



Dear Prospective Adoptive Parents:

Thank you for your interest in adopting an infant through Mercy Multiplied! Review, complete, and submit the below items to be considered for an adoptive placement. **Understand much of the information we request are to meet Tennessee licensing requirements.**

**Complete  
Application:**

- ✓ Please be sure to save the Application on your computer.
- ✓ **Please print the Adoption Application.**
- ✓ You can either handwrite or type your responses, given the directions on the document.
- ✓ Do not type/alter the content of the Application forms.
- ✓ If you have just started the Home Study process, we recommend completing Mercy's Application alongside of the other agency's paperwork, as both agencies may require similar documentation to be completed.

**Submit  
Application:**

- ✓ **All Adoption Applications must be mailed to our Adoptions Dept.** Please do not email the completed Application.
- ✓ Submit the Application at one time in order for your Application to be reviewed in a timely manner. Please understand that Adoption staff cannot begin reviewing your Application until all items on the Application Checklist have been received.
- ✓ Keep copies of all Application paperwork you are submitting to Mercy for your own records.

**Application  
Review &  
Approval  
Process:**

- ✓ **Once received, the Director of Adoptions will review your Adoption Application which takes about 2 weeks.**
- ✓ Once the review is complete, Staff will schedule an Approval Call.
- ✓ During the Approval Call: (1) Staff will discuss the paperwork and (2) Review the *Child Desired Questionnaire*.
- ✓ Once approved, your profile will be presented to a Birth Mother who meets your family's desires.

If you have not already located a Home Study Agency in your state to complete the Home Study, contact your state social services department and ask for a list of licensed child placement agencies in your area. Your local agency should be willing to assist you with completing a domestic Home Study, provide post-placement supervision after placement, and send Mercy reports until your adoption has been finalized.

**The Adoption Application must be submitted within 1 year of downloading.** If the deadline is missed, you will need to contact the Adoptions Department to receive another Application, as our forms may have changed.

I look forward in working with you!

Blessings,

*CRahbar, LCSW*

Chelsea Rahbar, LCSW  
Director of Adoptions

Rev. 6/9/20

Mercy Multiplied  
P.O. Box 111060  
Nashville, TN 37222-1060  
Phone: 615.831.6987  
Adoptions Fax: 615.760.1117

[MercyMultiplied.com](http://MercyMultiplied.com)

## **Mercy Multiplied** **Adoption Application Checklist**

**REMINDER: PLEASE SEND THE COMPLETED ADOPTION APPLICATION ONLY WHEN FULLY COMPLETED.**

- ☐ Adoptive Family Services Contract
- ☐ Application Adoption
- ☐ \$200 Application Processing Fee
- ☐ Employment Verification \_\_\_\_\_ (husband) \_\_\_\_\_ (wife)
- ☐ Copy of Birth Certificate \_\_\_\_\_ (husband) \_\_\_\_\_ (wife)
- ☐ Copy of Marriage License
- ☐ Copies of Divorce Decrees, Death Certificates, Custody Agreements *(if applicable)*
- ☐ Copies of Birth Certificates for each child/Adoption Decrees for each child *(if applicable)*
- ☐ Autobiography \_\_\_\_\_ (husband) \_\_\_\_\_ (wife)
- ☐ Fee Agreement
- ☐ Statement of Faith
- ☐ Financial Statement
- ☐ Last Tax Return (Form 1040)
- ☐ Medical History Form \_\_\_\_\_ (husband) \_\_\_\_\_ (wife) \_\_\_\_\_ *(other adult members of household)*
- ☐ Medical Examination Form **AND** copies of current Lab results attached  
\_\_\_\_\_ (husband) \_\_\_\_\_ (wife) \_\_\_\_\_ *(other adult members of household)*
- ☐ Medical History of Child Form
- ☐ Medical Examination of Child Form *(for all children in household)*
- ☐ Pet Immunization Records *(if applicable)*
- ☐ Statement of Infertility *(Completed by a Physician or the Applicants)*
- ☐ Copies of ALL Medical Insurance Cards (front and back)
- ☐ Authorization for Release of Information
- ☐ Child Abuse Disclaimer \_\_\_\_\_ (husband) \_\_\_\_\_ (wife) \_\_\_\_\_ *(other adult members of household)*
- ☐ Criminal Record Inquiry \_\_\_\_\_ (husband) \_\_\_\_\_ (wife) \_\_\_\_\_ *(other adult members of household)*
- ☐ Release of Photos for Adoptive Families
- ☐ Statement Regarding Corporal Punishment
- ☐ Birth Parent Letters \_\_\_\_\_ (husband) \_\_\_\_\_ (wife)
- ☐ Child Desired Questionnaire
- ☐ Transracial Questionnaire *(if applicable)*
- ☐ Profile Book (1)
- ☐ Letters of Reference (5)
- ☐ Required Reading Articles Checklist & Reading Articles  
*[Will be e-mailed to family after Application download]*

### **Required Items from Home Study Agency and/or Licensed Social Worker**

- ☐ Current Home Study by a licensed child placing agency *(Original and Home Study Update, if applicable)*
- ☐ Copies of **ALL** Background Clearances completed by your Home Study agency
- ☐ Copy of your agency's child placing license      ☐ Copy of your social worker's license *(if applicable)*
- ☐ Agreement for Home Study and Supervision Services
- ☐ Home Inspection Report

**ALL DOCUMENTS MUST BE COMPLETE & APPROVED TO BE CONSIDERED  
& SHOWN TO A BIRTH PARENT FOR AN ADOPTIVE PLACEMENT.**

**HELPFUL TIP: We recommend making copies of completed forms to keep for your own records**

## ***Mercy Multiplied*** **Adoptive Family Services Contract**

This contract is entered into this day by and between Mercy Multiplied and the undersigned Adoptive Family.

The purpose of this contract is to set forth the terms under which Mercy Multiplied agrees to provide adoption services and the rights, duties, and responsibilities of the parties involved.

### **Mercy Multiplied Agrees To:**

- Provide information regarding services available to prospective Adoptive Families.
- Provide services that will respect the dignity, confidentiality, and privacy of prospective Adoptive Families.
- Provide qualified and experienced Adoption Staff, who will work diligently to support and guide an Adoptive Family throughout all phases of an adoption.
- Provide services in a manner that will assist safeguarding Adoptive Families from any form of abuse, financial or other exploitation, retaliation, and/or humiliation.
- Provide support to prospective Birth Parents through counseling, resources, and assistance with making plans for their child.
- Provide feedback for Birth Parent letters and scrapbooks created by an Adoptive Family.
- Present scrapbooks of approved Adoptive Families to appropriate Birth Parents.
- Provide non-identifying background information obtained from Birth Parents to an Adoptive Family.
- Provide legal services representing Mercy Multiplied in the process of termination of Birth Parents' rights. Should a Birth Mother desire legal representation during the adoption process, Mercy Multiplied will assist the Birth Mother in identifying an attorney to represent her in the adoption proceedings. Mercy Multiplied cannot guarantee the level of expertise provided by the adoption attorney representing a Birth Mother, therefore a Birth Mother has the right to identify her own legal counsel should she so desire.
- Facilitate an Adoptive Placement according to Mercy Multiplied policies and procedures, and applicable laws of the State of Tennessee.
- Abide by ICPC (Interstate Compact for the Placement of Children) requirements. ICPC is an agreement between states that allows minors under the age of 18 to be placed in a facility/home outside of their identified home state. Due to all of Mercy Multiplied infants being born in Tennessee, Tennessee is thus considered to be the infant's home state. For Adoptive Families whom do not reside in the state of Tennessee, the ICPC process must be completed for an infant at the time of Placement. This process must be initiated by Mercy Multiplied and requires paperwork to be processed by both the Adoptive Family's state and the state of Tennessee. Mercy Multiplied must receive verbal or written ICPC approval before an infant can leave the state of Tennessee with the Adoptive Family.

**Mercy Multiplied Agrees To: (cont'd)**

- Provide explanation regarding Mercy Multiplied fees incurred in the Placement. Since Mercy Multiplied does not have agency Placement fees, an Adoptive Family is responsible for reimbursing the agency for any Birth Parent fees incurred in a completed adoption (i.e. Birth Parents' rights have been terminated and the Revocation Period has ended). These fees are generally due at the time of Placement when Birth Parent's rights have been terminated after the Revocation Period has ended. Fees can include but are not limited to: legal fees, postage fees, ordering birth certificates, medical costs not covered by insurance for a Birth Mother and/or child, Interim Care fees, and/or Interim Care mileage reimbursement. **Should a Birth Mother make the decision to parent her child at any time prior to the Revocation Period ending or not be able to complete an adoption due to legal challenges with the Birth Father, a Birth Mother is responsible for reimbursing Mercy Multiplied for all Birth Parent expenses Mercy Multiplied has incurred in her adoption plan.**
- Make available continuing consultation to Adoptive Families after finalization of an adoption, as needed. Referrals will be made to supportive services, including counselors and support groups
- Mercy Multiplied will not utilize pictures or identifying information in any publications or communications without a completed Release of Information and/or Media Release completed by the Adoptive Family and Birth Mother (if applicable).

**Adoptive Families Agrees To:**

- Participate in the adoption process with openness and integrity.
- Provide honest and complete information to Mercy Multiplied during application and adoption process.
- If matched with a Birth Parent, travel to Nashville, TN for a face-to-face meeting with the Birth Parent and Mercy Multiplied Adoption Staff.
- Keep Mercy Multiplied informed of changes in availability, Placement preferences, and/or pregnancy so that Mercy Multiplied does not present profiles of Adoptive Families to Birth Parents when an Adoptive Family may not be an available match.
- Keep Mercy Multiplied informed of any significant changes in the household, address, employment, insurance coverage, marital status, and/or health status.
- Pay all applicable Mercy Multiplied application fees and Birth Parent expenses as agreed to in the Mercy Multiplied Fee Agreement, in a timely manner.
- Cooperate with completing post-Placement supervision visits in a timely manner, and assuming all costs for these services, which are provided by an Adoptive Family's selected home study agency and/or social worker.
- Keep the commitment, in good faith, with the Birth Parent(s)/birth family when completing a Photo and Correspondence Agreement. Honoring this commitment benefits the child, along with providing ongoing support to the Birth Parent(s)/birth family's healing process.
- Provide their own attorney to represent their interests in finalizing the adoption in their home state, assuming all costs for this legal representation.
- Provide their own attorney, should it be necessary to be represented in a contested or termination adoption case, assuming all costs for this legal representation.

