



ZOE for Life!
National Office
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Thank you for contacting ZOE for life! We hope the information we enclose will help answer some of your questions.

ZOE for Life! is a not-for-profit pan-Orthodox Christian initiative. ZOE is not a licensed adoption agency, attorney, law firm, private or public licensed adoption agency or social worker. We are a referral service to the Orthodox Christian community. Our mission statement is:

To help women who need emotional and spiritual support during crisis pregnancies; to provide confidential access to existing professional agencies; to connect interested women with potential adoptive Orthodox Christian families.

Enclosed you will find our pamphlet of information, the Adoptive Parents Background Questionnaire, Creating Your Own Resume, and the Assistance and Coordination Agreement. We realize the length of the questionnaire is imposing, however, we are confident that when you weigh its length against the responsibility ZOE for Life! has undertaken to find good homes for children, you will understand the necessity for the requested information.

If you have not already done so, your first step toward adoption will be to successfully complete a home study. A licensed assessor, according to your particular state guidelines, must conduct this. Your state adoption office is the logical place to begin to locate the appropriate professional. Be specific when outlining your needs: you will either need a home study for a domestic (within the United States) and/or an international adoption.

If you are seeking a domestic adoption, be certain the agency with which you are working is licensed in inter-state adoptions. That will allow the agency to complete an adoption regardless of the state in which your adopted child is born.

If you are interested in pursuing a domestic adoption, ZOE requires the following:

- 1) Adoptive Parents Background Questionnaire, printed responses in BLUE ink, with your signatures witnessed by a third party.
- 2) Assistance and Coordination Agreement initialed in BLUE ink where indicated, with your final signatures witnessed by a third party, and accompanied by a check made out to ZOE for Life! in the amount of fifty dollars (\$50.00).
- 3) Original letter from your home study agent, indicating that you have successfully completed your home study, and when your home study will expire. You do not need to send us a copy of your home study.
- 4) A letter of recommendation from your parish priest.
- 5) Resume with photographs, which will be used as an introduction to birth mothers and/or birth fathers which tells about you, your life together, your hopes for your child, and so on.

Upon receipt and review of all of the above documents, your name will be added to ZOE's Adoptive Parents Registry. You will be given a numerical placement which will be good for two years or until you successfully adopt from ZOE or any other source, whichever comes first. It is your responsibility to maintain a current home study in order to keep your numerical placement.

If you are solely interested in an international adoption, you do not need to register with ZOE. However, ZOE can refer you to some individuals and/or organizations that may be able to assist you.

If you have any questions, please do not hesitate to give us a call. We look forward to hearing from you.

In His love,

Paula M. Kappos
President

Our Mission

To help women who need emotional and spiritual support during crisis pregnancies; to provide confidential access to existing professional agencies; to connect interested women with potential adoptive Orthodox Christian families.

ZOE for Life! is endorsed by the Standing Conference of the Canonical Orthodox Bishops in the Americas



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ADOPTIVE PARENTS' BACKGROUND QUESTIONNAIRE

Please complete the following questionnaire as thoroughly as possible, using BLUE ink. All information that you give us will be kept confidential except as set forth in the Assistance and Coordination Agreement. If you should require additional space, please attach separate pages as needed.

IDENTIFICATION: Please provide your full legal names:

Husband: _____

Wife: _____

Home Address: _____

Street

City

State

Zip Code

County

Home Telephone: (_____) _____

Husband's Cell Phone: (_____) _____

Wife's Cell Phone: (_____) _____

Fax Numbers: (_____) _____ (_____) _____

Emergency Contact: _____

Emergency Contact Telephone Number(s): (_____) _____

Driver's License Numbers: (Include State of Issue)

Husband: _____ Wife: _____

E-mail Address: _____

Business/Employer: (Name, Address, and Telephone)

Husband: _____

Length of Time Employed: _____

Wife: _____

Length of Time Employed: _____

EMPLOYMENT HISTORY (last 5 years)

Husband:

Previous Employers: _____

Dates of Military Service: _____

Date of Discharge: _____

Wife:

Previous Employers: _____

Dates of Military Service: _____

Date of Discharge: _____

GENERAL DESCRIPTIONS:

Husband:

Date of Birth: _____ Place of Birth: _____

Religion: _____ Do You Practice Your Faith? _____

National Origin: _____ Ethnic Origin: _____

Hair Color: _____ Eye Color: _____

Color of Complexion: _____

Height: _____ Weight: _____

Hobbies, Talents & Interests: _____

Community Service or Activities: _____

Wife:

