

Address:

Street/Suite # _____ City _____ State _____ Zip Code _____

Contact Person: _____ Phone: _____ Fax: _____

APPLICANT INFORMATION

Name: _____ Social Security #: _____

Date and Place of Birth: _____ Religious Denomination: _____

Date of Previous Marriage(s): _____ Date/How Terminated: _____

Age: _____ U.S. Citizen? _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

List any medical or mental health issues for which you have needed treatment:

EDUCATION

Name of School, City and State _____ Graduation Date _____ Degree Received _____

High School

College

Graduate School

Vocational School

MILITARY SERVICE From: _____ To: _____ Type of Discharge: _____

PRESENT EMPLOYMENT

Occupation: _____ Annual Income: _____

Employer: _____ Phone Number: _____

Address:

Street/Suite # _____ City _____ State _____ Zip Code _____

How long employed here: _____ Additional benefits: _____

Life Insurance: _____ Medical Insurance: _____

RELATIVES

Name	Age	Sex	Marital Status	City & State	Date/Cause of Death
Mother					
_____	_____	_____	_____	_____	_____
Father					
_____	_____	_____	_____	_____	_____
Sibling					
_____	_____	_____	_____	_____	_____
Sibling					
_____	_____	_____	_____	_____	_____
Sibling					
_____	_____	_____	_____	_____	_____
Sibling					
_____	_____	_____	_____	_____	_____
Sibling					
_____	_____	_____	_____	_____	_____

Answering yes to the following questions does not automatically mean that you are not eligible to adopt a child. Answering these questions falsely or incompletely could affect your application. Please be truthful when answering all questions.

Have you ever been arrested? _____ Have you ever been convicted of a crime? _____

Have you ever been investigated for child abuse? _____

Do you have a history of substance abuse? _____

Do you have a history of sexual or child abuse or domestic violence, even if it did not result in an arrest or conviction? _____

Have you ever been rejected as a prospective adoptive parent or had an unfavorable home study? _____

If yes to any, please explain.

JOINT APPLICANT INFORMATION (if applicable)

Name: _____

Social Security #: _____

Date and Place of Birth: _____

Religious Denomination: _____

Date of Previous Marriage(s): _____

Date/How Terminated: _____

Age: _____

U.S. Citizen? _____

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Sibling

Sibling

Answering yes to the following questions does not automatically mean that you are not eligible to adopt a child. Answering these questions falsely or incompletely could affect your application. Please be truthful when answering all questions.

Have you ever been arrested? _____ Have you ever been convicted of a crime? _____

Have you ever been investigated for child abuse? _____

Do you have a history of substance abuse? _____

Do you have a history of sexual or child abuse or domestic violence, even if it did not result in an arrest or conviction? _____

Have you ever been rejected as a prospective adoptive parent or had an unfavorable home study? _____

If yes to any, please explain.

YOUR HOME Please describe your home:

Do you own or rent this home? _____ What is its value? _____

FINANCIAL INFORMATION

Checking account balance: _____ Savings account balance: _____

Stocks: _____ Bonds: _____

Value of other property: _____

List outstanding debts and payment plans:

INFERTILITY

Describe any infertility treatment:

ADOPTION PREPARATION

Describe how you have prepared for adoption including participation in groups, books you have read, etc.

REFERENCES

List 4 people (1 that is a relative) who have known you for several years and that we may contact as a reference.

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about our agency?

Please indicate the country in which you are interest in:

China: _____ Russia: _____ Vietnam: _____ Other: _____

Are you applying to adopt from a Hague Convention country? Yes _____ No _____

If yes, please list all of the states you (and co-applicant) have lived in since you were 18 years old:

Specify sex and age range of child/ren in which you are interested:

Male: _____ Age Range: _____

Female: _____

Either: _____

Interested in a sibling group? YES: _____ NO: _____

Please discuss your motivation to adopt:

Have you ever traveled internationally? YES: _____ NO: _____

In the event that you have completed any of the following prior to applying to the program, please indicated the approximate date(s) that they were completed.

I600A/I800A Filed: _____ Home Study Started: _____

Home Study Completed: _____

Immigration Approval Received: _____ Passport Current: _____

Please write your FedEx # _____ If you do not have one, please call 1-800-GO-FEDEX and you will be issued a personal number within minutes. We will not process applications without this number.

I/We have carefully and honestly answered the above questions and herewith present the application for your consideration. My/our signature(s) are evidence of the fact that I have agreed/both of us have agreed with the information contained in this application. I/we understand that the \$300 application fee is non-refundable.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature:

****Please submit a photograph of you along with this application and the \$300 application fee.****