### Adoptive Families Understand That:

- Mercy Multiplied is a non-profit organization, which does not charge Birth Mother's to be a part of the 6+ month voluntary residential program. Donations from churches and individuals enable Mercy Multiplied to continue providing services to both Birth Mother's and Adoptive Families at a low cost.
- Policies are subject to change by Mercy Multiplied Board of Directors, as are adoption fees.
- Adoptive Families have the right to file a grievance with Mercy Multiplied without fear of reprisal.
- An adoptive home study will require annual updates, which will be completed by a licensed home study agency and/or licensed social worker of your choice (whomever your state deems qualified to complete an updated home study). Mercy Multiplied does not provide home study services for prospective Adoptive Families.
- An adoptive home study may require periodic updates or an addendum, should there be a significant change in the household and/or in Placement preferences. These updates should be submitted to Mercy Multiplied Adoption Staff in a timely manner, even if required before an annual home study update is needed.
- If a home study is not updated annually in a timely manner and Mercy Multiplied Adoption Staff has attempted to contact an Adoptive Family on three separate occasions regarding the expiration of their file, the file will become permanently inactive and the scrapbook will be mailed back to the family. Mercy Multiplied's policy is to only show Birth Parents Adoptive Family scrapbooks that are currently approved.
- Mercy Multiplied, and often many Birth Parents, desire for a child to be placed with an Adoptive Family as soon as possible. However, should significant legal risk be present once the infant is born, Mercy Multiplied's Interim Care services are utilized. This assists in providing protection to all parties involved in the Adoptive Placement.
- Mercy Multiplied cannot guarantee that an Adoptive Placement will happen. It is possible to be chosen numerous times by Birth Parents, but not have a Placement finalized.
- Mercy Multiplied's Birth Mothers have the full responsibility in choosing an Adoptive Family. Due to this, the projected time an Adoptive Family might await a Placement is purely speculative in nature and should not be understood as binding.
- Mercy Multiplied Adoption Staff will notify an Adoptive Family once a Birth Mother has expressed interest in their scrapbook and desires to get to know the family.
- Birth Parents who execute a Surrender can change their minds, and have every right to do so prior to the end of the **3 day revocation period of a Surrender, as stated in Tennessee Law**. Birth Parents whose parental rights are terminated involuntarily through a court procedure have a right to file an appeal. If they exercise this right, an adoption cannot proceed until the appeal is heard and the ruling is upheld in the Appellate Court.
- Mercy Multiplied is not able to predict which Birth Parents will implement an adoption plan and which ones will reverse that plan.
- Mercy Multiplied is not able to predict with certainty how many Placements it will have during the coming year, as the organization is a voluntary residential program and it is uncertain how many pregnant applicants may apply to the program in a given year.
- Mercy Multiplied is unable to guarantee the physical, emotional, and mental health of the children it places for adoption. From the medical and social background information provided by the Birth Parents, it is the Adoptive Family's responsibility to inform Mercy Multiplied of any further concerns they may have. Adoptive Families have the right to decline any child for whom they feel they cannot parent, without fear that such decisions will prevent them from being considered for other children.

**Adoptive Families Understand That: (cont'd)**

- Mercy Multiplied is not responsible for the actions of Birth Parents, their friends or families.
- At the time of Placement, Adoptive Families assume all parental obligations and responsibility for the child placed in their home, including but not limited to providing medical care, assuming full financial responsibility for the child, and providing a loving environment.
- The laws governing adoption may change in such fashion as to alter Mercy Multiplied's method of providing services.
- At the time when Birth Parents complete their termination of parental rights, Mercy Multiplied becomes legal guardian of the child until adoption finalization is completed by the Adoptive Family. However, the decision to accept a child for Adoptive Placement will be with the Adoptive Family.
- Mercy Multiplied reserves the right to withdraw the adoption, if information is obtained that contradicts the Adoptive Families' suitability as an adoptive home.
- Mercy Multiplied reserves the right to withdraw from an adoption and terminate the Birth Mother's Adoption Services Contract if information is obtained that a Birth Parent has not been forthcoming in an Adoptive Placement.
- Mercy Multiplied reserves the right to withdraw from an adoption, should a Birth Father appear to desire to contest the adoption, as advised by Mercy Multiplied's legal representation.

Disputes arising over the terms of this contract should be resolved according to the grievance procedures of Mercy Multiplied, as stated below. Mercy Multiplied and Adoptive Families agree to utilize mediation services to resolve any disagreements that cannot be resolved through the grievance process.

We, the prospective Adoptive Family, release Mercy Multiplied from any liability connected to the complications and challenges that can arise in an Adoptive Placement.

We, the prospective Adoptive Family, understand that should we not be fully forthcoming in the application and/or adoption process, this is grounds for immediate termination of services with Mercy Multiplied.

By signing this document, we, the prospective Adoptive Family, agree that we have read the Adoptive Family Services Contract, reviewed each attachment, and understand Mercy Multiplied's adoption services. We have been informed to keep copies of all documents requiring our signatures for our own records.

\_\_\_\_\_  
Prospective Adoptive Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Adoptive Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mercy Multiplied Adoption Representative

\_\_\_\_\_  
Date

Date Contract Terminated: \_\_\_\_\_

Reason Contract Terminated: \_\_\_\_\_



***Mercy Multiplied***  
**Birth Parents Whose Parental Rights Are Not Terminated**

In some situations, Placement of a child by Mercy Multiplied with an Adoptive Family may occur when the parental rights of one biological parent has not been terminated. This attachment will outline some of the circumstances and risks which may be associated with such a Placement.

Under Tennessee law, a Birth Mother is required to name all potential biological and legal fathers of her child. Tennessee law dictates which named father must be given notice by Mercy Multiplied, informing him of the Birth Mother's plan to place the child for adoption through this agency. After receipt of notice, the alleged biological father has the opportunity to voluntarily waive his parental rights, deny his parental rights, or complete a surrender of parental rights. He may exercise his potential parental rights pursuant to the Tennessee state statute, including the filing of a paternity action, which may result in DNA testing to establish that paternity. If the alleged biological father fails to take appropriate action, his rights may be terminated in accordance with Tennessee State Laws in proceedings initiated by Mercy Multiplied.

Mercy Multiplied cannot guarantee the accuracy of the information provided by a Birth Mother in her affidavit(s) of paternity, which name the potential Birth Father(s). The Birth Mother is the only person who knows the truth of the circumstances of conception. To address this situation, Tennessee law allows Birth Fathers to register with the Putative Father Registry at the Tennessee Department of Children's Services. Mercy Multiplied must also check with the Putative Father Registry in Tennessee or in any additional states, if applicable, to ensure that no other putative father has registered alleging paternity of the child.

It is important to note that the legal husband of a Birth Mother is legally presumed to be the father of the child and also entitled to notice, even when he could not possibly be the biological father of the child. The legal father can also sign a surrender of parental rights or a Denial of Paternity if he is not the biological father. If he refuses to do this, the court will require a judicial termination of his parental rights. In these situations, a judicial termination is usually based on abandonment. The alleged biological father's rights will still need to be addressed.

In some circumstances, the Birth Mother may not be aware of the name(s) of the possible biological father(s). In those circumstances, an affidavit is required to be completed by the Birth Mother explaining why she is unable to identify the Birth Father(s). If the court is satisfied with the truthfulness of the Birth Mother's statement, Mercy Multiplied will not initiate a judicial termination of any unknown Birth Father's parental rights via publication unless the Adoptive Family's home state requires it for the adoption. Tennessee law does not require notice and/or termination of any unknown father.

It is also important to note that, should Mercy Multiplied become aware that a Birth Mother has not been fully forthcoming regarding information about the identity of a possible Birth Father(s) or legal father, we reserve the right to terminate services with the Birth Mother immediately.

By signing below, the prospective Adoptive Family acknowledges that biological and legal fathers of a child are entitled to receive due process of law, including notice of the prospective adoption. The father of a child does have a right to assert his paternity and seek custody of the child unless he has consented to the adoption. Mercy Multiplied will take steps to complete the termination of parental rights by the appropriate procedure, based upon the information provided to the agency by the Birth Mother.

\_\_\_\_\_  
 Prospective Adoptive Father

\_\_\_\_\_  
 Prospective Adoptive Mother

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

***Mercy Multiplied***  
**Confidentiality & Informed Consent**

As a prospective Adoptive Family, we agree to protect the privacy of both Mercy Birth Mothers and Interim Care families. By signing this document, we are agreeing to keep **ALL** information about the Birth Mothers of Mercy, their children, and Interim Care families confidential.

Please understand everything you share with Adoption Staff is confidential between Mercy Multiplied America, Mercy Multiplied International, and you. Information will not be released without your consent; however, there are exceptions to confidentiality as defined by law. The exceptions to confidentiality are:

If any of following is suspected by any Staff member at Mercy Multiplied, we are mandated, by law, to report this to the proper authorities.

1. Abuse - If a minor (under 18 years of age) is being abused in either a physical, emotional, or sexual way, Mercy Multiplied is required by law to report it to the local Child Protection Agency. Also, if you know of a minor being abused, we are required to report this to the local Child Protection Agency.
2. Suicide - If you have definite plans of killing yourself, Mercy Multiplied is required to report this to the appropriate authorities.
3. Homicide - If you have plans of killing someone. Or know plans of someone killing, or attempting to kill another person, including you, Mercy Multiplied is required by law to report this to the appropriate authorities.

**OR**

A court order is received during the adoption process at Mercy Multiplied directing the disclosure of information.

**OR**

Due to licensing standards, adoption related records are able to be reviewed by the appointed licensing representative at any given time, unless the records are outside of the state's statute of limitations. This is required by Tennessee Department of Children's Services (TN DCS) to ensure compliance with all state regulations.

**OR**

Due to licensing standards, adoption related records are required to be sealed once Finalization occurs. In order to meet the requirements the majority of an Adoptive Family, Birth Mother, and child's file are given to TN DCS.

\_\_\_\_\_  
Prospective Adoptive Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Adoptive Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mercy Multiplied Adoption Representative

\_\_\_\_\_  
Date



## **Mercy Multiplied** **Client Grievance Policy**

**The *Client Grievance Policy* is indicated for a situation in which an Adoptive Family initiates a concern with Mercy Multiplied Staff.** Adoptive Families have a right to expect professional, Godly service from Mercy Multiplied Staff. For a situation in which a Staff member needs to address a concern that arises about an Adoptive Family, please refer to the *Client Conflict Resolution Policy*.

When other methods of conflict resolution have failed to resolve an issue, an Adoptive Family may file a formal grievance. Prior to making a decision to file a formal grievance, the Adoptive Family should make every effort to resolve a conflict with a Mercy Multiplied Staff member by respectful communication (by phone or face-to-face). Our goal is to follow scriptural methods of addressing a concern by initially handling a grievance directly with the Staff. If this one-on-one communication does not resolve an issue, the Adoptive Family shall have a right to file a grievance with Mercy Multiplied without fear of coercion, discrimination, or reprisal.

Grievance issues include perceived injustices, inequities, or conditions hindering effective parenting. Invoking the formal grievance procedure is viewed as the last resort in problem resolution.

Final decisions on grievances shall not be precedent-setting or binding on future grievances unless they are officially made part of the organization's policy.

Information concerning an Adoptive Family's grievance shall be held in confidence. Supervisors and management who investigate a grievance shall discuss it only with those individuals who have a need to know about it or who may supply necessary background information.

If an Adoptive Family has a grievance or complaint, please proceed with the following steps:

- |               |  |
|---------------|--|
| <b>Step 1</b> | Within five days, the Adoptive Family may bring the grievance to the attention of the Director of Adoptions. (If the grievance involves the Director of Adoptions, then it is permissible to proceed directly to Step 2.) The Director of Adoptions shall investigate the grievance, attempt to resolve it, and provide a decision in writing. The Director shall prepare a written and dated summary of the grievance and proposed resolution. A copy shall be placed in the Adoptive Family's record.  |
| <b>Step 2</b> | Within five days, the Adoptive Family may appeal the decision to the Supervisor of the Director of Adoptions, the Executive Director of Counseling Services, if dissatisfied with the Director of Adoption's decision. The grievance procedure shall be initiated with the Executive Director of Counseling Services if Step 1 was bypassed. Such an appeal or initial complaint shall be made within 5 days in a written format. The Executive Director of Counseling Services' version of the grievance and decision shall also be submitted using a written format. The Executive Director of Counseling Services shall, within 5 days, confer with the Adoptive Family, the Director of Adoptions, and any other members of management considered appropriate. An investigation of the issue and the communication of a decision in writing will be provided to all the parties involved.  |
| <b>Step 3</b> | Within 5 days, the Adoptive Family may appeal the decision to the Executive Director of Program Operations if dissatisfied with the Executive Director of Counseling Services' decision. Such an appeal shall be made within 5 days in a written format. The Executive Director of Counseling Services' and the Director of Adoption's versions of the grievance and decision shall also be submitted using a written format. The Executive Director of Program Operations shall within 5 days confer with the Adoptive Family, the Director of Adoptions, the Executive Director of Counseling Services, and any other parties considered appropriate. An investigation of the issue and the communication of a decision in writing will be provided to all parties involved. It is at the discretion of the Executive Director of Program Operations to direct the inquiry to the Executive Director. The Executive Director of Program Operations' decision shall be final and binding. |

Our signatures below indicate that we have read the *Client Grievance Policy* in its entirety and have kept a signed copy of this document for our own records.

