



## Application for Adoption and/or Home Study Services

*Please note: This application is an opportunity for you to share information about your family. There is a non-refundable application fee of \$240.00, which is due upon submission of the application and covers the processing of the application and the preparation for the referral.*

### Prospective Father Information:

Full Name: \_\_\_\_\_ Alias: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_ Passport#: \_\_\_\_\_  
Education: (Highest Level) \_\_\_\_\_ Date of Degree: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Title: \_\_\_\_\_ Date of employment: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
Date of Present Marriage: \_\_\_\_\_ City/State: \_\_\_\_\_  
Number of Previous Marriages, please include spouses, dates of marriage, reason for termination:  
\_\_\_\_\_  
\_\_\_\_\_

### Prospective Mother Information:

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_ Passport#: \_\_\_\_\_  
Education: (Highest Level) \_\_\_\_\_ Date of Degree: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Title: \_\_\_\_\_ Date of employment: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
Date of Present Marriage: \_\_\_\_\_ City/State: \_\_\_\_\_  
Number of Previous Marriages, please include spouses, dates of marriage, reason for termination:  
\_\_\_\_\_  
\_\_\_\_\_

### Contact Information: *please circle your preferred contact methods*

Home Address: \_\_\_\_\_ Length at Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Fathers Work: \_\_\_\_\_ Mothers Work: \_\_\_\_\_  
Fathers Cell: \_\_\_\_\_ Mothers Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Fathers E-mail: \_\_\_\_\_ Mothers E-mail: \_\_\_\_\_

**Family Information:**

Please list all other people residing in your home, including children, relatives, roommates, and boarders.

Name	Date of Birth	Relationship	School Grade/Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Children not residing in the Home:**

Name	Date of Birth	Relationship	School Grade/Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**General Health:**

If you answer yes to any of the questions in General Health or Legal, please attach a letter of explanation to the application

	Husband	Wife
Have either of you been diagnosed with a significant Illness?	_____	_____
Have either of you had major surgeries?	_____	_____
Have either of you been treated by a Mental Health Professional?	_____	_____
Have either of you been treated for substance abuse/alcoholism?	_____	_____
Are either of you on any current medication?	_____	_____
If so for what condition:	_____	_____
Have either of you been on any medication for depression or any other psychiatric diagnosis?	_____	_____
If so what was/is the medication?	_____	_____
Specifically what is it prescribed for?	_____	_____

**Legal History:**

	Husband	Wife
Have you ever been arrested:	_____	_____
If yes list dates and arrest:	_____	_____
Have you been convicted of a Felony:	_____	_____
If yes list dates and convictions:	_____	_____
Have you been convicted of a misdemeanor:	_____	_____
If yes list dates and convictions:	_____	_____
Have you ever applied for adoption:	_____	_____
If yes, with whom and why are you seeking another adoption agency:	_____	

Do you have a completed Home Study: Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, date completed and by whom (please include address and phone number):

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

Any previously rejected Home Study: Yes: \_\_\_\_\_ No: \_\_\_\_\_ if yes, please explain and by whom (please include address and phone number):

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

**Desired Characteristic of a child you wish to adopt: (Home Study Applicants, please do not fill out this section)**

**Adoption Preference:**

Age range: Minimum to Maximum: \_\_\_\_\_ Sex: Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ Siblings: \_\_\_\_\_

**Domestic Adoption:**

Caucasian: \_\_\_\_\_

Hispanic: \_\_\_\_\_

African-American: \_\_\_\_\_

Asian: \_\_\_\_\_

Native American: \_\_\_\_\_

Bi-Racial: \_\_\_\_\_

Would you accept a domestic child with medical Problems or minor abnormalities i.e. birth marks?

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

**Additional Comments:**

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

**Other Information:**

Have you filed an I-600A form with INS? \_\_\_\_\_ If yes, when? \_\_\_\_\_

How did you here about us? Internet \_\_\_\_\_ Website Link: \_\_\_\_\_ Adoption magazine: \_\_\_\_\_

Yellow Pages: \_\_\_\_\_ Friend: \_\_\_\_\_ Adoptive Parent: \_\_\_\_\_ Other: \_\_\_\_\_

**I/We affirm that the information provided is true and correct to the best of my/our knowledge. I/We further understand that failure to provide true and correct information may result in the rejection of my/our application.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_