HAIT & EICHELZER
ADOPTION INTAKE FORM

_____ _____
LAST NAME FIRST DATE OF BIRTH

_____
STREET ADDRESS APT # CITY COUNTY STATE ZIP CODE

_____ _____ _____
HOME TELEPHONE WORK TELEPHONE CELL PHONE

EMAIL ADDRESS: _____ SOCIAL SECURITY NO: _____-____-_____

EMERGENCY CONTACT: _____ PHONE NO: _____

_____ _____-_____-_____
OTHER PARENTS NAME SOCIAL SECURITY NO.

_____
STREET ADDRESS APT # CITY COUNTY STATE ZIP CODE

_____ _____ _____
HOME TELEPHONE WORK TELEPHONE CELL PHONE

_____ _____-_____-_____
STEPPARENT'S NAME SOCIAL SECURITY NO.

_____
STREET ADDRESS APT # CITY COUNTY STATE ZIP CODE

_____ _____ _____
HOME TELEPHONE WORK TELEPHONE CELL PHONE

If married to the other parent, Date of Marriage? _____ Date of Divorce: _____

Grounds for adoption: (check all that apply)

- ☐ Failure to establish a meaningful relationship with the child
- ☐ Failure to pay child support for at least a year
- ☐ Failure to exercise visitation for at least a year
- ☐ Commission of a crime against the child
- ☐ Other (explain) _____