\_\_\_\_\_  
Prospective Adoptive Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Adoptive Mother

\_\_\_\_\_  
Date

## ***Mercy Multiplied***

### **Client Conflict Resolution Policy**

The ***Client Conflict Resolution Policy*** has been established to ensure that areas of concern identified by **Mercy Multiplied Staff regarding an Adoptive Family**. Conflicts are to be reconciled quickly and in love, in order to successfully continue excellent service to all members of the adoption triad. For a situation in which an Adoptive Family initiates a concern, please refer to the *Client Grievance Policy*.

Examples for when the Client Conflict Resolution Policy could need to be initiated include but are not limited to the following: an Adoptive Family displaying inappropriateness or insensitivity toward a Birth Parent, not communicating appropriately with adoption Staff during an active Placement (via phone, text message, email, or face-to-face meetings), an Adoptive Family not completing payment for Mercy Multiplied adoption fees, an Adoptive Family being dishonest or not fully forthcoming in the adoption application/Placement process, and Adoptive Family not respecting the confidentiality of Birth Parents, and/or breaching the *Adoptive Family Services Contract*.

The following steps are to be followed by Mercy Multiplied's Adoption Staff in addressing a perceived issue of concern regarding the Adoptive Family:

- |               |  |
|---------------|--|
| <b>Step 1</b> | The Director of Adoptions will attempt communication regarding the issue with the Adoptive Family via phone within 5 days of a particular incident. The Director of Adoptions will communicate the concern and provide verbal corrective measures, i.e., remind the family about confidentiality guidelines and the importance of this requirement.  |
| <b>Step 2</b> | If the Adoptive Family acknowledges the concern and has been open to the verbal correction, the Director of Adoptions will document the contact in the Adoptive Family record and provide the family with a follow-up letter concerning what was discussed and reviewed.   |
| <b>Step 3</b> | The Supervisor of the Director of Adoptions, the Executive Director of Counseling Services, is notified about the issue and no further action is needed.   |
| <b>Step 4</b> | If the issue has not been resolved via phone within 5 days or if the issue requires a longer length of time for resolution, the Director of Adoptions will provide the Adoptive Family with a formal letter outlining the concerns, so both parties have a clear understanding of expectations. The Director of Adoptions will request a face-to-face meeting and/or Skype video meeting (if the Adoptive Family does not live in Tennessee) with the Adoptive Family to discuss the issues together with the Executive Director of Counseling Services. An action plan of resolution will be created to ensure clear training opportunities and/or corrective measures are presented and understood. The action plan can include but is not limited to: reviewing handouts, reading materials or other resources related to the area of concern, and then writing a response regarding what they have gained from this material in relation to the conflict. An agreed upon deadline for completion of the action plan is documented. Should the conflict involve an issue that warrants possible grounds for immediate termination of services, this will be discussed with the Adoptive Family in the face-to-face meeting. Mercy Multiplied reserves the right to terminate the <i>Adoptive Family Services Contract</i> in any circumstance where there is concern or proof that an Adoptive Family has not been fully forthcoming in their application or Placement process. |
| <b>Step 5</b> | If applicable to the situation, the Director of Adoptions will review the Adoptive Family's responses to the reading/training materials and determine whether the issue has been resolved or if conflict still exists. Responses are filed in the Adoptive Family's record.  |
| <b>Step 6</b> | If conflict still exists, the Director of Adoptions and the Executive Director of Counseling Services will meet with the Adoptive Family to discuss details of all interactions and determine whether it is in the best interest of all parties to continue the partnership.   |
| <b>Step 7</b> | The final decision will be determined by Mercy Multiplied and communicated with the Adoptive Family via phone and letter.  |

It is the desire of Mercy Multiplied that any and all issues of conflict or concern be addressed respectfully, efficiently, and without strife. The resolution of an issue is contingent upon the Adoptive Family being willing to follow through with any requested steps created by Mercy Multiplied, should taking steps toward a resolution be an option.

Our signatures below indicate that we have read the Client Conflict Resolution Policy in its entirety and have kept a signed copy of this document for our own records.

\_\_\_\_\_  
Prospective Adoptive Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Adoptive Mother

\_\_\_\_\_  
Date

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 Date Approved

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 Adoptive Family ID #

## ***Mercy Multiplied*** **Application for Adoption**

	Husband	Wife
<b>Full Legal Name</b>		
<b>Address</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Work Phone</b>		
<b>E-Mail</b>		
<b>Social Security Number</b>		
<b>Citizenship</b>		
<b>Date of Birth</b>		
<b>Age</b>		
<b>Height</b>		
<b>Weight</b>		
<b>Hair Color</b>		
<b>Eye Color</b>		
<b>Complexion</b>		
<b>Race/Ethnicity</b>		
<b>High School</b>		
<b>College/University</b>		
<b>Degree Received</b>		
<b>Graduate School</b>		
<b>Degree Received</b>		
<b>Occupation</b>		
<b>Place of Employment</b>		
<b>Length of Employment</b>		

**Supporting Documentation:** Please provide a letter verifying your employment from your Employer and/or Supervisor on company letterhead, including salary and prospects of continued employment.

## CRIMINAL RECORD

### Husband:

**Have you ever been arrested?**

☐ Yes ☐ No

If Yes, please explain:

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**Have you ever been charged with a crime?**

☐ Yes ☐ No

If Yes, please explain:

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### Wife:

**Have you ever been arrested?**

☐ Yes ☐ No

If Yes, please explain:

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**Have you ever been charged with a crime?**

☐ Yes ☐ No

If Yes, please explain:

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**Supporting Documentation:** Please complete Mercy's **Criminal Record Inquiry Form** and any additional state background checks and national F.B.I. fingerprinting, which are generally completed by your Home Study Agency or Licensed Social Worker. Background checks must also be completed by all household members over the age of 18.

**Husband:**

**Have you struggled and/or experienced any of the following:**

**Sexual Abuse:** ☐ Yes ☐ No

## Pornography:

☐ Yes    ☐ No

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Have you struggled and/or experienced any of the following:**

**Sexual Abuse:** ☐ Yes ☐ No

## Pornography:

☐ Yes    ☐ No

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

## COUNSELING & MENTAL HEALTH SERVICES

**Have you been in marital counseling?** ☐ Yes ☐ No

If Yes, please explain: When, Duration & frequency of services, Reason for admission, Reason for discontinuation.

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### Husband:

**Have you been in individual counseling?** ☐ Yes ☐ No

If Yes, please explain: When, Duration & frequency of services, Reason for admission, Reason for discontinuation.

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**Are you currently in counseling?** ☐ Yes ☐ No

If Yes, please explain: When, Duration & frequency of services, Reason for admission, Reason for discontinuation.

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**Supporting Documentation:** Please provide a Discharge Summary or Letter from the Counselor for services received in the last 2 years.

### Wife:

**Have you been in individual counseling?** ☐ Yes ☐ No

If Yes, please explain: When, Duration & frequency of services, Reason for admission, Reason for discontinuation.

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**Are you currently in counseling?** ☐ Yes ☐ No

If Yes, please explain: When, Duration & frequency of services, Reason for admission, Reason for discontinuation.

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**Supporting Documentation:** Please provide a Discharge Summary or Letter from the Counselor for services received in the last 2 years.



## MARRIAGE

**Date of Marriage:** \_\_\_\_\_ **Place of Marriage:** \_\_\_\_\_

**Is this your first marriage?** Husband: ☐ Yes ☐ No Wife: ☐ Yes ☐ No

If not, please list other marriages and how/when they were terminated:

Husband:

Wife:

**Supporting Documentation:** Please provide a copy of your Marriage License, Birth Certificates, Divorce Decrees of former marriages, and/or Death Certificates of former spouses. Please include any Child Custody and/or Child Support or Alimony Agreements.

## CHILDREN

**Please list all of your children, including children from former marriages who do not live with you.**

<u>Name</u>	<u>DOB</u>	<u>Gender</u>	<u>Lives w. You</u>	<u>Biological/Adopted</u>
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted

**Supporting Documentation:** Please provide a Birth Certificate for each child in your home. If adopted, please provide of the Final Decree of Adoption. If deceased, please send a copy of the Death Certificate.

## PETS

**Do you have pets?** ☐ Yes ☐ No

**How many pets do you have?** \_\_\_\_\_

If yes, please describe (Name/Age/ Type or Breed/Temperament):

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**Supporting Documentation:** Please provide a copy of your pet's vaccination and/or Rabies record.

**Husband:**

**Please describe your hobbies & interests:**

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Please describe your hobbies & interests:**

[illegible]

**Please describe your hobbies & interests:**

[illegible]

**List any current health issues and/or medical conditions:**

Wife:


## YOUR HOME

[illegible][illegible]The logo for Mercy Multiplied features the word "Mercy" in a large, blue, cursive script font. Below it, the word "MULTIPLIED" is written in a smaller, blue, all-caps, sans-serif font.

## FAITH & RELIGION

Name of Church where you attend: \_\_\_\_\_

Denomination: \_\_\_\_\_

Length of time each of you have attended: \_\_\_\_\_

### Husband:

Please describe your Church Involvement:

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Please describe your Christian Experience/Journey:

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### Wife:

Please describe your Church Involvement:

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Please describe your Christian Experience/Journey:

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## REFERENCES

**Disclosure & Supporting Documentation:** Please give each reference a copy of the enclosed **Reference Letter**. By providing the below names you are giving permission of Mercy Multiplied Adoption Staff to contact any of the below references.

**Pastor/Small Group Leader/Elder:**

**Phone Number:**

**Friend of Husband:**

**Phone Number:**

**Family Member of Husband:**

**Phone Number:**

**Friend of Wife:**

**Phone Number:**

**Family Member of Wife:**

**Phone Number:**

## HOME STUDY DISCLOSURE & QUESTIONNAIRE

We understand that we are required to disclose to Mercy Multiplied if we have ever applied for a Home Study, been denied a Home Study, or have completed an adoption with another agency.

We confirm that we have not applied for, nor have been denied, a Home Study with any other agency that is not disclosed below.

\_\_\_\_\_  
Signature of Husband

\_\_\_\_\_  
Signature of Wife

**Have you ever started but did not complete the Home Study Process with an Adoption and/or Foster Agency?**

☐ Yes ☐ No

If yes, please describe why it was incomplete and include the name of the agency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How many Home Studies have been completed for your family?** \_\_\_\_\_

Please list the dates and agencies who completed/approved you for a Home Study:

Date of Approval

Agency Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCLAIMER:** Mercy Multiplied may require copies of the above Home Studies.

**Have you ever been denied approval for a Home Study?**      ☐ Yes    ☐ No

[illegible]

## FOSTERING QUESTIONNAIRE

If yes, provide a list of the Adoption/Foster Agencies:

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**How many Foster Placements have you had with the above agencies?** \_\_\_\_\_

[illegible]



## Why have you chosen to be an Adoptive Parent vs. a Foster Parent?

[illegible]

## ADOPTION QUESTIONNAIRE

Signature of Wife

☐ Yes    ☐ No

**When and how did you make attempts to start the adoption process?**

[illegible]

If yes, please describe:

[illegible][illegible]

### Why have you chosen to be an awaiting family with Mercy Multiplied?

[illegible]

## ***Mercy Multiplied***

### **Autobiography Instructions for Adoptive Applicants**

Each spouse will complete their own Autobiography by answering the below questions. Due to the length of the questions and response, feel free to type your responses on a separate document.

