



## APPLICATION AND INFORMATION SHEET

### 1. GENERAL INFORMATION

Ms./Mrs. (last name): \_\_\_\_\_ (first name): \_\_\_\_\_  
 Mr. (last name): \_\_\_\_\_ (first name): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St. Zip \_\_\_\_\_  
 Phone: (home) \_\_\_\_\_ (her wk) \_\_\_\_\_ (his wk) \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Her cell: \_\_\_\_\_ His cell: \_\_\_\_\_

#### Adoptive Mother

#### Adoptive Father

SSN:		
Birth Date (mm/dd/yy)		
Driver's License & state of issue		
Citizenship		
Birth Place (city/state)		
Race:		
Religion:		
Occupation:		
Education:		
Other names you've used:		

### 2. MARITAL INFORMATION

Status (check one) Married \_\_\_\_\_ Single (never married) \_\_\_\_\_ Widowed \_\_\_\_\_  
 Present marriage date: \_\_\_\_\_ Place: \_\_\_\_\_

#### Adoptive Mother

#### Adoptive Father

How many previous marriages?		
Date of marriage/divorce		

Children from present or previous marriage:

Name:                      Sex      Birth Date      Biological/Adoptive      Race/Date Finalized

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other persons in your home:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### 3. CRIMINAL AND PARENTAL RECORD

Have you ever been convicted of a crime? (Yes/No)                      She \_\_\_\_\_ He \_\_\_\_\_

Have you ever terminated your parental rights for a biological or adopted child?  
(Yes/No)

She \_\_\_\_\_ He \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Have you ever been denied child placement because of the results of a home study:

She \_\_\_\_\_ He \_\_\_\_\_ If yes, please explain \_\_\_\_\_

### 4. HEALTH INFORMATION

	<b>Adoptive Mother</b>	<b>Adoptive Father</b>
Health Condition:	_____	_____
Height/Weight	_____	_____
Eye/Hair Color	_____	_____
Have you ever had?		
Substance abuse	_____	_____
Alcoholism	_____	_____
Mental disorder	_____	_____
Physical abnormality	_____	_____

### 5. FINANCE AND INSURANCE INFORMATION

Employment:

	<b>Adoptive Mother</b>	<b>Adoptive Father</b>
Employer:	_____	_____
Employers address:	_____	_____
Employers phone number:	_____	_____
Date employed:	_____	_____
Annual salary:	_____	_____
Other income/source:	_____	_____

Assets and Liabilities:

Vehicle (model/year) \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Real estate (include your home) \$ \_\_\_\_\_

Investments (stocks and bonds) \$ \_\_\_\_\_

Savings account \$ \_\_\_\_\_

Retirement plans (401K, etc.) \$ \_\_\_\_\_

Other (please specify) \_\_\_\_\_ \$ \_\_\_\_\_

Life insurance? (Yes/No) \$ \_\_\_\_\_

Monthly expenses \$ \_\_\_\_\_

Monthly income \$ \_\_\_\_\_

Do you currently carry medical insurance? (Yes/No)

Carrier? \_\_\_\_\_ Will it cover your child? (Yes/No) \_\_\_\_\_

**6. FAMILY INFORMATION**

List name, age, location and phone number of parents and siblings (if deceased, give age at death)

Her mother \_\_\_\_\_

Her father \_\_\_\_\_

Her siblings \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

His mother \_\_\_\_\_

His father \_\_\_\_\_

His siblings \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. REFERENCES (please provide three references, not family members)**

Name

Address

Phone

Reference #1 \_\_\_\_\_

Reference #2 \_\_\_\_\_

Reference #3 \_\_\_\_\_

**8. RESIDENCY FOR THE LAST 10 YEARS**

Address      City      State      Zip Code      Length of time resided

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

**9. STATEMENT AND SIGNATURE**

"I hereby certify by signing below that the above information is true and accurate to the best of my/our knowledge, and is subject to verification. I give my consent to Family to Family Adoption Services to verify my references, criminal and child abuse records and any other information given in this document.

Adoptive Mother's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Adoptive Father's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Do you have a completed home study? (Yes/No) If so, what is the name of the agency or social worker completing it for you? \_\_\_\_\_

How did you hear about our agency? \_\_\_\_\_

Did you attend one of our seminars? \_\_\_\_\_ Where \_\_\_\_\_

Who was your adoption counselor at the seminar? \_\_\_\_\_

How can we serve you better? \_\_\_\_\_

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

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