Date of Birth: _____ Place of Birth: _____

Religion: _____ Do You Practice Your Faith? _____

National Origin: _____ Ethnic Origin: _____

Hair Color: _____ Eye Color: _____

Color of Complexion: _____

Height: _____ Weight: _____

Hobbies, Talents & Interests: _____

Community Service or Activities: _____

MARITAL HISTORY:

Date and Place of This Marriage: _____

Place Marriage License was Acquired: _____

Husband's History:

First Marriage – Date and Place: _____

Date and Place of Termination: _____

First Wife's Full Name: _____

Second Marriage – Date and Place: _____

Date and Place of Termination: _____

Second Wife's Full Name: _____

Wife's History:

First Marriage – Date and Place: _____

Date and Place of Termination: _____

First Husband's Full Name: _____

Second Marriage – Date and Place: _____

Date and Place of Termination: _____

Second Husband's Full Name: _____

EDUCATION:

Husband:

Highest Level Attained: _____

Name and Location of School: _____

Year Graduated: _____ Degrees and Dates Acquired: _____

Wife:

Highest Level Attained: _____

Name and Location of School: _____

Year Graduated: _____ Degrees and Dates Acquired: _____

CHILDREN:

Please list the children in your family and indicate with an asterisk (*) if the child is adopted:

Name of Child: _____ Age: _____ Birth Date: _____

Name of Child: _____ Age: _____ Birth Date: _____

Name of Child: _____ Age: _____ Birth Date: _____

Name of Child: _____ Age: _____ Birth Date: _____

Children of Previous Marriages (Husband):

Name of Prior Spouse: _____ Number of Children: _____
With whom does child(ren) live now?: _____

Name of Prior Spouse: _____ Number of Children: _____
With whom does child(ren) live now?: _____

Children of Previous Marriages (Wife):

Name of Prior Spouse: _____ Number of Children: _____
With whom does child(ren) live now?: _____

Name of Prior Spouse: _____ Number of Children: _____
With whom does child(ren) live now?: _____

FAMILY BACKGROUND (Husband):

Name of Parents: _____
Address of Parents: _____

If one or both of your parents are deceased, please indicate their age(s) at death and cause(s) of death:

Parents' Birth Dates and Ages: _____
Parents' General Health: _____
Parents' Occupations: _____
Number of Siblings: _____ Nieces and Nephews: _____
Siblings' Birth Dates and Ages: _____

If any of your siblings are deceased, please indicate their age at death and cause of death: _____

Siblings' Addresses: (City and State): _____

Please briefly describe your relationship with your extended family, including the amount of contact you have with them:

Please describe how your extended family feels about your plans to adopt a child: _____

FAMILY BACKGROUND (Wife):

Name of Parents: _____
Address of Parents: _____

If one or both of your parents are deceased, please indicate their age(s) at death and cause(s) of death:

Parents' Birth Dates and Ages: _____
Parents' General Health: _____

Parents' Occupations: _____

Number of Siblings: _____ Nieces and Nephews: _____

Siblings' Birth Dates and Ages: _____

If any of your siblings are deceased, please indicate their age at death and cause of death: _____

Siblings' Addresses: (City and State): _____

Please briefly describe your relationship with your extended family, including the amount of contact you have with them:

Please describe how your extended family feels about your plans to adopt a child: _____

ADDITIONAL PERSONAL HISTORY:

Please explain all "YES" answers on a separate sheet of paper and attach to this questionnaire.

Have You Ever:

Been In Bankruptcy?	Husband: _____	Wife: _____
Been Under Psychiatric Care?	Husband: _____	Wife: _____
Had Psychotherapy?	Husband: _____	Wife: _____
Been Arrested?	Husband: _____	Wife: _____
Received Discharge Other Than Honorable from Military Service?	Husband: _____	Wife: _____
Been Turned Down by an Adoption Agency?	Husband: _____	Wife: _____
Placed a Child for Adoption?	Husband: _____	Wife: _____
Filed for Divorce, Dissolution, or Annulment of THIS marriage?	Husband: _____	Wife: _____
Been Past Due On Any Court Ordered Installment of Child Support?	Husband: _____	Wife: _____

Please Describe any Medical Problems You Have:

Husband: _____

Wife: _____

CONCERNING THE ADOPTION: The following questions will assist ZOE for Life in matching your wishes with those of the birth mother.