Autobiographies should range from 3 – 5 pages in length.

**IMPORTANT:** The autobiographies are only read by Adoption Staff; a Birth Parent will not have access to this document.

#### **Childhood**

1. Describe yourself as a child.
2. Describe where you lived (urban or rural setting) and some of your fondest memories.
3. Provide recollection of your early years which include descriptions of/feelings toward parents and siblings.
4. What were the relationships like among your family members?
5. What were the methods of discipline used and how do you feel they affected you?
6. Would you use the same methods with your own children?
7. How were decisions made and conflicts resolved in your family?

#### **School Experiences**

1. Describe your elementary, junior high, and high school experiences?
2. Please describe your extra-curricular activities.
3. What did you enjoy most about school?
4. Describe your adolescence, and how you handled difficulties of growing up.
5. How did you handle dating relationships?
6. What pressures did you face (i.e. acceptance by peers, drugs, alcohol, stealing, relationships, etc.)?
7. Did you experience any major life moments (i.e. death of a family member, loss of a relationship, parent's divorce, etc.)?

#### **Post High School**

1. Please describe what you did after high school - if college, tell us about your college experiences.
2. What were your first work experiences?
3. How did you handle dating relationships?
4. How did it feel to become an adult and leave home?
5. How did your relationship with your family change?
6. Did you experience any major life moments (i.e. death of a family member, loss of a relationship, parent's divorce, etc.)?

### Extended Family

1. Describe your extended family and your relationship with them.
2. Where do they live and how often do you see them?
3. How do they feel about your desires to adopt?

### Employment

1. Provide a brief overview of the jobs you have had over the past 5-10 years.
2. Describe your current employment.
3. What are your job duties?
4. What does your typical workday look like (i.e. your schedule, do you have to travel, etc.)?
5. What are the stresses in your job?
6. What are your future career goals?

### Personality

1. Please describe your personality.
2. What are your likes and dislikes?
3. What are your strengths and weaknesses?
4. What are your hobbies and interests?

### Your Spouse

1. Please describe your spouse's personality.
2. How did you meet your spouse?
3. What attracted you to your spouse?
4. What are your spouse's likes and dislikes?

### Marriage & Relationship

1. If there was a previous marriage, describe how that marriage ended and your feelings about it. If children are involved, describe your current relationship and involvement with them.
2. How long did you and your spouse date?
3. How do you make decisions in your marriage?
4. What are the strongest and weakest parts in your marriage?
5. How do you handle conflict as a couple?
6. What are your areas of disagreement?
7. What common interest do you share?
8. What do you and your spouse like to do separately?
9. If applicable, how has infertility affected your marriage?
10. Why do you believe your marriage is successful?



## Spiritual & Religious

1. Please describe your Christian experience.
2. Where did you learn your spiritual values?
3. In what ways has your relationship with God changed your life?
4. What is your current church involvement?
5. How do you plan to teach your child about God?

## Children

1. What are your experiences with children?
2. Describe your attitude toward discipline.
3. What kind of parent do you think you are/will be?
4. What do you think is the most important thing a parent must do for their child?

## Adoption

1. How did you decide to pursue adoption?
2. What kind of research/education have you completed about adoption?
3. What are other ways you can become more knowledgeable about adoption?
4. What fears do you have related to adoption?
5. What hopes/dreams do you have for this adoption experience?
6. Trusting in God is an important component when pursuing adoption. What does trusting in God look like for you?
7. Why do you feel a birth parent makes an adoption plan for their child?
8. How do you feel parenting an adopted child might be different than parenting a biological child?
9. What additional issues might arise in parenting an adopted child and how will you deal with them?
10. How might your lifestyle change when you adopt a child?
11. Have you had an attempted adoption? If so, please explain why Placement did not occur.
12. If applicable, how has the attempted adoption impacted your marriage?

## **Mercy Multiplied** **Fee Agreement**

We, \_\_\_\_\_, the Adoptive Family agree to pay an initial \$25.00 application fee to Mercy Multiplied in order to receive the adoption application. At the time we send in our completed application, we agree to pay an additional \$200.00 application fee. We understand these fees are non-refundable. We also agree to pay all 3<sup>rd</sup> party placement fees incurred by the Birth Mother and Infant regarding the adoption. This includes but is not limited to the following:

- Attorney fees regarding termination of parental rights where applicable
- Court costs
- Medical bills for prenatal care, labor and delivery, and prescriptions\*
- Medical bills for Infant - hospital and pediatrician\*
- Maternity clothing expenses (based on Tennessee adoption law stipulations)
- Interim Care costs for Infant where applicable
- Birth Parent travel expenses related to the placement
- Home study and supervision fees in our state
- Attorney fees in our state
- Miscellaneous mailing/courier fees and birth certificate costs

*\*\*Adoptive Families will be responsible for medical costs not included in the Birth Mother or Infant's medical coverage. Please note that not all Birth Mothers and/or Infants will have medical coverage.*

An estimate of the above costs are NOT available as these costs vary on a case-by-case basis. Additionally, home study, supervision, and attorney fees vary from state to state and cannot be accurately estimated.

In the case that the Birth Mother changes her mind and decides to parent her child, we will not be responsible for her medical and legal expenses, although we will still be responsible for the application fee and our own home study and attorney fees.

We understand that we are responsible for all bills regarding the adoption. We understand that all bills must be paid before Mercy will finalize on the adoption. We agree to pay all bills as described above pertaining to the birth of the child and all fees regarding the adoption.

\_\_\_\_\_  
Signature of Husband

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Wife

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mercy Multiplied Adoption Representative

\_\_\_\_\_  
Date

## Mercy Multiplied's Statement of Faith

Mercy Multiplied's Statement of Faith does not exhaust the extent of our beliefs. The Bible itself, the infallible, written Word of God, is the sole basis and final source of all that we believe. For purposes of Mercy Multiplied's faith, practice, policy, and discipline, our board of directors is the final interpretive authority on the meaning and application of the Statement of Faith for Mercy Multiplied.

<b>The Scriptures</b>	We believe that the Holy Bible was written by divine inspiration, and that it is a record of God's revelation of Himself to man. It is a book of divine instruction. (2 Timothy 3:16-17; John 1:1-14) We believe there is only one living and true God, and that the eternal God reveals Himself to us as Father, Son, and Holy Spirit. Each member of the Trinity has distinct personal attributes, but yet is still one. (Matthew 28:19-20; Mark 12:28-31)
<b>God</b>	<b>God the Father:</b> He is fatherly in His attitude toward all men. He is all powerful, all knowing, omnipresent, omnipotent, and sovereign. (Jeremiah 10:12; Psalm 139: 7-10; Psalm 147:5; Proverbs 15:3; Romans 1:20) <b>God the Son:</b> Jesus is the eternal Son of God. We believe He was conceived of the Holy Spirit and born of the virgin Mary. He was crucified, willingly shedding His blood for the redemption of mankind and forgiveness of sins to all who receive the sacrifice. He was crucified, dead, and buried. On the third day He rose from the dead with a glorified body, appeared to His disciples, ascended to heaven, and is now exalted at the right hand of God where He is the One Mediator, bringing reconciliation between God and man. He will return in power and glory to judge the world and to complete His redemptive mission. He now dwells in all believers as the living and ever-present Lord. (Isaiah 7:14; Matthew 3:17; Acts 1:8-11; Romans 8:31-34; 1 Timothy 3:16; 2 Thessalonians 2:1-6; Titus 2:11-14) <b>God the Holy Spirit:</b> The Holy Spirit is the Spirit of God (the Comforter, the Intercessor, the Strengtheners, the Standby, the Counselor). He illuminates men to understand truth, and He draws men to the Father. He convicts of sin, of righteousness, and of judgment. He enlightens and empowers the believer and the church in worship, evangelism, and service. (John 16:7-8; 1 Corinthians 6:19; 1 Corinthians 12:13; Galatians 5:16-17; Romans 8:5-13)
<b>Man</b>	We believe man was created in the image of God by a special act of God Himself. Man was created free of sin and innocent, but with a free choice. By man's choice, sin entered the human race. Thus, the fall came by choosing to follow Satan and his temptation. Redemption comes through receiving Christ as a free gift and believing in the heart that He died for sins through the shedding of His own blood, and receiving and accepting the free gift of salvation offered to "whosoever will." (Genesis 1:26; Galatians 3:17-24; Romans 5:6-10; 1 Thessalonians 5:9-10)
<b>Salvation</b>	We believe in the new birth as work of God's grace whereby believers become new creatures in Christ Jesus. It is a change of heart wrought by the Holy Spirit through conviction of sin, to which the sinner responds in repentance toward God and faith in the Lord Jesus Christ. (Matthew 16:24-26; John 3:16-18; Romans 10:9-13)
<b>The Church</b>	The Church universal is the Body of Christ, and it consists of all true believers who are associated by their covenant in the faith and fellowship of the gospel. The various local churches are smaller entities of the universal body of true believers. The Church operates under the Lordship of Jesus Christ, and He raises up pastors and deacons as leaders. The pastors are the shepherds of the individual flocks. (Ephesians 1:18-23; Ephesians 4:4-13)
<b>Baptism</b>	We believe in following the example of Christ in water baptism. It is an act of obedience symbolizing the believer's faith in a crucified, buried, and risen Savior, and the believer's death to sin, burial of the old life, and a resurrection to walk in the newness of life in Christ Jesus. (Matthew 28:16-20; Mark 1:4-11)
<b>The Lord's Supper</b>	We believe in the Lord's Supper as a symbolic act of obedience whereby members of the church remember the death of Christ by partaking of bread and fruit of the vine. (Matthew 26:26-28; 1 Corinthians 11:23-26)
<b>Tithing</b>	We believe in giving a tithe, or a tenth, of total income in order to balance responsible stewardship with following the Holy Spirit. (Malachi 3:8-10)
<b>Marriage, Gender, &amp; Sexuality</b>	We believe God created every person in His image as male or female. These are two distinct, complementary genders and rejection of one's biological sex is a rejection of the image of God within that person. We believe marriage is an institution created by God as a covenant relationship established by mutual vows exchanged exclusively between one man and one woman. We believe God intends for sexual intimacy to only occur between a man and a woman who are married to each other. (Genesis 1:26-27; Genesis 2:18-24; 1 Corinthians 6:9-10, 18-20; 1 Corinthians 7:2-5; Hebrews 13:4; Romans 1:18-32; Leviticus 18:22; Leviticus 20:13)
<b>Sanctity of Life</b>	This statement of faith does not exhaust the extent of our beliefs. The Bible itself, the infallible, written Word of God, is the sole basis and final source of all that we believe. For purposes of Mercy Multiplied's faith, practice, policy, and discipline, our board of directors is the final interpretive authority on the meaning and application of the Statement of Faith for Mercy Multiplied.

See [Statement of Faith](#) for more information.

