

Name: _____

Date: _____

Adoption

N F N J D A A I P G L U I R L V V F B U S O D L
L C V O B R T G B L E N Y D X J E Q I N E B U B
S Z Q A I U Z L M U K U H S T E P P A R E N T B
H B C B Q T S I Z F U B F O S T E R C A R E V U
M C V O R N P A Y R T N U O C R E T N I K J I W
W S Z Q R R X O D K B K M P O L V A Y F B P C M
B G Y E Z B Z A D V O M W P S N N I Q V O A J S
Y I I B S P S N H A U H Y L V I D Y D R J U M U
F F M Q Y U E B Q G P O C V X J U I K Y E U I P
I Y K L F V B I T X F T N E R A P H T R I B F P
Y T M A W S Y A M I Z I E A F I Y D L E G W Q O
B N F P M F X N L I F R G W N E L Q Z V R F L R
M U B B U E Y C M U L Z A N N D F Z G L I J C T
E O Q H L B U I Y I T A O Z Z S P G X C N A V K
I C Z D C H L M E O O C B O H A O L W U U U O N
E L A Y O Y J I K C E X P O K F J E S E M I A P
P A S C C H N V C N N H L A R G M G E I N H B S
Q C C X H I E C C W E A G Q S S A Y I O Z Z D K
U O E Q B I F E G L E L T Z H W G P K A Q Z V J
I L E O F H M S O F Z L G S D Z D S J D L I H C
X E F V S Y C Z O M Z R F X I K S B D E L N S P
X U I Q D S X R K G T N C A Y S Y T O B D S C L
K X L G N W R L U X V N T X R Y S M C O L G X B
X V R X M P A S E H E A L T H E G A N S O T M S

Public Welfare	Birth Parent	Intercountry	Local County
Foster Care	Assistance	Stepparent	Innocence
Adoption	Support	Agency	Health
Abuse	Child	Labor	Life