Madison Adoption Associates
1009 Woodstream Drive ◆ Wilmington, DE 19810
Phone: 302-475-8977 ◆ Fax: 302-529-1976
www.MadisonAdoption.com

ADOPTION SPECIAL NEEDS QUESTIONNAIRE

Please complete this questionnaire thoughtfully and thoroughly if you are not yet matched with a waiting child.

MAA will work to 'lock-in' children through the on-line system based on your answers to this questionnaire.

Adoptive Parents:

Rate the significance of each factor in being matched with a child:
(#1 = most important … #5 = least important)

_____ Gender
_____ Age
_____ Timing (*want to be matched with a child as soon as possible*)
_____ Special Need – Correctable (*example: cleft lip, heart condition*)
_____ Special Need – No Surgery Needed (*example: missing limb, albinism*)

GENDER: *check only one*

☐ Boy Only
☐ Girl Only
☐ Either
☐ Preference is for a boy, but will accept a girl.
☐ Preference is for a girl, but will accept a boy.

AGE RANGE:

If you are open to more than one age range, please rank in order of preference (1, 2, 3, 4).
If you prefer only one specific age range, please check that box.

_____ Infant (under 18 months)
_____ Toddler (18 months – 3 years)
_____ Pre-School (4 - 6 years)
_____ Older (over 7 years)

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ACCEPTABLE SPECIAL NEEDS:

**Indicate only the special needs that you would be confident in accepting in a child.*
For each condition marked, you are agreeing to fully research and educate yourselves about the condition, including contacting medical specialists to discuss treatment, risks and long-term effects.

By marking a special need condition below, you are authorizing MAA to match you with a child who has that condition.

1 = will accept (MAA can match child without further discussion and/or confirmation)
2 = will consider if gender and age range preferences are met

_____ Albinism
_____ Ambiguous Genitalia
_____ Amniotic Band Syndrome
_____ Anal Atresia / Imperforate Anus
_____ Burns
_____ Blind / Sight Impaired
_____ Cerebral Palsy
_____ Cleft Lip / Palate
_____ Club Foot
_____ Deaf / Hearing Impaired
_____ Developmental Delays
_____ Down Syndrome
_____ Dwarfism
_____ Epilepsy / Seizures
_____ Funnel / Pigeon Chest
_____ Fetal Alcohol Effects
_____ Hairy Nevus
_____ Heart Condition
_____ Hemangioma
_____ Hemophilia
_____ Hepatitis B
_____ Hepatitis C
_____ HIV Positive
_____ Hydrocephalus
_____ Hypospadias
_____ Ichthyosis
_____ Joint Disorder
_____ Limb Difference – Missing/Extra Digits
_____ Limb Difference – Missing Limbs
_____ Meningocele
_____ Mental Delays
_____ Nerve Disorder
_____ Premature Birth
_____ Spina Bifida
_____ Thalassemia
_____ Urinary / Reproductive System Disorder

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Other Special Needs:

CONCURRENT SPECIAL NEEDS:
Will you accept a child who has more than one special need? ☐ Yes ☐ No

PLEASE DESCRIBE YOUR IDEAL MATCH:

PLEASE LIST ANY OTHER INFORMATION THAT WILL BE HELPFUL FOR US TO FIND AN APPROPRIATE MATCH FOR YOUR FAMILY:

_____ _____
Signature of Adoptive Parent Date

_____ _____
Signature of Adoptive Parent Date