram or radiation exposure during pregnancy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Have you had any of the following conditions during this pregnancy?

Condition	Yes	No	Details
German Measles		<input checked="" type="checkbox"/>	
Venereal Disease		<input checked="" type="checkbox"/>	
Thrombosis		<input checked="" type="checkbox"/>	
Diabetes		<input checked="" type="checkbox"/>	
Protein S		<input checked="" type="checkbox"/>	
Tested for Group B Strep		<input checked="" type="checkbox"/>	
Any Viruses		<input checked="" type="checkbox"/>	
Any Infections	<input checked="" type="checkbox"/>		Kidney infection, acute



MORE ABOUT YOUR PREGNANCY

How many pregnancies have you had including this one? _____		°	
Number of Live Births	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Miscarriages	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Abortions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Any C-Sections?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

What medications or other substances were used during this pregnancy?

Substance Used	Never used during pregnancy	Rarely used during pregnancy (1-5 times)	Used more than 5 times during pregnancy (please explain)
Cigarettes	<input checked="" type="checkbox"/>		
Alcohol		<input checked="" type="checkbox"/>	
Marijuana	<input checked="" type="checkbox"/>		
Cocaine/Crack	<input checked="" type="checkbox"/>		
Huffing	<input checked="" type="checkbox"/>		
Heroin	<input checked="" type="checkbox"/>		
Ecstasy	<input checked="" type="checkbox"/>		
Methadone	<input checked="" type="checkbox"/>		
Subutex	<input checked="" type="checkbox"/>		
Suboxone	<input checked="" type="checkbox"/>		
Stimulants	<input checked="" type="checkbox"/>		
Depressants	<input checked="" type="checkbox"/>		
Diet Pills	<input checked="" type="checkbox"/>		
Hormones	<input checked="" type="checkbox"/>		
Cortisone (ATCH), etc	<input checked="" type="checkbox"/>		
Barbiturates	<input checked="" type="checkbox"/>		
Lithium	<input checked="" type="checkbox"/>		
Accutane	<input checked="" type="checkbox"/>		
Other (please list) <small>MyQuil, Motrin, Benadryl</small>			<input checked="" type="checkbox"/>



YOU & YOUR FAMILY'S HEALTH HISTORY

Medical Condition	List # (i.e. #2 yes)	You or Your Relative - explain (i.e. #2, my son, #8 my dad)
Congenital Impairments 1. Club Foot 2. Hair lip or Cleft lip/palate 3. Chromosomal Abnormality 4. Downs Syndrome 5. Hydrocephalus 6. Muscular Dystrophy 7. Spina Bifida 8. Congenital Heart Defect 9. Tay-Sachs Disease	No	
Allergies 1. Eczema or other skin condition 2. Hay Fever or other allergy 3. Drug allergy	Yes, 1.	#1, me, my brother B, my brother S - acne
Eye, Ear, Developmental Disorders 1. Blindness, glaucoma, color blindness or other 2. Deafness or other ear problems 3. Speech problems 4. Learning disabilities 5. Retardation: mental or physical	No.	
Circulatory Disorders 1. Hemophilia 2. Sickle Cell Anemia or Trait 3. Stroke 4. Hypertension 5. Heart Attack 6. Arthritis 7. Kidney Disease	No, or not that I am aware.	
Hormonal Disorders 1. Diabetes 2. Thyroid Disorders	Yes, 1.	#1, my dad, has type 2 diabetes
Respiratory Disorders 1. Asthma 2. Tuberculosis	No	
Mental & Behavioral Disorders 1. Schizophrenia 2. Manic Depressive 3. Alcoholism or heavy drinking 4. Drug Usage 5. Bipolar Disorder	Yes, 3, 4, 5.	My mom has depression, and bi-polar disorder. My uncle W was an alcoholic until the the last year of his life. My brothers B and S have depression. I have clinical depression, anxiety, and latent bi-polar disorder. Since it is a mixed bag, I didn't label them (sorry), but mental illness is prevalent on both sides of my family, going all the way back since... Probably the neanderthals or something.
Medical Condition 1. Cancer 2. Tumors 3. Cystic Fibrosis 4. Hodgkins' Disease 5. Multiple Sclerosis 6. Huntington's Disease 7. Cerebral Palsy 8. Seizures or Convulsions 9. Epilepsy 10. Autism	Yes 1, 9. And 10.	#1 My grandma M had esophageal cancer, caused by acid reflux. #9 my brother's W and S had childhood epilepsy, but this came from my step-mom's side of the family, and does not have a history in my mom/dad's. #10. My daughter L and my son B.



