

Guardianship

Fact Sheet / Statement of Acceptance

The family listed below has applied to Adoption Horizons with the hopes of becoming adoptive parents to either a healthy or special needs child. They listed you as a potential guardian of their prospective adopted child(ren) should they ever become unable to parent a child due to death, serious illness or any other reason.

Adoption Horizons policy requires that all adoptive parents provide information and a statement of guardianship in their file. These forms can be completed by relatives or friends who are extremely responsible and will provide for the adoptive child physically, emotionally and financially. This statement does not qualify as a legal appointment but meets agency requirements that a potential guardian be named. Please complete and return to Adoption Horizons as soon as possible.

Prospective Adoptive Family: \_\_\_\_\_

**I. GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
Marital Status:       Married      How Long: \_\_\_\_\_       Single

Guardian #1:

Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Time at this position: \_\_\_\_\_  
Annual Income: \_\_\_\_\_  
Other Income: \_\_\_\_\_

Guardian #2:

Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Time at this position: \_\_\_\_\_  
Annual Income: \_\_\_\_\_  
Other Income: \_\_\_\_\_

Combined Annual Income: \_\_\_\_\_

Own Home       Rent       Other: \_\_\_\_\_

**II. CHILDREN**

Do you have children?       Yes       No

If yes, please list their ages and living situation: (use another sheet of paper if you need more space)

Age	Living Situation (i.e. at home, on their own)

**V. GUARDIANSHIP**

1. Are you willing and able to provide guardianship for the child who may have special needs?       Yes       No
2. Are you physically and mentally able to accept this guardianship appointment?       Yes       No
3. Would you like our social worker to contact you regarding any questions or concerns?       Yes       No

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

**Guardianship**  
**Letter of Acceptance**

We must have two originals of this letter and both must have original signatures by both guardians.

Please write a letter that covers the following:

- A statement why you agreed to accept this appointment.
- A statement describing your relationship with the applicants.
- A statement regarding your ability to provide emotional, financial and physical care in any kind of emergency.
- A statement that outlines your awareness and ability to provide for a child in the event they have special needs.
- A statement regarding the space and environment where the child is to be raised.

Again be sure to:

- Provide two original Letters of Acceptance
- Signed by both guardians
- Include the Fact Sheet with your Letter of Acceptance (both must be signed)
- Return to:  
Adoption Horizons  
10 West 7<sup>th</sup> Street, Ste. F  
Eureka, CA 95501  
707-444-9909  
adoption@sbcglobal.net