



# Marywood Children and Family Services

4029 S. Capital of Texas Highway, Suite 200, Austin, Texas 78704  
(512) 472-9251 or 1-800-251-5433- Email: [Marywood@marywood.org](mailto:Marywood@marywood.org)

*Together, we are changing lives for generations*

## **Preliminary Information Form** (This is not an official application)

Marywood is presently working with families open to infants and children who are school-aged or older, part of a sibling group that needs to be placed together, or children with special medical, emotional, or mental challenges.

Marywood also works with various international agencies to provide pre-adoptive home screenings and supervisory services to families residing in Texas who want to adopt from another country. Families may contact Marywood for referrals to agencies that work with the country of their choice.

### **I/We wish to be considered for:**

Foster Care     Kid Connection     Traditional Infant Adoption  
 International Adoption Services     Identified adoption Services

### **Applicant Information:**

#### **Applicant #1**

Full Name (inc. Maiden, if applicable)

Address

Home Telephone

Work Telephone

Date and Place of Birth

Education

Occupation

Nationality and Ethnicity

Dates of current and any previous marriages

Dates of any divorces

Religious Affiliation

Yearly Income

#### **Applicant #2**

Full Name

Address

Home Telephone

Work Telephone

Date and Place of Birth

Education

Occupation

Nationality and Ethnicity

Dates of current and any previous marriages

Dates of any divorces

Religious Affiliation

Yearly Income

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## Children in your Family

Name	Date of Birth	If adopted, name of agency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever worked with another adoption agency? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, name and location of agency \_\_\_\_\_

Have you ever been turned down by an adoption agency? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, who and when? \_\_\_\_\_

Who referred you to Marywood? \_\_\_\_\_

## Please indicate which of the following children you would be open to parenting:

### Racial/Ethnic Background

\_\_\_\_\_ Anglo                      \_\_\_\_\_ Anglo-Hispanic                      \_\_\_\_\_ African American - Hispanic  
\_\_\_\_\_ African American                      \_\_\_\_\_ Hispanic                      \_\_\_\_\_ African-American - Anglo  
\_\_\_\_\_ Asian                      \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

### Sibling Groups

Please indicate the number of siblings that you feel you can parent: \_\_\_\_\_

Please indicate the ages of children that you would be willing to consider: \_\_\_\_\_

Please indicate the special physical, mental or emotional challenges that you are open to, such as the following:

Yes _____	No _____	Physical Abuse/Neglect
Yes _____	No _____	Sexual Abuse
Yes _____	No _____	Developmental Delay
Yes _____	No _____	Children born with a history of prenatal drug or alcohol abuse
Yes _____	No _____	History of Mental or Emotional Illness in the birthfamily
Yes _____	No _____	Premature Infants
Yes _____	No _____	Low birth rate/slow growth
Yes _____	No _____	Attention Deficit Disorder/Hyperactivity
Yes _____	No _____	Behavior problems (at school, at home, etc)

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International Adoption Services

If you are interested in this program, please indicate from which countries you would consider adopting:

China Russia Ukraine Kazakhstan
Guatemala India Other (Please Specify)

There is currently a need for families interested in adopting sibling groups from other countries. Please indicate the number of siblings you feel you can parent:

Please indicate the ages of children you would be willing to consider:

Statement of Arrests

Have you or any other adult in your household ever been arrested for or convicted of a felony or misdemeanor? Yes No

If yes, please list the date, place, charges, and the disposition of the case. Failure to disclose previous arrests may be cause for Marywood discontinuing work with the family.

Table with 5 columns: Name, Date, Place, Charges, Disposition. Includes four rows of blank lines for data entry.

Please list all towns and cities in Texas in which any adult member of your household have lived:

Three horizontal lines for listing towns and cities.

Applicant #1: Signature

Date

Applicant #2: Signature

Date

\*\*Please enclose a current photo of your family and your home\*\*

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