In choosing to adopt and/or serve as Interim Care with Mercy Multiplied, please provide your family's statement of faith regarding your beliefs concerning God, Jesus Christ, the Trinity, Baptism, Salvation, and any other beliefs that you feel are important in expressing your Christian faith.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date \_\_\_\_\_

***Mercy Multiplied***  
**Financial Statement**

<b>Husband:</b> _____		<b>Wife:</b> _____	
<b>Annual Salary:</b>	<b>Annual Salary:</b>		
<b>Other Income:</b>	<b>Other Income:</b>		
<b>Retirement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Retirement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Type:</b>	<b>Type:</b>		
<b>Life Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Life Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Dental Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Dental Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Car Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Car Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Checking Account</b>			
<b>Checking Account #1</b>		<b>Checking Account #2</b>	
<b>Name of Bank:</b>		<b>Name of Bank:</b>	
<b>Balance:</b>		<b>Balance:</b>	
<b>Saving Account</b>			
<b>Saving Account #1</b>		<b>Saving Account #2</b>	
<b>Name of Bank:</b>		<b>Name of Bank:</b>	
<b>Balance:</b>		<b>Balance:</b>	
<b>Residential Information</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own			
<b>Length of Residence:</b>		<b>Date of Purchase:</b>	
<b>Monthly Rent/Mortgage:</b>		<b>HOA:</b>	
<b>Monthly Expenses</b>			
<b>Gas/Electric:</b>	<b>Water:</b>	<b>Child Care:</b>	
<b>Garbage:</b>	<b>Phone:</b>	<b>Car Insurance #1:</b>	
<b>Internet/Cable:</b>	<b>Groceries:</b>	<b>Car Insurance #2:</b>	
<b>Loans &amp; Debts</b>			
<b>Auto Loan Balance #1:</b>		<b>Auto Loan Payment #1:</b>	
<b>Auto Loan Balance #2:</b>		<b>Auto Loan Payment #2:</b>	
<b>Auto Loan Balance #3:</b>		<b>Auto Loan Payment #3:</b>	
<b>Student Loan #1 Balance:</b>		<b>Student Loan Payment #1:</b>	
<b>Student Loan #2 Balance:</b>		<b>Student Loan Payment #2:</b>	
<b>Credit Card Balance #1:</b>		<b>Credit Card Payment #1:</b>	
<b>Credit Card Balance #2:</b>		<b>Credit Card Payment #2:</b>	
<b>Credit Card Balance #3:</b>		<b>Credit Card Payment #3:</b>	
<b>Additional Expenses</b>			
<b>Type:</b>		<b>Amount:</b>	
<b>Type:</b>		<b>Amount:</b>	
<b>Type:</b>		<b>Amount:</b>	
<b>Type:</b>		<b>Amount:</b>	
<b>Type:</b>		<b>Amount:</b>	
<b>Type:</b>		<b>Amount:</b>	
<b>Type:</b>		<b>Amount:</b>	



## ***Mercy Multiplied*** **Medical History Form**

**To be completed by Applicant**

**Applicant Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

### Family History

**Biological Parents:**

**Age:**

**Health: (Please specify any illness or disease)**

Father \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Siblings:**

**Age:**

**Health: (Please specify any illness or disease)**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Children:**

**Age:**

**Health: (Please specify any illness or disease)**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Individual History

**Do you currently or previous had any of the following:**

	Yes	No		Yes	No
Alcohol or Drug Addiction			Heart Disease		
Allergies (Seasonal/Food/Medication)			HIV/Aids		
Arthritis			Hypertension		
Asthma			Mental Health Diagnosis		
Cancer			Sexually Transmitted Disease		
Diabetes			Thyroid Disorder		
Epilepsy/Convulsions			Tuberculosis		

Other: \_\_\_\_\_

Please explain for any of the above identified as "Yes": \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are currently under a doctor's care for the above, please further explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## ***Mercy Multiplied*** **Medical History Form**

**To be completed by Applicant**

**Applicant Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

### Family History

**Biological Parents:**

**Age:**

**Health: (Please specify any illness or disease)**

Father \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Siblings:**

**Age:**

**Health: (Please specify any illness or disease)**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Children:**

**Age:**

**Health: (Please specify any illness or disease)**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Individual History

**Do you currently or previous had any of the following:**

	Yes	No		Yes	No
Alcohol or Drug Addiction			Heart Disease		
Allergies (Seasonal/Food/Medication)			HIV/Aids		
Arthritis			Hypertension		
Asthma			Mental Health Diagnosis		
Cancer			Sexually Transmitted Disease		
Diabetes			Thyroid Disorder		
Epilepsy/Convulsions			Tuberculosis		

Other: \_\_\_\_\_

Please explain for any of the above identified as "Yes": \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are currently under a doctor's care for the above, please further explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ***Mercy Multiplied*** **Medical Examination Form**

***To be completed by a physician***

**Applicant Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Authorization:** I hereby give my consent to have a complete report of my medical evaluation released to Mercy Multiplied in order to determine my suitability to adopt a child.

\_\_\_\_\_  
Signature of Applicant

### **Current Physical Condition:**

Temperature \_\_\_\_\_ BP \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Normal**

**Other** (Please specify)

Eyes	_____	_____
Ears	_____	_____
Nose	_____	_____
Teeth/Gums	_____	_____
Lungs	_____	_____
Heart	_____	_____
Abdomen	_____	_____
Skin	_____	_____

### **Laboratory Tests \*Please attach copies of each result\***

**Date of Test**

**Results**

Urinalysis-Drug Screen	_____	_____
TB Skin Test	_____	_____

**\*NOTE: Labs must be completed and current within 1 year\***

### **Physician Questionnaire**

1. How long have you known this patient? \_\_\_\_\_

**Physician Questionnaire (cont'd)**

2. List all medications this patient is currently taking (name/amount/purpose):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. Impressions of General Health:

---

---

4. Is there any condition which might affect this patient's life expectancy or ability to parent a child?

---

---

---

5. Would you recommend this patient as an adoptive parent?

---

---

---

Date of examination

---

Signature of Physician

---

Physician Name (*Please Print*)

---

Office Phone

---

Office Address

---

Office Address

## ***Mercy Multiplied*** **Medical Examination Form**

***To be completed by a physician***

**Applicant Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Authorization:** I hereby give my consent to have a complete report of my medical evaluation released to Mercy Multiplied in order to determine my suitability to adopt a child.

\_\_\_\_\_  
Signature of Applicant

### **Current Physical Condition:**

Temperature \_\_\_\_\_ BP \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Normal**

**Other** (Please specify)

Eyes	_____	_____
Ears	_____	_____
Nose	_____	_____
Teeth/Gums	_____	_____
Lungs	_____	_____
Heart	_____	_____
Abdomen	_____	_____
Skin	_____	_____

### **Laboratory Tests \*Please attach copies of each result\***

**Date of Test**

**Results**

Urinalysis-Drug Screen	_____	_____
TB Skin Test	_____	_____

**\*NOTE: Labs must be completed and current within 1 year\***

### **Physician Questionnaire**

1. How long have you known this patient? \_\_\_\_\_

**Physician Questionnaire (cont'd)**

2. List all medications this patient is currently taking (name/amount/purpose):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. Impressions of General Health:

---

---

4. Is there any condition which might affect this patient's life expectancy or ability to parent a child?

---

---

---

5. Would you recommend this patient as an adoptive parent?

---

---

\_\_\_\_\_  
Date of examination

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Physician Name (*Please Print*)

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Office Address

***Mercy Multiplied***  
**Medical History of Child Residing in the Home**

**To be completed by Applicant**

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Family History**

**Biological Parents:**

**Age:**

**Health: (Please specify any illness or disease)**

Father \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Siblings:**

**Age:**

**Health: (Please specify any illness or disease)**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Individual History**

**Do you currently or previous had any of the following:**

	Yes	No		Yes	No
Alcohol or Drug Addiction			Heart Disease		
Allergies (Seasonal/Food/Medication)			HIV/Aids		
Arthritis			Hypertension		
Asthma			Mental Health Diagnosis		
Cancer			Sexually Transmitted Disease		
Diabetes			Thyroid Disorder		
Epilepsy/Convulsions			Tuberculosis		

Other: \_\_\_\_\_

Please explain for any of the above identified as "Yes": \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child are currently under a doctor's care for the above, please further explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Mercy Multiplied***  
**Medical History of Child Residing in the Home**

**To be completed by Applicant**

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Family History**

**Biological Parents:**

**Age:**

**Health: (Please specify any illness or disease)**

Father \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Siblings:**

**Age:**

**Health: (Please specify any illness or disease)**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Individual History**

**Do you currently or previous had any of the following:**

	Yes	No		Yes	No
Alcohol or Drug Addiction			Heart Disease		
Allergies (Seasonal/Food/Medication)			HIV/Aids		
Arthritis			Hypertension		
Asthma			Mental Health Diagnosis		
Cancer			Sexually Transmitted Disease		
Diabetes			Thyroid Disorder		
Epilepsy/Convulsions			Tuberculosis		

Other: \_\_\_\_\_

Please explain for any of the above identified as "Yes": \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child are currently under a doctor's care for the above, please further explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Mercy Multiplied***  
**Medical History of Child Residing in the Home**

**To be completed by Applicant**

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Family History**

**Biological Parents:**

**Age:**

**Health: (Please specify any illness or disease)**

Father \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Siblings:**

**Age:**

**Health: (Please specify any illness or disease)**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Individual History**

**Do you currently or previous had any of the following:**

	Yes	No		Yes	No
Alcohol or Drug Addiction			Heart Disease		
Allergies (Seasonal/Food/Medication)			HIV/Aids		
Arthritis			Hypertension		
Asthma			Mental Health Diagnosis		
Cancer			Sexually Transmitted Disease		
Diabetes			Thyroid Disorder		
Epilepsy/Convulsions			Tuberculosis		

Other: \_\_\_\_\_

Please explain for any of the above identified as "Yes": \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child are currently under a doctor's care for the above, please further explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



***Mercy Multiplied***  
**Medical Examination of Child Form**

***To be completed by a physician***

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Authorization:** I hereby give my consent to have a complete report of my child's medical evaluation released to Mercy Multiplied for our Adoption Application.

\_\_\_\_\_  
Signature of Parent

**Current Physical Condition:**

Temperature \_\_\_\_\_ BP \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Normal**

**Other** (Please specify)

Eyes	_____	_____
Ears	_____	_____
Nose	_____	_____
Teeth/Gums	_____	_____
Lungs	_____	_____
Heart	_____	_____
Abdomen	_____	_____
Skin	_____	_____

**Physician Questionnaire**

1. Impressions of general health: \_\_\_\_\_
2. Does this child appear to be developing normally? \_\_\_\_\_
3. Are immunizations current? \_\_\_\_\_

\_\_\_\_\_  
Date of examination

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Physician Name (Please Print)

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Office Address

***Mercy Multiplied***  
**Medical Examination of Child Form**

***To be completed by a physician***

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Authorization:** I hereby give my consent to have a complete report of my child's medical evaluation released to Mercy Multiplied for our Adoption Application.

\_\_\_\_\_  
Signature of Parent

**Current Physical Condition:**

Temperature \_\_\_\_\_ BP \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Normal**

**Other** (Please specify)

Eyes	_____	_____
Ears	_____	_____
Nose	_____	_____
Teeth/Gums	_____	_____
Lungs	_____	_____
Heart	_____	_____
Abdomen	_____	_____
Skin	_____	_____

**Physician Questionnaire**

1. Impressions of general health: \_\_\_\_\_
2. Does this child appear to be developing normally? \_\_\_\_\_
3. Are immunizations current? \_\_\_\_\_

\_\_\_\_\_  
Date of examination

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Physician Name (Please Print)

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Office Address

***Mercy Multiplied***  
**Medical Examination of Child Form**

***To be completed by a physician***

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Authorization:** I hereby give my consent to have a complete report of my child's medical evaluation released to Mercy Multiplied for our Adoption Application.