BIRTH MOTHER HOSPITAL CARE PLAN

Birth Mother's Name	Meganne [REDACTED]		
Date of Birth	12/20/1984	Expectant Due Date	10/08/2020
Doctor Name/Number	Unknown		
Hospital to Deliver	Unknown		

Birthmothers wishes ~ the birth mother has the right to change these requests, please try to accommodate her wishes to the extent possible, of course to the approval of the attending physicians and applicable hospital policies.

Would you like to see the baby after delivery?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided
Would you like to know the sex of the baby?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided
Would you like to care for the baby in the hospital?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Undecided
Would you like the adoptive couple in the delivery room?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Undecided
Would you like the adoptive couple to care for the baby?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided
Would you like to be moved from the maternity floor?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided
Would you consent to circumcision, if it's a boy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Undecided
Notes to hospital staff: If birth mother chooses not to know the sex of the baby, please have a consent to circumcision signed before birth, if possible, to avoid inadvertently disclosing the sex of the baby	
Would you like your hospital stay kept totally confidential?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided
Hospital may release information pertaining to my delivery to, my Adoption Case Worker,.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided
You would like the following persons in labor and delivery:	I'm a solitary creature. I should be fine alone. I don't mind the adoptive parents popping in, but I don't really want them seeing my genitalia, or the act of giving birth, although I'm not against it in principle.

8/13/2020

Date

Birth Mother Signature



ABOUT YOUR ADOPTION PLAN

Choosing your Adoptive Parent(s)

If you choose adoption, what characteristics would you like the adoptive parents 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.

Trait	A Must	I'm Fine Either Way	Prefer Not
Married		X	
Single Mom		X	
Non-Traditional Couple (Gals)		X	
Non-Traditional Couple (Guys)		X	
Childless Couple		X	
Child(ren) already in the family		X	
Parent ~ same race as child		X	
Religious preference (please specify)			X
Stay-at-Home-Mom/Dad		X	
Family desiring an "OPEN" adoption			X
Family desiring a "SEMI-OPEN" adoption			X
Other:	X		

What are your reasons for making an adoption plan?	It's got to be done, but if you're asking me about why I am going with adoption, it's because I don't think I'll ever learn how to be a fully functioning, stable person. There's this idea that we're all making it up as we go along, but I find this to be misleading, because it implies we're all collectively at the same level of improvisation. I myself am flying by the seat of my pants on a burning miniscap through a Tolkien-esque Dwarven city, filled not with goblins or ancient elemental creatures, but mental illness, bad parenting, poor impulse control, and poverty. Children deserve to grow up in a home with parent(s) who can give them a reasonable chance at success in life, provide them with values, and the strength needed to stand strong against a world that can sometimes be unreasonably cruel, malicious, and uncaring. I understand this, but I can't do it for myself. I certainly could not do it for a child.
What is your current feeling about being contacted by the child when he/she is an adult?	I don't think there's any need, but then again, I'm not them and they aren't me.
Does the birth father desire any contact with the child and adoptive family?	This is a touchy subject for me, but ultimately, I don't care what he wants, and I'm not going to ask. The one communication I received from him, in the early part of my fourth month of pregnancy, when I could not find an abortion provider with an open appointment, was, "Let me know what you're going to do once you decide." He left the entire decision up to me, knowing I am unstable, and am in an unstable situation, and quite frankly, crippled by depression and anxiety and simply the ability to choose. No solutions, just shoving the responsibility on me. I also never said to his mother or brother what I have now said in truth with him.



MORE ABOUT YOUR ADOPTION PLAN

Communication with Adoptive Family

What contact do you wish to have with the adoptive family before the baby is born?

• Talk w/ Adoptive Family on the phone?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Text w/ Adoptive Family?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Meet w/ Adoptive Family?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

What contact do you wish to have with the adoptive family and child after the adoption?

• Letters & Photos	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, how often?
• Email exchange	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, how often?
• Face-to-Face Visits	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, how often?
• I prefer no contact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Statement of Understanding

I specifically authorize to share my information with waiting adoptive families and other entities within the adoption process as, in their discretion, is necessary to further this adoption goal. ____ Initials
I have provided accurate information, to the best of my knowledge, about the father of my child. I understand that failure to do so can affect the outcome of the adoption and that an attempt to contact him by the attorney or agency will have to occur during the adoption process. ____ Initials
I declare under penalty of perjury, that the foregoing is true and correct. ____ Initials
I acknowledge and understand that it is against the law to work with and accept living assistance from more than one adoptive family, adoption agency or attorney. ____ Initials

8/13/2020

Date

Meganne _____

Print Name


Signature