



## Madison Adoption Associates

### “SPECIAL CIRCUMSTANCES” FAMILY PLAN

Please complete this questionnaire thoughtfully and thoroughly if you are applying for approval of a ‘special circumstance’ adoption, such as adopting two children at a time, adopting out of birth order (including displacing your oldest child), artificial twinning, or any other adoption situation that is not typical.

This activity should not be viewed as ‘extra work,’ but rather as essential preparation for the adoption path that you wish to take. Adoption, even in the most perfect circumstances, brings about challenges for both the child and the family. When you add in an atypical match to the equation, those challenges are only exemplified. Our goal is to work with you, and explore all of the possibilities that you may face in your atypical adoption, and to help you formulate a plan of action to best serve your child and your family. Doing the research and preparation now will make it much easier to set up services once you are home, and after this exercise, you will have your own guide to refer back to!

**Brief or inadequate answers will result in processing delays, and possible denial of your request.**

#### Part A - REVIEW OF RESOURCES

*Please read/watch each of the listed resources, and comment on each. For each, how did this make you feel? How do you feel this will relate to your specific situation? What did you learn from the resource? What do you need to learn more about after reading/watching the resource?*

1. Article: <http://gmwilliams.hubpages.com/hub/The-Dark-Side-of-Birth-Order>
2. Article: <https://www.nightlight.org/2012/10/adopting-out-of-the-birth-order/>
3. Article: <https://www.families.com/blog/adopting-when-you-already-have-children>
4. Family account: <http://www.rainbowkids.com/adoption-stories/was-our-adoption-a-mistake-179>
5. Family account: <http://www.rainbowkids.com/adoption-stories/when-your-older-adopted-child-comes-home-1606>
6. Movie: The Dark Matter of Love (available at imdb.com)
7. Relevant book of your choosing
8. Additional relevant book of your choosing

#### Part B - EXPERIENCED ADOPTIVE FAMILIES

*It is important to reach out to other adoptive families who have adopted a child in the same, or similar, circumstances as you are hoping. For example, if you are hoping to adopt out of birth order, talk to a family who has done so. Please identify at least three families who have completed an adoption in a similar situation as you are requesting. MAA can provide family references if necessary. Please discuss with each family their challenges with this type of adoption. What struggles did they have? How did they handle these struggles? How are they*



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*handling education? How are they handling the language barrier? What supports do they have in place? We are happy to put you in touch with a family!*

### **Part C - TRAUMA INFORMED THERAPISTS**

*All adoptees come from hard places. As their parent, it is your job to help them work through the trauma that they have experienced. Acknowledging your own limitations in helping your child process their history is paramount in their healthy emotional growth. Especially in situations of an atypical placement, working closely with a trauma informed therapist can provide your child with a means to process their past, and explore their future, in the healthiest way possible.*

### **Part D - EDUCATION PLAN**

*Typically, children adopted at an older age are more likely to be delayed when it comes to educational level. You can expect your adopted child to require more educational supports, as well as language support.*

### **Part E - INTERNATIONAL ADOPTION CLINIC/MEDICAL SPECIALISTS**

*Most likely your child will have special medical needs that will require different levels of care. It is important to work closely with an International Adoption Clinic or specialist, well-versed in the needs of internationally adopted children.*

### **Part F - STATE FOSTER CARE TRAINING AND POST-ADOPTION SERVICES**

*Foster care training offered by your local Department of Children and Youth is typically thorough, and very trauma-informed. We recommend that you contact your local Department of Children and Youth and inquire as to the possibility of attending their next foster care training series (please note this will be in addition to the required 12 hours Hague training). In addition, many states offer post-adoption services to ALL adoptive families, regardless of whether or not they adopted domestically or internationally.*

### **Part G - STATE SERVICES FOR CHILDREN WITH DISABILITIES**

*Many states offer services for children with challenges and/or disabilities. We urge you to contact your county/state and inquire as to the services that could benefit your child and your family.*

We are excited to walk this journey with you, and it is our job to ensure that you are prepared for the child that you adopt. Please consider each of these areas very carefully, and put thought and reflection into your answers. Also, feel free to add areas that you feel are important to research in your adoption journey!

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1102 Society Drive  
Claymont, DE 19703



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### **“SPECIAL CIRCUMSTANCES” FAMILY PLAN for:**

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Family name

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Type of ‘special circumstance’ applying for

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Name of matched child(ren) and/or child(ren) considering (if applicable)

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### Part A - Review of Resources Think Sheet

*Please copy this page and complete for each resource listed above #1-8.*

*Please use extra paper if more space is needed.*

**Title:** \_\_\_\_\_

How did this make you feel?

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How do you think this will relate to your specific situation?

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What did you learn from the resource?

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What do you need to learn more about after reading/watching the resource?

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Please list 3 questions you have after reading/watching this resource:

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Mother's Signature

Father's Signature

Date

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### **Part B - Experienced Adoptive Family Think Sheet**

*Please use additional paper if extra space is needed.  
Complete one Think Sheet for at least three adoptive families.*

Name of family: \_\_\_\_\_

Contact Information (address, phone, email):

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

Adoption situation:

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

What were the challenges/struggles they faced with this type of adoption?

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

How did/do they handle these struggles?

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

What supports do they have in place?

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

What were their biggest surprises?

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

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What did you learn from speaking with this family?

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Is this family willing to act as your 'mentor' throughout the process and once you are home?

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Mother's Signature

Father's Signature

Date

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### **Part C - Trauma Informed Therapist Think Sheet**

*Please use additional paper if extra space is needed.*

Name of therapist: \_\_\_\_\_

Date you spoke with therapist: \_\_\_\_\_

Contact information (office address, phone, email):

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

What kind of experience does he/she have with working with internationally adopted children?

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

How does he/she plan on handling the language barrier while treating your child?

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

What is his/her recommendation on a therapeutic plan for your child?

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

Did you confirm that this provider accepts your insurance?

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

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date



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### Part D - Education Plan Think Sheet

*Please use additional paper if extra space is needed.*

*If you plan on homeschooling your child, please adapt questions accordingly*

Name of School District: \_\_\_\_\_

Name of school your child will most likely attend: \_\_\_\_\_

Name of school district representative you spoke to: \_\_\_\_\_

Contact information of representative (phone, email):  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

What ESL (English as a Second Language) services are available for your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What additional educational supports are available?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other school options are available to you if your primary plan is not an appropriate fit for the child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

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### **Part E - International Adoption Clinic/Medical Specialist Think Sheet**

*Please use additional paper if extra space is needed.*

Name of clinic/specialist: \_\_\_\_\_

Name of the person you spoke with: \_\_\_\_\_

Contact information (address, phone, email):

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

Date: \_\_\_\_\_

Services they offer:

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

If child(ren) already identified, please state the date file was reviewed, and an explanation of the feedback (or attach report):

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

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

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### **Part F - State Foster Care Training and Post-Adoption Services Think Sheet**

*Please use additional paper if extra space is needed.*

Name of local training entity: \_\_\_\_\_

Name of person you spoke with: \_\_\_\_\_

Contact information (phone, email):

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Information regarding next foster care training offered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of hours of training curriculum: \_\_\_\_\_

Permission to attend?:   yes       or       no

*Please forward training certificates to MAA upon completion*

Post-placement services offered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Process to request/enroll in post-placement services:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
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### Part G - County/State Services Think Sheet

*Please use additional paper if extra space is needed.*

Name of local entity: \_\_\_\_\_

Name of person you spoke with: \_\_\_\_\_

Contact information (phone, email):

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

Date: \_\_\_\_\_

Services offered:

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

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Mother's Signature

Father's Signature

Date