\_\_\_\_\_  
Signature of Parent

**Current Physical Condition:**

Temperature \_\_\_\_\_ BP \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Normal**

**Other** (Please specify)

Eyes	_____	_____
Ears	_____	_____
Nose	_____	_____
Teeth/Gums	_____	_____
Lungs	_____	_____
Heart	_____	_____
Abdomen	_____	_____
Skin	_____	_____

**Physician Questionnaire**

1. Impressions of general health: \_\_\_\_\_
2. Does this child appear to be developing normally? \_\_\_\_\_
3. Are immunizations current? \_\_\_\_\_

\_\_\_\_\_  
Date of examination

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Physician Name (Please Print)

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Office Address

***Mercy Multiplied***  
**Statement of Infertility**  
***To be completed by Applicant***

1. Does either spouse have a struggle with infertility? ☐ Yes ☐ No

2. Please explain the reason for infertility: ☐ N/A

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3. Please describe any infertility treatments: ☐ N/A

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4. List the outcomes of any pregnancies: miscarriage, still birth, neonatal death ☐ N/A

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\_\_\_\_\_  
Prospective Adoptive Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Adoptive Mother

\_\_\_\_\_  
Date

***Mercy Multiplied***  
**Adoption Application Release of Information**

Husband's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Wife's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**We hereby authorize Mercy Multiplied to release information to and receive information from:**

Home Study Agency or  
Licensed Social Worker: \_\_\_\_\_

Attorney: \_\_\_\_\_

We understand and agree that contact with The Interstate Compact on the Placement of Children (ICPC) with the State of Tennessee and our home State is covered under this Release of Information.

We agree that Mercy Multiplied has our authorization to contact our references as listed on our Adoption Application.

We agree for Mercy Multiplied to disclose and/or exchange the following items from other Adoption Agencies and/or Home Study Agencies as it relates to the completion and/or Renewal of our Adoption Application with Mercy Multiplied. These items include, but are not limited to, Home Studies, Home Study Updates, Post-Placement Reports, References, Medical Examinations, Background Checks, Financial Statements, and any additional documentation/information Mercy Multiplied may deem appropriate.

We understand this authorization is effective until our Adoption File is closed.

We understand that we may revoke this authorization at any time through written and/or verbal statements.

I have read this release, understand its contents, and will keep a copy for my records.

\_\_\_\_\_  
Signature of Husband

\_\_\_\_\_  
Signature of Wife

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

***Mercy Multiplied***  
**Child Abuse Disclaimer**

\_\_\_\_\_  
Legal Name of Applicant

\_\_\_\_\_  
Social Security Number

Have you ever been convicted of a felony, including a suspended sentence? ☐ Yes ☐ No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is or has anyone living in your home ever been under investigation for any sexual offense?

☐ Yes ☐ No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been under investigation for any sexual offense? ☐ Yes ☐ No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Falsification of required information may subject the person to criminal prosecution.

It shall be unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information.

I give Mercy Multiplied and/or my local Home Study Agency/licensed Social Worker permission to verify the accuracy of the above information through a background investigation check.

**Any adults living in the home are subject to the same verification  
by use of their name and Social Security Number.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***Mercy Multiplied***  
**Child Abuse Disclaimer**

\_\_\_\_\_  
Legal Name of Applicant

\_\_\_\_\_  
Social Security Number

Have you ever been convicted of a felony, including a suspended sentence? ☐ Yes ☐ No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is or has anyone living in your home ever been under investigation for any sexual offense?

☐ Yes ☐ No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been under investigation for any sexual offense? ☐ Yes ☐ No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Falsification of required information may subject the person to criminal prosecution.

It shall be unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information.

I give Mercy Multiplied and/or my local Home Study Agency/licensed Social Worker permission to verify the accuracy of the above information through a background investigation check.

**Any adults living in the home are subject to the same verification  
by use of their name and Social Security Number.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



Attention Applicant,

Due to the inconsistency across agencies, Mercy Multiplied requires a family (and anyone living in the home over the age 18) complete the below **Criminal Record Inquiry** by their Local Law Enforcement Agency/Department. Most adoption agencies require a family complete State & Federal background checks. Some agencies will also conduct local (i.e. city/county) background checks.

Applicants will complete the **TOP PORTION** of the form. The **LOWER PORTION** will be completed by the Local Law Enforcement Agency/Department.

Mercy Multiplied will accept a separate form or letter completed by the Local Law Enforcement Agency/Department if they are unable to complete Mercy's form.

If your Home Study agency completed Local, State, and Federal background checks you will not have to complete the below **Criminal Record Inquiry**.

As a reminder, upon submitting your Mercy Adoption Application, include copies of all background checks conducted and mentioned within your Home Study.

Please contact me if you have specific questions regarding background checks (615-831-6987).

Thank you,

A handwritten signature in blue ink that reads "CRahbar, LCSW". The signature is written in a cursive, flowing style.

Chelsea Rahbar, LCSW  
Director of Adoptions



***Mercy Multiplied***  
**Criminal Record Inquiry**

**Applicant Complete**

I request that the below Local Law Enforcement Agency/Department provide Mercy Multiplied a report concerning any criminal record/activity regarding pertaining my name and/or Social Security Number.

Applicant Legal Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Race of Applicant

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Legal Name of Spouse: \_\_\_\_\_

Legal Name of Previous Spouse (if applicable): \_\_\_\_\_

**Local Law Enforcement Agency/Department Complete**

Name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Status of Record: \_\_\_\_\_

Please list any offenses and/or sentences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature and Seal** of person completing report:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



Attention Applicant,

Due to the inconsistency across agencies, Mercy Multiplied requires a family (and anyone living in the home over the age 18) complete the below **Criminal Record Inquiry** by their Local Law Enforcement Agency/Department. Most adoption agencies require a family complete State & Federal background checks. Some agencies will also conduct local (i.e. city/county) background checks.

Applicants will complete the **TOP PORTION** of the form. The **LOWER PORTION** will be completed by the Local Law Enforcement Agency/Department.

Mercy Multiplied will accept a separate form or letter completed by the Local Law Enforcement Agency/Department if they are unable to complete Mercy's form.

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Please contact me if you have specific questions regarding background checks (615-831-6987).

Thank you,

A handwritten signature in blue ink that reads "CRahbar, LCSW".

Chelsea Rahbar, LCSW  
Director of Adoptions

***Mercy Multiplied***  
**Criminal Record Inquiry**

**Applicant Complete**

I request that the below Local Law Enforcement Agency/Department provide Mercy Multiplied a report concerning any criminal record/activity regarding pertaining my name and/or Social Security Number.

Applicant Legal Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Race of Applicant

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Legal Name of Spouse: \_\_\_\_\_

Legal Name of Previous Spouse (if applicable): \_\_\_\_\_

**Local Law Enforcement Agency/Department Complete**

Name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Status of Record: \_\_\_\_\_

Please list any offenses and/or sentences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature and Seal** of person completing report:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

***Mercy Multiplied***  
**Release of Photos for Adoptive Families**

We give permission to Mercy Multiplied Adoption Staff to show our Profile when being shown to a Birth Parent(s) interested in adoption.

We understand that the photos provided in the Profile will not be used for any other purpose except in the attempt to create an adoption plan.

We understand that should our Profile be selected by a Birth Parent; the Birth Parent may share our Profile with her extended family and/or the Birth Father.

\_\_\_\_\_  
Signature of Husband

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Wife

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mercy Multiplied Adoption Representative

\_\_\_\_\_  
Date

***Mercy Multiplied***  
**Statement Regarding Corporal Punishment**  
**For Adoptive and Interim Care Families**

As stated in the Tennessee Child-Placing Licensing Standards, TCA § 0250-4-9-.05(1)(f)(4), the use of corporal punishment is **prohibited** with children placed in Adoptive/Interim Care homes.

Defined by the Tennessee Child-Placing Licensing Standards, “corporal punishment” means the infliction of pain or discomfort. Prohibited actions include, but are not limited to hitting any part of the body with your body or with any object/implement, pinching, pulling, shaking, binding a child, forcing him/her to assume an uncomfortable position, or locking him/her in a room or closet.

We, \_\_\_\_\_ and \_\_\_\_\_, understand that corporal punishment is **not** an appropriate form of discipline for an infant placed in our care, nor shall we allow others to exercise corporal punishment towards said infant.

This agreement is in effect until a Final Decree of Adoption is issued for us (the Adoptive Family) **or** the child(ren) is removed from our Interim Care home for Placement.

\_\_\_\_\_  
Signature of Husband

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Wife

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mercy Multiplied Adoption Representative

\_\_\_\_\_  
Date

## ***Mercy Multiplied***

### **Birth Parent Letter Instructions**

**Each spouse will write a personal letter to the Birth Parent.** This should be written in a narrative form, not an outline. Copies of your letters will be shared with the Birth Parent(s) when they view your Profile.

Please make sure your letters are about 3 – 5 pages in length.

When writing these letters, refer to the *Positive Adoption Language*.

**Remember to exclude any identifying information** from your letter such as: your last name, specifics about where you are employed, what city you are from, etc. You are more than welcome to share identifying information with a Birth Parent once you have been selected for a possible placement.

The Birth Parent Letters & Profile give a Birth Parent the opportunity to begin getting to know the heart of your family, so share as much information as you feel comfortable.

Include the following in your letters:

- |                                 |  |
|---------------------------------|--|
| ✓ Physical description          | ✓ Your reasons for adopting and your feelings about adopting   |
| ✓ Ethnic background             | ✓ Your plans for sharing about the adoption, Birth Parent(s) and background information with your child              |
| ✓ Education                     | ✓ Your feelings regarding Birth Parents and their reasons for choosing adoption                                      |
| ✓ Occupation                    | ✓ Describe the type and amount of contact you would be comfortable having with the Birth Parents following placement |
| ✓ Religion & Church Involvement |  |
| ✓ Health                        |  |
| ✓ Family background             |  |
| ✓ Personality                   |  |
| ✓ Hobbies & Interests           |  |
| ✓ Describe your child(ren)      |  |
| ✓ Childcare plans               |  |

**HELPFUL TIP:** After you submit your Adoption Application, Adoption Staff will proofread each letter before approving your Application. Adoption Staff may provide suggestions/feedback on your letters, as Staff look for language/phrases that might not make sense and/or might be misinterpreted by a Birth Parent.

**\*Remember, Birth Parents are just as curious about you as you are about them\***

## ***Mercy Multiplied***

### **Positive Adoption Language**

In the adoption community, there are positive and negative ways to communicate about an adoption. The words that we use to discuss adoption reflect our values and beliefs. The conscious and consistent use of Positive Adoption Language suggests that the Birth Parent(s) is taking proactive steps towards making an intentional, loving plan that they feels is in the best interest of their child and affirms adoption as a valid way to build a family at birth.

This language is sensitive to all members of the adoption triad, which include the Birth Parents, the Adoptive Family, and the Adoptee. The list below outlines the most frequently used adoption language.

<b><u>Positive</u></b>		<b><u>Negative</u></b>
Place for Adoption / Make an Adoption Plan	vs.	Put up for Adoption / Give up a Child
Parent a Child	vs.	Keep a Child
Birth Parent / Biological Parent	vs.	Real Parent / Natural Parent
Birth Mother	vs.	Real Mother / Natural Mother
Single Parent	vs.	Unwed Mother
Birth Father	vs.	Real Father / Natural Father
Birth Child	vs.	Own Child
My Child	vs.	My Adopted Child
Waiting Child	vs.	Adoptable Child / Available Child
Child Placed for Adoption	vs.	Unwanted Child
Make an Adoption Plan	vs.	Put Up for Adoption
Choose Adoption	vs.	Give Up for Adoption
Biracial Child	vs.	Mixed Race Child
Child with Special Needs	vs.	Handicapped Child
Termination of Parental Rights	vs.	Child taken away
Search for Birth Parents	vs.	Find Parents
Making Contact with Birth Parents	vs.	Reunion with Birth Parents

## ***Mercy Multiplied***

### **Child Desired Questionnaire**

Please read each section carefully and check the appropriate responses. We recommend contacting a pediatrician and doing your own research on the below topics.

