APPLICATION FORM

Applicant Name 1:_____ Birth Date: _____

Preferred Name (if different from above):_____ Gender Identity: ___ Female ___ Male ____ Other (please indicate: _____)

Home Address: _____

Telephone: Home: _____Work: _____

Email: _____ Cell: _____

Social Security number: _____/_____/_____ Passport number: _____

Citizenship: _____ Religion: _____

Occupation: _____

Employer:_____

Address:_____ Length of time in present position: _____ Unadjusted gross annual income: $_____

Highest year of education: _____ Name of school or college(s): _____

Applicant Name 2:_____Birth Date: _____

Preferred Name (if different from above):_____ Gender Identity: ___ Female ___ Male ____ Other (please indicate: _____)

Home Address: _____

Telephone: Home: _____Work: _____

Email: _____ Cell: _____

Social Security number: _____ Passport number: _____

Citizenship: _____ Religion: _____

Occupation: _____

Employer:

_____Address:_____

Length of time in present position: _____ Unadjusted gross annual income: $_____

Highest year of education: _____ Name of school or college(s):

_____

FAMILY:

Names and birth dates of your children (please indicate if adopted or biological; for adopted children give age at adoption and country of origin):

_____

_____

Names, birth dates, and relationships of other members of your household:

_____

_____

FINANCIAL:

Name of the bank(s) where you have an account:

_____

Your approximate net worth:

_____

Have you ever applied to an agency for a home study? If yes, please give the name of agency and the date applied:

_____

Agency worker, date home study completed:

_____

Have any family members been treated for any serious medical or emotional problems? If yes, explain:

_____

_____

Have you been in relationship or couples counseling with your current partner? If yes, please indicate when and for how long: _____

ADOPTION PLANS:

Please answer the following questions and indicate whether you can be flexible.

Age of child preferred: _____

Preference as to the sex of the child: _____

Siblings? _____Special needs child_____

Preference as to the racial/ethnic heritage of the child: _____

_____

Can one or both parents travel to the child's state or country of origin? _____

Please add any other information that you think is pertinent to your application for a home study:

_____

Please let us know how you heard about us:_____

Please check yes or no to each of these questions for each applicant:	**Applicant 1**		**Applicant 2**	
	Yes	No	Yes	No
Have you ever been arrested and fingerprinted, even if the record was sealed, pardoned, or expunged?				
Do you have a history or have you ever been accused of child abuse, sexual abuse, and/or domestic/family violence in the United States or abroad, even if it did not result in an arrest or conviction?				
Do you have a history with child protective services in the United States or overseas?				
Have you ever been the subject of an unfavorable home study or been rejected as prospective adoptive parent?				
Have you ever had a psychological or physical disorder or illness, or any other physical or mental factor that might affect your life span or ability to effectively, safely, and healthfully parent a child?				
Do you have a history or have you ever received treatment for drug, alcohol, and/or substance abuse?				
Has immigration ever refused you visa clearance?				

If the answer to any of the above questions is yes, please explain using a separate piece of paper.

Do you currently have an agreement with any other adoption service or agency? Yes ___ No ___

If yes, name of agency: _____

APPLICANTS' STATEMENT:

I certify that the information provided above is complete and accurate. I will up-date any of my/our responses to these questions if circumstances change or additional information comes to light during our adoption process. I am aware that information gathered during the home study process, including criminal record information will be used as part of the assessment and will be included in the home study repory.

_____ _____ _____

Signature	Print Name	Date
_____	_____	_____
_____	_____	_____
Signature	Print Name	Date