

**THE BARKER ADOPTION FOUNDATION
KOREAN PROGRAM CHILD REQUEST FORM**

Name of Parent(s): _____ Date: _____

We are requesting to adopt a child from South Korea. We understand that many babies come from a background where there has been cigarette smoking and/or social drinking (for example, beer and wine) during the pregnancy. We understand that some babies may have a complicated birth or be born with some minor correctable medical condition. We further understand that there is a very small legal risk that the baby could be returned to the Korean birth parent(s) at his/her/their request after we have accepted the Child Referral but before the baby has been brought to the USA.

Please indicate the conditions known at time of referral that you would be willing to consider by placing a check in the appropriate box next to the particular need. Please do not indicate a “maybe” answer. Social Welfare Society can only consider needs that are checked “YES” when considering an appropriate child/family match.

Prematurity:	YES	NO
28-32 weeks gestation		
32-35 weeks gestation		
35+weeks gestation		
Birth Family History:		
History of mental illness in the family		
History of mental retardation in the family		
Birth parents with less than a high school diploma		
Developmental:		
Developmental delays		
Ear/Nose/Throat:		
Cleft lip		
Cleft palate		
Partial hearing loss		
Total hearing loss		

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Heart:	YES	NO
Atrial septal defect (ASD)		
Ventricular septal defect (VSD)		
Patent ductus arteriosus		
Murmur, unknown prognosis		
Infectious Diseases:		
Hepatitis B		
Hepatitis C		
Tuberculosis		
Orthopedic:		
Club foot/feet		
Extra fingers/toes		
Missing limbs-partial/complete		
Missing fingers/toes		
Syndactyly		
Talipes		
Skin Conditions:		
Burns		
Café Au Lait Spot(s)		
Hemangioma		
Nevus		
Port Wine Stain		
Scars		

Maximum Age of Child Desired: _____

Preferred Gender of Child Desired:

___ Female ___ Male ___ Either

** SWS allows couples to *prefer* a girl if they are already parents of a boy. This is an expressed preference only and is honored at the discretion of SWS **

Signature of Husband _____ Date: _____

Signature of Wife _____ Date: _____