<b>Gender:</b>	<b>Yes</b>	<b>No</b>	<b>Multiples:</b>	<b>Yes</b>	<b>No</b>
Male			Twins		
Female			Triplets		

<b>Alleged Birth Father:</b>	<b>Yes</b>	<b>No</b>
Is Unknown		
Has limited social & medical information available		

  

<b>Child's Race:</b>	<b>Yes</b>	<b>No</b>
Caucasian		
African-American		
Hispanic		
Asian		
Native American*		
Other: _____		
_____		
African-American/Caucasian		
African-American/Asian		
African-American/Hispanic		
African-American/Native American		
Caucasian/Hispanic		
Caucasian/Asian		
Caucasian/Native American*		
Hispanic/Asian		
Other: _____		
_____		

Why have you selected the items regarding the child's race?

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**REMINDER:** The *Transracial Questionnaire* is required by a family who desires to parent a child of a race or ethnicity different than their own.

\* If selecting a child with Native American heritage understand Mercy Multiplied is required, by federal law, to comply with the Indian Child Welfare Act (ICWA).



**Health Considerations:**

	Yes	No	Willing to Consider
<b>Infant Related:</b>			
An infant born premature			
No prenatal care <u>prior</u> to Mercy			
A child with a correctable birth defect			
A child with a genetic disorder			
A child conceived as a result of incest (i.e. biological family only; does not include step-parent/sibling)			
A child conceived as a result of rape			
Downs Syndrome			
Cystic Fibrosis			
Spina Bifida			
Cleft Palate			
Fetal Alcohol Syndrome or Fetal Alcohol Effect			
Other: _____			
_____			
_____			

<b>Birth Mother Related:</b>			
HIV - AIDS			
STD treated <u>during pregnancy</u> that <u>does not</u> affect the child			
Birth mother <u>is receiving</u> treatment for an STD			
Herpes			
Human Papilloma Virus (HPV)			
Chlamydia			
Gonorrhea			
Hepatitis A			
Hepatitis B			
Hepatitis C			
Pregnancy related health diagnosis (i.e. <i>Gestational Diabetes or Cholestasis of Pregnancy</i> )			
Syphilis			
Other: _____			
_____			
_____			

**REMINDER: Adoption Staff will further discuss your responses during the Approval Call.**

**If all areas of interest match a Birth Parent situation except an area of Health:**

- ☐ Please contact us (phone or email) prior to showing our profile so we can determine our level of comfortability.
- ☐ Please show our profile, without prior contact, and if selected indicate the area that did not match.

**Birth Mother Drug & Alcohol Use:****Occasional = Few Instances****Consistent = Daily/Weekly Use**

Per Mercy policy, Pregnant Residents must be in the program by 24 weeks<sup>†</sup> as this allows for enough time to get on Tennessee Medicaid, be seen by the Vanderbilt Midwives for Prenatal Appointments, start & finish Basic Decision Making, start & finish Parenting Classes and/or begin the Adoption Process, and work on Mercy's Counseling Curriculum in time for delivery.

Dependent on the individual situation, a Pregnant Resident may continue to take prescribed medications (i.e. ADHD Medication, Anti-Depressant, etc.) while at Mercy under the supervision of our Staff and the prescribing provider.

	<b>No Use</b>	<b>Occasional Use</b>	<b>Consistent Use</b>
ADD/ADHD Medication	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Alcohol	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Anti-depressant	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Benzodiazepine	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Caffeine	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Cocaine	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Ecstasy/Molly	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Heroin	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Hydrocodone/Oxycodone	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Illicit <sup>‡</sup> use of over-the-counter medication (i.e. Cough Medicine, Tylenol, Advil, etc.)	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Illicit <sup>§</sup> use of prescription medication (i.e. Pain Medication, ADD/ADHD Medication, etc.)	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
LSD/PCP	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Marijuana/THC	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Meth	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Methadone/Subutex/Suboxone	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Nicotine/Cigarettes	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Hookah or Vaping (any type of tobacco product)	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

Other unacceptable drug/alcohol use:

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**REMINDER: Adoption Staff will further discuss your responses during the Approval Call.**

**If all areas of interest match a Birth Parent situation except an area of Drug/Alcohol Use:**

- ☐ Please contact us (phone or email) prior to showing our profile so we can determine our level of comfortability.
- ☐ Please show our profile, without prior contact, and if selected indicate the area that did not match.

<sup>†</sup> All Pregnant Applicants are assessed on an individual basis to determine eligibility to the residential program

<sup>‡</sup> "Illicit" – A Birth Mother taking a medication that was not used properly

<sup>§</sup> "Illicit" – A Birth Mother taking a medication that was not used properly or prescribed to her

**Mental Health of Birth Parent:**  
**Diagnosed or Self-Diagnosed by Birth Parent**

Mercy Multiplied does not diagnose medical or mental health issues. Any medical or mental health history known about a Birth Mother is obtained from 3<sup>rd</sup> party medical/mental health professionals whom the Birth Mother received treatment from prior to applying to Mercy Multiplied and/or self-reported information from the Birth Mother to Mercy Staff.

	<b>Resident Self-Report</b>	<b>Confirmed Diagnosis via 3<sup>rd</sup> Party Medical/Mental Health Provider</b>	<b>Willing to Consider</b>
ADD	___ Yes ___ No	___ Yes ___ No	
ADHD	___ Yes ___ No	___ Yes ___ No	
Adjustment Disorder	___ Yes ___ No	___ Yes ___ No	
Anxiety	___ Yes ___ No	___ Yes ___ No	
Autism Spectrum Disorder	___ Yes ___ No	___ Yes ___ No	
Bipolar I	___ Yes ___ No	___ Yes ___ No	
Bipolar II	___ Yes ___ No	___ Yes ___ No	
Borderline Personality Disorder	___ Yes ___ No	___ Yes ___ No	
Conduct Disorder	___ Yes ___ No	___ Yes ___ No	
Depression	___ Yes ___ No	___ Yes ___ No	
Eating Disorder (Anorexia, Binge Eating, Bulimia)	___ Yes ___ No	___ Yes ___ No	
Intellectual Disability of either Birth Parent	___ Yes ___ No	___ Yes ___ No	
Learning Disability (i.e. dyslexia, etc.)	___ Yes ___ No	___ Yes ___ No	
Major Depressive Disorder	___ Yes ___ No	___ Yes ___ No	
Obsessive-Compulsive Disorder	___ Yes ___ No	___ Yes ___ No	
Oppositional Defiant Disorder	___ Yes ___ No	___ Yes ___ No	
Posttraumatic Stress Disorder	___ Yes ___ No	___ Yes ___ No	
Reactive Attachment Disorder	___ Yes ___ No	___ Yes ___ No	
Schizoaffective Disorder	___ Yes ___ No	___ Yes ___ No	
Schizophrenia	___ Yes ___ No	___ Yes ___ No	

Other unacceptable mental health diagnoses:

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**REMINDER: Adoption Staff will further discuss your responses during the Approval Call.**

**If all areas of interest match a Birth Parent situation except an area of Mental Health:**

- ☐ Please contact us (phone or email) prior to showing our profile so we can determine our level of comfortability.
- ☐ Please show our profile, without prior contact, and if selected indicate the area that did not match.

**Adoption Openness:  
Relationship with a Birth Parent(s)**

	Yes	No	Willing to Consider
Incorporate a <b>name</b> chosen by the birth parent(s)			
Exchange <b>updates &amp; photos via Mercy Multiplied Staff assistance</b>			
Exchange <b>updates &amp; photos directly to a birth parent(s)</b>			
Participate in <b>visits</b> ( <i>i.e. face-to-face or Skype</i> )			
Communicate <b>directly via e-mail</b> ( <i>personal or adoption specific address</i> )			
Communicate via <b>phone</b>			
Communicate via <b>Private Facebook Group</b>			
<b>Receive gifts/updates</b> from a birth parent(s)			
<b>Open Adoption:</b> All parties communicate directly <i>without</i> Mercy Multiplied Staff assistance.			
<b>Semi-Open Adoption:</b> Communication with the birth parent(s) yet identifying information ( <i>last name, phone number, address, etc.</i> ) is not exchanged. Correspondence can occur with Mercy Multiplied Staff assistance <i>or</i> through non-identifying contacts ( <i>P.O Box or e-mail</i> ).			
<b>Closed Adoption:</b> There is <i>no contact</i> after Placement between the birth parent(s) and adoptive family.			

**REMINDER:** Adoption Staff will further Openness during the Approval Call. Staff will inquire about your hopes and expectations related to the topic. Once chosen by a birth parent, Staff will work with you in further defining the expectations of openness between you and the birth parent(s).

Provide any additional desires or hopes related to openness: \_\_\_\_\_

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Staff Notes: \_\_\_\_\_

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Once chosen by a birth parent, an Adoptive Family will be expected to participate in a phone conference call and face-to-face meeting with the Birth Parent(s) and Adoption Staff in Tennessee to further get to know one another and determine comfort in moving forward with the adoption.

\_\_\_\_\_  
Signature of Husband

\_\_\_\_\_  
Signature of Wife

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## ***Mercy Multiplied***

### **Transracial Questionnaire & Reading Sources**

Many families desire to build a family through adoption but have not considered the importance of becoming educated about family dynamics and life-long changes that will result when adopting transracially.

It is important for children to grow up in homes, become active in the community, and receive education from those who look like them. While there is great value for children to play with other kids who look like them, it is equally important for the child to see, interact, and learn from adults who also look alike.

Complete the below questionnaire in preparation for adopting outside of your race and/or ethnicity.

### **How Diverse is Your Life?**

Adapted from Dr. Melody Aguayo of [Real Child Consulting](#)

<b><u>Question</u></b>	<b><u>Answer</u></b>
What is the race of your dentist?	
What is the race of your pediatrician?	
What is the race of the person who styles/cuts your hair?	
What is the race of the last family (adults, not kids) you had over for dinner?	
What is the race of the last person you called for advice?	
What was the race of the people (adults, not kids) at Thanksgiving?	
What was the race of the people (adults, not kids) at Christmas?	
What is the race of the last person (adult, not kid) who spent the night in your home?	
If you are lost, what is the race of the person you would most likely ask for directions?	
What is the race of your next-door neighbor?	
What is the racial majority of your child's school?	
How often are your children the racial majority?	
What is the racial make-up of your neighborhood?	
How often are you the racial minority in your community?	
What is the racial majority if your church?	
What is the race of your church's Pastor & Youth Minister?	
Who would you call if you needed parenting advice regarding your child?	
<i>Example: You're struggling with taking care of your biracial daughter's hair?</i>	

Complete the **Transracial Questionnaire** once you've discussed the above questions and are at a place where you're confident in your desire to not only adopt transracially, but to parent a child of a different race and/or ethnicity than your own.

## ***Mercy Multiplied*** **Transracial Questionnaire**

While you're choosing to adopt an infant, the below questions are to guide you in deciding how equipped, prepared, and educated you are when choosing to adopt a child outside of your own race and/or ethnicity.

We understand you may have a few "I don't know" responses to below questions, but we are asking that you work as a couple to already have these conversations in order to create a plan as that infant will grow up having a natural inquisition to why they look different than mommy and daddy.

1. What are the reasons you wish to adopt a child of a race, culture, and ethnic group different than your own?

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2. What cultures and/or ethnic groups do you have the most exposure and comfortability?

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3. What is your understanding of racism?

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4. What is your experience with racism?

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5. What is the level of diversity within your below community:

☐ Immediate Family

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☐ Extended Family

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☐ Friends

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☐ Church

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☐ Neighborhood

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☐ City

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☐ Schools

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☐ Medical Providers

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## 6. Share an experience in which you immersed yourself in another culture or ethnic group?

