



The Operation Baby Foundation

Adoption Information Form

FOR OFFICE USE ONLY

Important: Please complete this form and upload it to your online application.
For any questions, contact The Operation Baby Foundation at: info@operationbaby.org

PART I: APPLICANT INFORMATION

Primary Applicant:

- Full Name: _____
- Date of Birth (MM/DD/YY): _____
- Occupation: _____
- Home Address: _____
City: _____ State: _____ Zip: _____
- Email: _____
- Phone Number: () _____

Partner (if applicable):

- Full Name: _____
 - Date of Birth (MM/DD/YY): _____
 - Occupation: _____
 - Home Address: (if different): _____
City: _____ State: _____ Zip: _____
 - Email: _____
 - Phone Number: () _____
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PART II: ADOPTION PLAN DETAILS

1. Adoption Agency Information:

- Name of Agency: _____
- Agency Website: _____
- Agency Contact Name: _____
- Agency Contact Email: _____
- Agency Contact Phone: () _____



2. Type of Adoption:

(Check all that apply)

- Domestic Adoption
- International Adoption (Specify Country: _____)
- Foster-to-Adopt

3. Timeline:

- Date Application Submitted to Agency: _____
- Estimated Completion Date: _____

4. Fees and Expenses:

- Total Estimated Adoption Cost: \$ _____
- Amount Paid to Date: \$ _____
- Remaining Balance: \$ _____

PART III: PERSONAL BACKGROUND

1. Infertility Journey:

- How long have you been dealing with infertility? _____
- What is your official diagnosis/cause of infertility? _____
- Have you pursued any fertility treatments prior to considering adoption?
 Yes No

If yes, please provide details:

- Types of treatments (e.g., IVF, IUI, medications): _____
- Number of treatment cycles: _____
- Dates of treatments (MM/YY): From _____ To _____
- Outcomes (e.g., pregnancy, miscarriage): _____

2. Have you previously pursued adoption?

- Yes No
If yes, provide details (timeline, agency, outcomes):



PART IV: ADOPTION PLAN DETAILS

1. Planned Adoption Requirements:

(Check all that apply and provide details)

- Home Study Completed: Yes No
Date Completed: _____
- Background Checks Completed: Yes No
- Parenting Classes/Workshops Completed: Yes No

2. Expected Post-Adoption Requirements (if known):

- Visits or Follow-Ups with Agency: _____
- Estimated Post-Adoption Fees: \$_____

PART V: SIGNATURE & CONSENT

I understand the contents of this form and agree to allow The Operation Baby Foundation to use the information provided for the purpose of determining grant recipients. I certify that the information provided is accurate to the best of my knowledge. I authorize Operation Baby to contact the listed adoption agency to verify the information disclosed in this document.

Applicant Signature: _____ **Date:** _____

Partner Signature (if applicable): _____ **Date:** _____