The Child:

Do You Have an Age Preference Concerning the Child? Yes _____ No _____

If Yes, Please Explain: _____

Up to What Age Child Are You Willing to Accept? _____

Do You Have a Sexual Preference Concerning the Child? Yes _____ No _____

If Yes, Please Explain: _____

Are You Willing to Accept Twins or Triplets? Yes _____ No _____

If Yes, Please Explain: _____

Are You Willing to Accept Siblings? Yes _____ No _____

If Yes, Please Explain: _____

Are You Willing to Accept a Child of a Different Race? Yes _____ No _____

If Yes, Please Explain: _____

Would You Accept a Child (Children) Who is All or Part:

Black? _____

Hispanic? _____

Asian? _____

Other? _____

Would You Accept a Child With a Physical Disability? Yes _____ No _____

If Yes, Please Explain: _____

Are You Willing to Accept a Child With a Mental Disability? Yes _____ No _____

If Yes, Please Explain: _____

Are You Willing to Accept a Child With an Emotional and/or Behavioral Disability? Yes _____ No _____

If Yes, Please Explain: _____

Are you willing to accept a child "at-risk?" An "at-risk" child is one who, while currently healthy, is at risk of developing learning, emotional, behavioral, or physical disabilities in the future. Babies exposed to drugs, abuse, neglect, and those with genetic pre-dispositions to mental illness and physical disabilities are called "at-risk." **Please Note: ZOE for Life will probably not know if a child is "at-risk."** Accurate information will depend on the knowledge and veracity of the birth mother and/or her family.

Yes _____ No _____

If Yes, Please Explain: _____

What Characteristics Would You Ideally Like Your Child to Have? (i.e., Personality, Appearance, Sex, Race, etc.):

BIRTH MOTHERS:

Do You Have Any Preference Regarding the Age of the Birth Mother? Yes _____ No _____

If Yes, Please Explain: _____

Do You Have Any Preference Regarding the Geographic Location of the Birth Mother? Yes _____ No _____

If Yes, Please Explain: _____

Do You Have Any Other Preferences Regarding the Birth Mother? Yes _____ No _____

If Yes, Please Explain: _____

OPENNESS:

There are various types of adoptions including open, confidential, or closed or semi-open/mediated adoptions. The amount of information, if any, which is shared between you and the birth mother varies with each type of adoption. We understand that your feelings may change over time.

Do You Want to Know the Full Name of the Birth Mother? Yes _____ No _____

Do You Want the Birth Mother to Know Your Full Legal Names? Yes _____ No _____

Do You Want to Know Where the Birth Mother Lives? Yes _____ No _____

Do You Want the Birth Mother to Know Where You Live? Yes _____ No _____

Do You Want to Meet the Birth Mother Prior to the Adoption? Yes _____ No _____

If Yes, Do You Want to Speak With Her Over the Telephone? Yes _____ No _____

If Yes, Do You Want to Meet With Her in Person? Yes _____ No _____

Are you willing to meet the birth mother prior to the adoption? **Please Note that if you mark "no" ZOE will not refer you to a birth mother that wants to meet the adoptive parents.** Yes _____ No _____

If Yes, Would You Speak With Her Over the Telephone? Yes _____ No _____

If Yes, Would You Meet With Her in Person? Yes _____ No _____

Describe the kind of relationship you would like your child and the birth mother to have after the child is placed with you:

Would you be willing to talk to the birth mother after the child is placed in your home and/or after the adoption, if it were in the best interests of your child? Yes _____ No _____

Please Explain: _____

Please Describe Briefly Your Reasons for Wanting to Adopt:

Please Describe How You Think Your Lives Will Change After the Adoption:

Why Do You Think Birth Parents Select Adoption for Their Children?

Are There Any Specific Birth Parent Traits or Characteristics That Would be Difficult for You to Accept in the Background of the Child? _____ If So, Please Describe: _____

INFORMATION ABOUT YOUR LIVES IN GENERAL:

Please Describe Your Home and Neighborhood: _____

What is a Typical Weekday and Weekend Like in Your Home? _____

What Do You Enjoy Doing Together and Individually? _____

What Qualities Attracted You to Your Spouse? _____

How Do You Resolve Major Decisions, Such as the Purchase of a Car, House, or Planning a Vacation?

