

# UNDERSTANDING THE COSTS OF ADOPTION

## QUESTIONNAIRE ABOUT YOUR MOST RECENT ADOPTION

Thank you for agreeing to participate in this survey. The questionnaire is divided into three parts: Part A asks you a series of questions about your most recent adoption. Part B contains a number of questions about the costs associated with that adoption. Part C includes questions about you and your family. Lastly, we invite your comments about the survey on page 4.

### PART A • About Your Most Recent Adoption

1. Your MOST RECENT ADOPTION occurred through what means?
  - Voluntary release to agency.** Involves child(ren) usually under age 2 voluntarily released by the birthparent to an agency for adoption.
  - Direct consent.** Involves child(ren) whose parent or guardian, assisted by an agency or attorney, consents to the transfer of physical custody of a child(ren) to the identified adoptive parent(s) for the purpose of adoption prior to court approval.
  - Special needs.** Involves child(ren) who are MCI or permanent court wards in the foster care system.
  - International.** Involves child(ren) from countries other than the United States who are adopted in Michigan.

*If applicable*, please check one or more of the following related to this MOST RECENT ADOPTION:

  - Interstate.** Involves child(ren) who were adopted in Michigan but were born in another state, or born in MI and adopted in another state.
  - Kinship/relative adoption.** Involves child(ren) related to the adoptive parents (niece/nephew/grandchild/cousin) prior to the adoption.
  - Foster parent adoption.** Involves child(ren)—related or unrelated—who had resided in your licensed foster home prior to the adoption.
2. In what year did this MOST RECENT ADOPTION occur?
3. In the chart below, please provide information related to EACH CHILD involved in your MOST RECENT ADOPTION.

