



Parental Preference Checklist

Names _____ Date _____

At New Life, we believe that for every child God places into our care He also provides a special family uniquely suited to the needs of that child. In order to help us bring families and children together, we would like you to complete the following form. Please answer each item thoughtfully and prayerfully. Keep in mind that there are no right or wrong answers, only your personal preferences. You may also want to think of what factors are present in your own medical background. **We encourage you to consult your physician or other resources for more information on the various items.**

1. Do you have the desire and resources to meet the needs of a child of the following heritages:

- | | |
|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian/Caucasian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Hispanic/Caucasian |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Native American/Caucasian |
| <input type="checkbox"/> African American | <input type="checkbox"/> African American/Caucasian |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other mixtures |

2. Would you be open to a child with a mild or correctable disability? yes no

If so, which ones?

- | | |
|--|--|
| <input type="checkbox"/> cleft lip | <input type="checkbox"/> mild visual problems |
| <input type="checkbox"/> cleft palate | <input type="checkbox"/> mild hearing problems |
| <input type="checkbox"/> club foot | <input type="checkbox"/> allergies |
| <input type="checkbox"/> inguinal hernia | <input type="checkbox"/> extra fingers or toes |
| <input type="checkbox"/> undescended testicles | <input type="checkbox"/> missing fingers or toes |
| <input type="checkbox"/> any others (please list): _____ | |

3. Would you be open to a child with a non-correctable disability or special needs?

yes no If yes, what types?

- | | |
|--|---|
| <input type="checkbox"/> physically impaired | <input type="checkbox"/> sensory impairments (blind, deaf) |
| <input type="checkbox"/> mentally impaired | <input type="checkbox"/> chronic illness or metabolic disorders |
| <input type="checkbox"/> psychologically impaired | <input type="checkbox"/> premature birth (32 to 36 weeks) |
| <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> moderately premature (27-32 weeks) |
| <input type="checkbox"/> any others (please list): _____ | |

4. Below are a number of factors which **may** affect the later development of a child. Please indicate those which you might be open to.

- | | |
|---|---|
| <input type="checkbox"/> mother 15 yrs. old or younger | <input type="checkbox"/> maternal diagnosis of HIV |
| <input type="checkbox"/> cigarette use during pregnancy | <input type="checkbox"/> child diagnosis of HIV (before 18 months, may be a false positive) |
| <input type="checkbox"/> no medical info on father | <input type="checkbox"/> maternal history of S.T.D. |
| <input type="checkbox"/> no medical info on either parent | <input type="checkbox"/> no medical info on extended family |
| <input type="checkbox"/> alcohol use during pregnancy | |

Parental Preference Checklist, Cont.

- drug use during pregnancy
- drug abuse during pregnancy
- alcohol abuse during pregnancy
- no prenatal care
- child conceived in rape
- abnormal muscle tones
- lack of infant bonding/attachment
- baby's head smaller than normal
- low birth weight (less than 5 1/2 lbs)
- low apgar score (less than 6)
- feeding problems at birth
- child conceived in incest
- an infection before or shortly after birth

5. Below is a list of medical conditions or situations which are present in the family histories of some of the babies we place. Please indicate any that you would be open to, keeping in mind your own family history.

- family history of substance abuse
- family history of child abuse
- family history of criminal behavior
- cardiovascular problems
- hypertension
- heart attack
- stroke
- diabetes
- thyroid disorder
- other hormone disorders
- epilepsy/seizures
- muscular dystrophy
- multiple sclerosis
- cerebral palsy
- other orthopedic disorders
- kidney/bladder disorders
- cancer
- significant dental problems
- family history of mental impairment
- family history of mental illness (manic depression, schizophrenia, etc.)
- hearing deficiencies
- visual disorders
- speech problems
- asthma
- allergies
- anemia
- ulcers
- eczema
- obesity
- hyperactivity
- attention deficit disorder
- ADHD
- learning disabilities
- menstrual problems
- genetic syndromes

6. Do you have a sex preference? yes no
If so, which sex? boy girl

7. Would you be open to a child older than 6 months? yes no
If so, what age?

8. Would you be interested in a sibling group? yes no
If so, what type? twins triplets two siblings, mixed ages
 three siblings, mixed ages