Please Briefly Describe Your Childhood and Your Relationship With Your Parents and Siblings While Growing Up:

Describe Any Experience You Have Had With Children: _____

If You Have Children Who Do Not Reside With You, Please Describe the Circumstances of This: _____

What Are Your Thoughts on Disciplining Children? _____

What Are Your Thoughts on Children's Education? _____

Is There Any Other Information You Would Like Us To Know? _____

WE AFFIRM THAT, TO THE BEST OF OUR KNOWLEDGE AND RECOLLECTION, THE ABOVE INFORMATION IS COMPLETE, TRUE, AND CORRECT.

Husband's Name (Please Print)

Husband's Signature

Wife's Name (Please Print)

Wife's Signature

Date

Signature of Witness



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ASSISTANCE AND COORDINATION AGREEMENT

(Please initial each section in BLUE ink as indicated)

Thank you for choosing ZOE for Life! (hereinafter referred to as "ZOE") to assist in your adoption needs. This document will set forth our agreement with respect to ZOE's services, costs, and mutual obligations.

HUSBAND'S FULL LEGAL NAME (please print): _____

WIFE'S FULL LEGAL NAME (please print): _____

ZOE is not a licensed public or private adoption agency, an adoption child serving agency, attorney, law firm, public children services agency, private child placing agency, private non custodial agency, social worker, psychotherapist, investigator or counselor. It is engaged solely in the business of assisting women in crisis pregnancies and assisting the Orthodox Christian community in coordinating adoption efforts.

Therefore, please be advised that, for separate and additional fees unrelated to ZOE's involvement, you will need to seek services of a licensed adoption agency and/or a competent adoption attorney for legal advice as to the proper procedures required for the adoption of children under the laws of the State of Ohio and/or the state where you reside. ZOE has no way of knowing what your total cost for an adoption may be.

It is not the responsibility of ZOE nor will ZOE advise you in the laws or procedures of adoption in your state, nor any other state, nor engage in the unlicensed practice of law in the field of adoption. You are advised to rely solely on competent and professional legal advice if you wish to proceed with adoption.

Initials required: _____

PURPOSE: ZOE will work in conjunction with your attorney and/or agency, if applicable, and with you, with respect to any and all decisions affecting your case. ZOE does not make decisions for you or for the birth parents, nor does ZOE act in any other capacity other than to assist you in coordinating your adoption efforts.

Initials required: _____

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FEE: A fifty dollar (\$50.00) non-refundable fee is due at the time the "Adoptive Parents' Questionnaire" is returned to ZOE. Please also note that YOU ARE NOT paying a "finder's fee." ZOE's nominal fee represents the cost of doing business (i.e. mailings, phone calls, phone lines, postage, etc.). If ZOE is successful in assisting you in coordinating your adoption, as further defined under the "DURATION" clause of this Agreement, you will be required to provide ZOE with an additional fee of five hundred dollars (\$500.00) in order to defray further costs of doing business as defined above.

Initials required: _____

CANCELLATION OF AGREEMENT: For a period of seventy-two (72) hours after signing this Agreement, or after the payment of any fee, you, as a party to this Agreement or ZOE may revoke this Agreement. You may request the return of any fees paid to ZOE without penalty, except for any reasonable fees actually expended by ZOE, and which are supported by written records and documentation.

Initials required: _____

TRANSFER OF AGREEMENT: This Agreement may not be transferred or sold.

TRUTH IN INFORMATION: ZOE may be able to assist you in obtaining information from the birth mother concerning, but not limited to, medical and social history, use of drugs, cigarettes and alcohol, before and during pregnancy, and identify medical and social history and the whereabouts of alleged and presumed birth father(s). However, ZOE does not perform investigative services and cannot corroborate and or warrant the veracity and/or truth of any information received.

Initials required: _____

WAIVER OF CONFIDENTIALITY: It is expressly understood that any information provided by any party is confidential, and this Waiver of Confidentiality only applies to the parties to this Agreement, ZOE Board Members, ZOE staff and ZOE's Attorney.

Initials required: _____

AUTHORIZATIONS:

Notwithstanding and in addition to this "Waiver of Confidentiality," by signing this Agreement (AND BY INITIALING THIS SECTION), you hereby authorize ZOE to discuss your case with your attorney and/or agency, or other representatives acting on your behalf, to discuss your case with ZOE. The adoption process involves the coordination effort of many professionals, and it is your sole responsibility to comply with the laws of your state. You agree that ZOE has full permission to freely discuss all aspects of your adoption with all of the professionals involved in the adoption procedures. This includes, but is not limited to, freely exchanging information with adoption attorneys and/or agencies, physicians, childbirth educators, the nursing staff at the hospital and state social workers.