Description	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
A. First name of child (optional)					
B. Age at the time of adoption	___ years ___ months	___ years ___ months	___ years ___ months	___ years ___ months	___ years ___ months
C. Gender (circle)	M    F	M    F	M    F	M    F	M    F
D. Ethnicity Check all that apply.	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black/Afr-Amer. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi racial <input type="checkbox"/> Undetermined	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black/Afr-Amer. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi racial <input type="checkbox"/> Undetermined	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black/Afr-Amer. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi racial <input type="checkbox"/> Undetermined	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black/Afr-Amer. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi racial <input type="checkbox"/> Undetermined	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black/Afr-Amer. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi racial <input type="checkbox"/> Undetermined
E. Were you made aware of any special needs of this child at the time of adoption?  If yes, please indicate what type of special needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Physical disability <input type="checkbox"/> Emotional impairment <input type="checkbox"/> Behavioral condition <input type="checkbox"/> Learning disability <input type="checkbox"/> Visual or hearing impairment <input type="checkbox"/> Other, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Physical disability <input type="checkbox"/> Emotional impairment <input type="checkbox"/> Behavioral condition <input type="checkbox"/> Learning disability <input type="checkbox"/> Visual or hearing impairment <input type="checkbox"/> Other, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Physical disability <input type="checkbox"/> Emotional impairment <input type="checkbox"/> Behavioral condition <input type="checkbox"/> Learning disability <input type="checkbox"/> Visual or hearing impairment <input type="checkbox"/> Other, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Physical disability <input type="checkbox"/> Emotional impairment <input type="checkbox"/> Behavioral condition <input type="checkbox"/> Learning disability <input type="checkbox"/> Visual or hearing impairment <input type="checkbox"/> Other, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Physical disability <input type="checkbox"/> Emotional impairment <input type="checkbox"/> Behavioral condition <input type="checkbox"/> Learning disability <input type="checkbox"/> Visual or hearing impairment <input type="checkbox"/> Other, describe:
F. Social science researchers, economists, and adoption professionals are interested in differences and similarities among adoptive families. These questions will help us determine if and how child characteristics may be associated with adoptive parent decisions. While these questions may seem intrusive, our intention is to contribute meaningfully to an important discussion about adoption in the United States. Please describe the skin, hair and eye color of each child involved in your most recent adoption.	<b>Skin color:</b> <input type="checkbox"/> Very fair <input type="checkbox"/> Somewhat fair <input type="checkbox"/> Medium <input type="checkbox"/> Somewhat dark <input type="checkbox"/> Very dark  <b>Hair color:</b> <input type="checkbox"/> Blonde <input type="checkbox"/> Light/med. brown <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Dark brown <input type="checkbox"/> Black  <b>Eye color:</b> <input type="checkbox"/> Blue <input type="checkbox"/> Green/hazel <input type="checkbox"/> Brown <input type="checkbox"/> Other, describe:	<b>Skin color:</b> <input type="checkbox"/> Very fair <input type="checkbox"/> Somewhat fair <input type="checkbox"/> Medium <input type="checkbox"/> Somewhat dark <input type="checkbox"/> Very dark  <b>Hair color:</b> <input type="checkbox"/> Blonde <input type="checkbox"/> Light/med. brown <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Dark brown <input type="checkbox"/> Black  <b>Eye color:</b> <input type="checkbox"/> Blue <input type="checkbox"/> Green/hazel <input type="checkbox"/> Brown <input type="checkbox"/> Other, describe:	<b>Skin color:</b> <input type="checkbox"/> Very fair <input type="checkbox"/> Somewhat fair <input type="checkbox"/> Medium <input type="checkbox"/> Somewhat dark <input type="checkbox"/> Very dark  <b>Hair color:</b> <input type="checkbox"/> Blonde <input type="checkbox"/> Light/med. brown <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Dark brown <input type="checkbox"/> Black  <b>Eye color:</b> <input type="checkbox"/> Blue <input type="checkbox"/> Green/hazel <input type="checkbox"/> Brown <input type="checkbox"/> Other, describe:	<b>Skin color:</b> <input type="checkbox"/> Very fair <input type="checkbox"/> Somewhat fair <input type="checkbox"/> Medium <input type="checkbox"/> Somewhat dark <input type="checkbox"/> Very dark  <b>Hair color:</b> <input type="checkbox"/> Blonde <input type="checkbox"/> Light/med. brown <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Dark brown <input type="checkbox"/> Black  <b>Eye color:</b> <input type="checkbox"/> Blue <input type="checkbox"/> Green/hazel <input type="checkbox"/> Brown <input type="checkbox"/> Other, describe:	<b>Skin color:</b> <input type="checkbox"/> Very fair <input type="checkbox"/> Somewhat fair <input type="checkbox"/> Medium <input type="checkbox"/> Somewhat dark <input type="checkbox"/> Very dark  <b>Hair color:</b> <input type="checkbox"/> Blonde <input type="checkbox"/> Light/med. brown <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Dark brown <input type="checkbox"/> Black  <b>Eye color:</b> <input type="checkbox"/> Blue <input type="checkbox"/> Green/hazel <input type="checkbox"/> Brown <input type="checkbox"/> Other, describe:
G. Has this adopted child ever commented on or asked about differences or similarities he/she has noticed between him/herself and other family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PART A • About Your Most Recent Adoption - continued

4. If this child or sibling group was born outside the United States, what was his/her/their country of origin? **If U.S. born, skip to question 5.**

Africa:	<input type="checkbox"/> Ethiopia <input type="checkbox"/> Rwanda <input type="checkbox"/> Uganda
Asia:	<input type="checkbox"/> China <input type="checkbox"/> Hong Kong <input type="checkbox"/> India <input type="checkbox"/> Nepal <input type="checkbox"/> Philippines <input type="checkbox"/> So. Korea <input type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/> Vietnam
Europe:	<input type="checkbox"/> Bulgaria <input type="checkbox"/> Lithuania <input type="checkbox"/> Romania <input type="checkbox"/> Russia <input type="checkbox"/> Ukraine
North/Central America:	<input type="checkbox"/> Dominican Republic <input type="checkbox"/> Guatemala <input type="checkbox"/> Haiti <input type="checkbox"/> Jamaica <input type="checkbox"/> Panama
South America:	<input type="checkbox"/> Colombia <input type="checkbox"/> Peru <input type="checkbox"/> Uruguay
Country not listed above:	