☐ Husband

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☐ Wife

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## 7. Share an experience in which you immersed yourself, locally/in your community, within another culture or ethnic group?

☐ Husband

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☐ Wife

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8. How will the following people respond and accept a child of a race/ethnicity different from their own?

☐ Extended family

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☐ Other children in your home:

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☐ Friends, neighbors and community:

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9. In preparing for your child to grow up, how are you planning to respond when your child asks why they look different than you (i.e. skin color, hair texture, etc.)?

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10. How will you prepare your child for questions or comments from their peers or society on why they look different than their parents?

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This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

[illegible]

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date \_\_\_\_\_

## Transracial Adoption Reading Resources

In choosing to adopt outside of your race and/or ethnicity, we recommend checking out the below resources.

### Books on Transracial Adoption

*In Their Own Voices: Transracial Adoptees Tell Their Stories*  
by Rita J. Simon and Rhonda M. Roorda

*Inside Transracial Adoption*  
by Gail Steinberg and Beth Hall

*Loving Across the Color Line*  
by Sharon E. Rush

*Mixed Families: Adopting Across Racial Boundaries*  
by Joyce Ladner

*A Mother for Choco*  
by Keiko Kasza

*Does Anybody Else Look Like Me? A Parent's Guide to Raising Multiracial Children*  
by Donna Jackson Nakazawa

*Secret Thoughts of an Adoptive Mother*  
by Jana Wolff

*In Their Parents' Voices: Reflections on Raising Transracial Adoptees*  
by Rita J. Simon & Rhonda M. Roorda

*In Their Siblings' Voices: White Non-Adopted Siblings Talk about Their Experiences Being Raised with Black and Biracial Brothers and Sisters*  
by Rita J Simon, Rhonda M Roorda, & Kristiaan Versluys

*Loving Across the Color Line: A White Adoptive Mother Learns About Race*  
by Sharon E. Rush

### Children's Books on Transracial Adoption

*The Colors of Us*  
by Karen Katz

*All Kinds of Families*  
by Norma Simon

*You Be Me, I'll Be You*  
by Pili Mandelbaum

*Horace*  
by Holly Keller

*Brown Like Me*  
by Noelle Lamperti

### Articles on Transracial Adoption

*Bi-racial Children and The Emperor's New Clothes*  
by Gail Steinberg

*Transracially-Adopted Child's Bill of Rights*  
by Liza Steinberg Triggs

*Growing Up with Color Differences From a Parent's Perspective*  
by Robert O'Connor, MSW

*"Racially Conscientious" Parenting in a "Colorblind" Society*  
by Terry Keleher

**DISCLAIMER:** Although Mercy Multiplied seeks to provide relevant resources, please understand that we make no claims on the effectiveness of any of these books or articles.

## ***Mercy Multiplied*** **Profile Instructions**

Please understand that this Profile allows a Birth Parent(s) to visualize your relationship and lifestyle. It gives them a glimpse into your life, enables them to connect with your family, and attempt picturing their child in your home and family.

We have seen the way Adoptive Families create their Profile speaks to their individual personalities.

Since the Birth Parent(s) does not know you or the other faces in the photos, it is highly recommended that each photo has a caption/explanation of the setting or people in the photo. For example: “John’s Grandmother, Mary, celebrating at Christmas”.

The below list is not an exhaustive one, so feel free to add other pictures.

Please create 1 Profile book that includes pictures of:

- ✓ You and your spouse
- ✓ Your family and/or friends
- ✓ Pets (*if applicable*)
- ✓ Favorite activities
- ✓ Holidays
- ✓ Vacations
- ✓ Your home

**HELPFUL TIP:** The pictures of your house should include, but not be limited to all rooms in your house. Please include a front and back view of your home.

Remember to review your scrapbook for identifying information (such as your last name, where you live, where you attended school, etc.). Even if you are comfortable with a more open adoption, we ask that the Profile provides non-identifying information.

**If you decide to assemble the Profile electronically and have it printed, feel free to e-mail the Adoptions Department with a link to view the Profile prior to ordering. This allows Staff to look for identifying information and appropriate content.**

***Mercy Multiplied***  
**Reference: Pastor – Small Group Leader - Elder**

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Name of Reference

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Church Role/Involvement

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Address

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Prospective Adoptive Family

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City                      State                      Zip

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Phone

Dear Reference,

The above Prospective Adoptive Family has applied to adopt an infant through Mercy Multiplied and has given your name as a reference. We would appreciate your thoughts about this family. Thank you for answering these questions.

1. How long have you known this family and how well?

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2. Please describe the husband's character and personality.

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3. Please describe the wife's character and personality.

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4. What is your perspective on their marriage relationship?

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5. What is your perspective on their relationship with God, as evidenced by their lives?

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6. Please describe their church involvement/activities.

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7. Have you ever seen evidence of instability in either individual, or in this marriage?

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8. Have you ever provided counsel to this couple?

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9. Why do you think they wish to adopt a child?

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10. If you were responsible for a child's future, would you want this family to adopt the child?

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\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

**Please mail or email the questionnaire directly to:**

**Mercy Multiplied - Adoption Department  
15328 Old Hickory Blvd.  
Nashville, TN 37211**

**[CRahbar@mercymultiplied.com](mailto:CRahbar@mercymultiplied.com)**

***Mercy Multiplied***  
**Reference – Standard**

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Name of Reference

---

Type of Relationship/Connection to Applicant

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Address

---

Prospective Adoptive Family

---

City                      State                      Zip

---

Phone

Dear Reference,

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2. Please describe the husband's character and personality.

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3. Please describe the wife's character and personality.

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4. What is your perspective on their marriage relationship?

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5. What is your perspective on their relationship with God, as evidenced by their lives?

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6. Please describe their church involvement/activities.

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8. Have you ever advised/counseled this couple?

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9. Why do you think they wish to adopt a child?

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Signature of Reference

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***Mercy Multiplied***  
**Reference – Standard**

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Name of Reference

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Type of Relationship/Connection to Applicant

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Address

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Prospective Adoptive Family

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City                      State                      Zip

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2. Please describe the husband's character and personality.

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3. Please describe the wife's character and personality.

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4. What is your perspective on their marriage relationship?

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5. What is your perspective on their relationship with God, as evidenced by their lives?

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6. Please describe their church involvement/activities.

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9. Why do you think they wish to adopt a child?

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\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

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**[CRahbar@mercymultiplied.com](mailto:CRahbar@mercymultiplied.com)**

***Mercy Multiplied***  
**Reference – Standard**

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Name of Reference

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Type of Relationship/Connection to Applicant

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Address

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Prospective Adoptive Family

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City                      State                      Zip

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Phone

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2. Please describe the husband's character and personality.

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3. Please describe the wife's character and personality.

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4. What is your perspective on their marriage relationship?

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5. What is your perspective on their relationship with God, as evidenced by their lives?

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6. Please describe their church involvement/activities.

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7. Have you ever seen evidence of instability in either individual, or in this marriage?

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9. Why do you think they wish to adopt a child?

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10. If you were responsible for a child's future, would you want this family to adopt the child?

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Signature of Reference

\_\_\_\_\_  
Date

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***Mercy Multiplied***  
**Reference – Standard**

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Name of Reference

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Type of Relationship/Connection to Applicant

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Address

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Prospective Adoptive Family

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City                      State                      Zip

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Phone

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2. Please describe the husband's character and personality.

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3. Please describe the wife's character and personality.

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4. What is your perspective on their marriage relationship?

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5. What is your perspective on their relationship with God, as evidenced by their lives?

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6. Please describe their church involvement/activities.

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9. Why do you think they wish to adopt a child?

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\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

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Nashville, TN 37211**

**[CRahbar@mercymultiplied.com](mailto:CRahbar@mercymultiplied.com)**

***Mercy Multiplied***  
**Agreement for Home Study & Supervision Services**

**This sets forth an agreement between Mercy Multiplied and:**

---

Name of Child Placing Agency or Licensed Social Worker

---

Address

City

State

Zip Code

---

E-mail Address

---

Phone Number

**Agreement is for the Home Study and Adoptive Placement Supervision of:**

---

Prospective Adoptive Family

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Address

City

State

Zip Code

Both agencies agree that all information shared will be confidential and for the purpose of providing service to the Adoptive Family based on the best interest of the child.

It is mutually agreed that:

1. Both agencies recognize the authority of the Interstate Compact on the Placement of Children (ICPC) and will comply with their requirements for any placement across state lines.
2. The Home Study Agency agrees to provide Mercy Multiplied with one original notarized copy of the Home Study as well as a copy of the agency's and/or social worker's current license.
3. Mercy Multiplied is required by Tennessee law to have quarterly reports from the supervising agency until finalization. With the signing of this document, the supervising agency agrees to provide these reports to Mercy Multiplied.
4. The Home Study Agency will be responsible for supplying all reports to the finalizing court and supervision reports to ICPC. Mercy Multiplied agrees to facilitate finalization by obtaining needed information, with release, to the involved attorneys.



5. The Adoptive Family will be responsible for all Home Study and supervisory fees. The Adoptive Family will also be responsible for providing copies of all legal documents pertaining to this adoption to both agencies.
6. Mercy Multiplied will be primarily responsible for facilitating any Birth Parent contact. Any pictures or correspondence needing mediation will be handled by Mercy Multiplied Adoption Staff.
7. Both agencies agree to follow their state's laws regarding any suspected incidents of child abuse. In addition, both agencies agree to notify each other immediately if any report is made.
8. Mercy Multiplied reserves the right to safeguard the welfare of the child through various means. These means include, but are not limited to requesting extra supervision, therapy, or other services. In certain cases, Mercy Multiplied may need to remove the child. Should any extra services be requested of the Adoptive Family, the Adoptive Family will be expected to comply within a reasonable amount of time and assume the cost of such services. Both agencies agree to work cooperatively to preserve this Adoptive Family, understanding that responsibility for placement decisions rests with Mercy Multiplied
9. This agreement is terminated when the adoption has been Finalized through the appropriate court of law.

With this signature, all parties listed below agree to the above specified terms and are confident that all responsibilities will be fulfilled.

\_\_\_\_\_  
Child Placing Agency Representative  
or Licensed Social Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Adoptive Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Adoptive Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mercy Multiplied Adoption Representative

\_\_\_\_\_  
Date

## ***Mercy Multiplied*** **Home Inspection Report**

**REMINDER: To be completed by Home Study Worker**

Prospective Adoptive Family

Address

City

State

Zip Code

**Yes**

**No**

**Interior & Exterior of home appears clean/well kept**

☐
☐

**Heating & Cooling system in working order**

☐
☐

**Home has appropriate septic tank/sewer system**

☐
☐

**Bathrooms & kitchen modern and in working order**

☐
☐

**Proper refrigeration of food**

☐
☐

**Medications stored in locked cabinet**

☐
☐

**Cleaners/poisons stored in locked cabinet or out of reach**

☐
☐

**Appropriate pest control measures taken**

☐
☐

**Emergency phone numbers listed in designated area**

☐
☐

**Location:** \_\_\_\_\_

**Severe storm evacuation plan**

☐
☐

**Location:** \_\_\_\_\_

**Exits are free and accessible**

☐
☐

**Smoke alarms are in working order outside of bedrooms**

☐
☐

**Location:** \_\_\_\_\_

**Fire extinguisher present in kitchen**

☐
☐

**No obvious fire hazards are present**

☐
☐

**Fire arms are stored in a locked area, *if applicable***

☐
☐

**Number of Fire Arms:** \_\_\_\_\_

**Fire Arms Location:** \_\_\_\_\_

**Ammunition is stored in a separate locked area, *if applicable***

☐
☐

**Ammo Location:** \_\_\_\_\_

**Swimming pool & gate secure, *if applicable***

☐
☐

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Study Worker Signature

Date of Report