Initials required: _____

Additionally, ZOE and its Board Members, Staff and Attorney are permitted to provide the information in your Resume and your ages, state of residence and occupations from your Adoptive Parents' Background Questionnaire, to any prospective birth mother and/or birth father who may consider you as potential adoptive parent(s) for her child, or to any parent or other professional representative, acting on her behalf your on your behalf.

Initials required: _____

DURATION: The duration of the Agreement is two (2) years from the date of this Adoption Assistance and Coordination Agreement, or such other time that we are instructed by you, in writing, that you are no longer in need of our services, whichever comes first. Our fee covers ZOE services until you adopt one child or one sibling group involving the same birth mother through ZOE's assistance, or two (2) years from the date of this Agreement, whichever comes first. A child in your home for the purpose of adoption, obtained through our sources or a source other than ZOE's shall constitute a successful adoption plan and must be reported to ZOE within forty-eight (48) hours of birth and/or arrival of said child. This Agreement is considered terminated at that time.

Initials required: _____

NO GUARANTEE: Although it is ZOE's hope that you locate a suitable birth mother through its assistance, please be advised that at no time can it make guarantees that you will succeed in finding a child to adopt in this or any time frame, or that the adoption will

successfully finalize. ZOE has no control and/or liability as to whether or not you satisfy the legal requirements for a successful adoption in your state and you acknowledge that ZOE has made no statements, promises or guarantees to the contrary.

Initials required: _____

BEST EFFORTS: Unfortunately, your efforts to adopt can sometimes result in failure. It is specifically agreed, that any such failure will not be grounds for a refund of any part of any fees paid. This Agreement acknowledges that each of us agree that there are significant risks; including the possibility that either of the birth parents can change their minds, either before or after the birth of the baby, or, before or after the consent of relinquishment papers are signed. However, all parties hereby agree to use their best efforts to effectuate and expedite the purpose of this Agreement within its two (2) year duration.

Initials required: _____

UPDATE INFORMATION: It is your responsibility to keep ZOE advised at all times of your current phone number(s) and address, as well as your availability to accept telephone calls. Further, it is your responsibility to advise ZOE of any relevant information that may affect our ability to contact you, such as vacation plans, etc. In addition, you agree to have a Home Study by a state licensed agency and/or any other relevant legal procedures completed in a timely fashion.

Initials required: _____

BINDING ARBITRATION: The parties agree that if a dispute arises out of the performance of the services rendered under the Agreement, the matter will be submitted to binding arbitration in the State of Ohio. ZOE's liability is limited solely to a refund of monies paid to ZOE. The parties agree to the mutual selection of an arbitrator. If agreement cannot be reached, the dispute will be submitted to the American Arbitration Association and will be arbitrated in accordance with the rules of the American Arbitration Association. The parties to this Agreement agree to settle all disputes through binding arbitration, waiving all rights to pursue court action.

Initials required: _____

ACKNOWLEDGEMENT: You agree that you have been fully informed and fully understand that ZOE has not presented itself as, and is not a private or public licensed adoption agency, a public children services agency, a private child placing agency, a private non custodial agency, an adoption child serving agency, a licensed psychotherapist or counselor, an attorney, a law firm, an adoption service provider, an investigator, or a social worker. ZOE is not licensed to provide legal or therapeutic services and does not offer or provide services in these or other capacities described in this paragraph.

Initials required: _____

FULL UNDERSTANDING AND AGREEMENT: The parties fully understand all of the terms herein set forth, and have read this Agreement. Accordingly, each party voluntarily executes this Agreement and affixes his/her signature in the presence of the witnesses indicated below. Each party acknowledges that the terms contained herein represent and constitute the entire understanding between them.

Initials required: _____

MODIFICATION BY PARTIES: This Agreement shall not be altered or modified unless it be done in writing signed by both parties.

Initials required: _____

MERGER: It is specifically agreed that this Agreement constitutes the entire understanding between the parties and is intended as a complete statement of all rights and obligations between them. All prior oral agreements are void.

Initials required: _____

SEVERABILITY: If any provision or clause of this Agreement is held invalid, such invalidity shall not affect other provisions of this Agreement which can be given effect without the invalid provisions, and to this end, the provisions of this Agreement are declared to be severable.

Initials required: _____

IN WITNESS WHEREOF, the parties affix below their signatures:

Signed in the Presence of:

First Witness' Signature Date

Second Witness' Signature Date

First Witness' Signature Date

Second Witness' Signature Date

Your Signature

Date

Spouse's Signature

Date

ZOE for Life! by

Date