Did you travel to this adopted child(ren)'s birthplace?  Yes  No

If yes, please describe your perceived risk to your safety, health and finances, by traveling to the country identified above for this adoption:

BEFORE traveling, we perceived the risk to our SAFETY to be...	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Very high
AFTER traveling, we now believe the risk to our SAFETY was...	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Very high
BEFORE traveling, we perceived the risk to our HEALTH to be...	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Very high
AFTER traveling, we now believe the risk to our HEALTH was...	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Very high
BEFORE traveling, we perceived the risk to our FINANCES to be...	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Very high
AFTER traveling, we now believe the risk to our FINANCES was...	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Very high

5. Once your home study was approved, how many months did you wait before the adoptive placement occurred?  months
6. If there was a lengthy delay (defined by YOU) between the time of your home study approval and placement of the child(ren) involved in your MOST RECENT ADOPTION, please identify the main reasons for that delay. Check all that apply.
- Legal issues  Financial issues  Child(ren) with desired characteristics not available  
 Medical issues  Intercountry government issues  Other: \_\_\_\_\_

7. Once this MOST RECENT ADOPTION placement was made, how many months passed before the adoption was finalized?  months

If you indicated in Question 5 above that you waited more than 6 months between the time your home study was approved and the time the adoptive placement occurred, then please answer the following two questions. Otherwise, SKIP to Part B.

8. There has been some discussion among various adoption organizations regarding the potential creation of a "National Registry" that would help speed the process of finding a good match between an adoptive family and a child with hoped for characteristics. If such a registry had been available at the time you were going through this process, would you have been interested in participating in it?  Yes  No
9. Suppose the National Registry referred to in Question 8 could serve to more quickly find an appropriate match between adoptive family and child, and therefore reduce the waiting time before bringing an adopted child home. Suppose that by joining the registry you would have been able to reduce your waiting time by half. Note that there is a cost of developing the web-based adoptive child database, and operating and maintaining the registry. If this had been possible, how much would you have been willing to pay to reduce your waiting time by half? **Circle one number.** For purposes of this exercise, assume that you would not be able to offset this expense with a tax credit.

\$0	\$300	\$650	\$1,250	\$2,500
\$100	\$400	\$800	\$1,500	More: as much as \$ _____
\$200	\$500	\$1,000	\$2,000	Don't know

## PART B • About Your Adoption Expenses and Financial Support

1. Approximately what was the TOTAL COST of your MOST RECENT ADOPTION, i.e., gross total expenses **prior to** any federal or state tax credits, benefits, subsidies, or grants that offset these amounts? \$
- |  |  |   |
|--|--|---|
| Of the total above, approximate amount offset by federal and/or state tax credits: \$ <input type="text"/> | Of the total above, approximate amount offset by employer-paid benefits: \$ <input type="text"/> | Of the total above, approximate amount offset by other sources: \$ _____ from _____ |
|--|--|---|

2. To the best of your ability, please identify SPECIFIC EXPENSES related to your MOST RECENT ADOPTION.

Type of expense	Amount	Type of expense	Amount
Pre-placement assessment/home study	\$ <input type="text"/>	Court filing fees	\$ <input type="text"/>
Adoptive parent counseling	\$ <input type="text"/>	Biological parent counseling	\$ <input type="text"/>
Adoptive parent traveling expenses	\$ <input type="text"/>	Bio parent/adoptee medical expenses	\$ <input type="text"/>
Attorney fees	\$ <input type="text"/>	Bio parent living expenses	\$ <input type="text"/>
Fees charged by international adoption agency	\$ <input type="text"/>	Bio parent travel expenses	\$ <input type="text"/>
Fees charged by government of country of origin	\$ <input type="text"/>	Other, describe:	\$ <input type="text"/>

3. Please indicate below the number of PAID and UN-PAID leave days used related to this MOST RECENT ADOPTION.

Adoptive parent	Number of PAID leave days used	Number of UN-PAID leave days used
Mother	<input type="text"/>	<input type="text"/>
Father	<input type="text"/>	<input type="text"/>



