

# Family to Family Adoptions, Inc.



## APPLICATION AND INFORMATION SHEET

### 1. GENERAL INFORMATION

Parent #1 (last name): \_\_\_\_\_ (first name): \_\_\_\_\_  
 Parent #2 (last name): \_\_\_\_\_ (first name): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ e-mail \_\_\_\_\_  
 Phone: (home) \_\_\_\_\_ Work #1: \_\_\_\_\_ Work #2: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Cell #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_  
 Email: \_\_\_\_\_

	Parent #1	Parent #2
SSN:		
Birth Date (mm/dd/yy)		
Citizenship:		
Birth Place (city/state)		
Race:		
Religion:		
Occupation:		
Education:		
Other names you've used:		
Drivers license # and state		

- \* Please include copies of birth certificates and drivers licenses with application.\*
- \* Please include a floor plan with room dimensions and pictures of the front and back of your home\*

### 2. RELATIONSHIP INFORMATION

Length of Relationship:		
	Parent #1	Parent #2
# of previous marriages:		
Date of marriage:		
Date of divorce:		



Children from previous marriage:

Name	Gender	Birth Date	Biological/ <u>A</u> doptive	Race/Date Finalized (if " <u>A</u> ")
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other persons in your home:

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

### 3. CRIMINAL AND PARENTAL RECORD

Have you ever been convicted of a crime? (Yes/No) Parent #1: \_\_\_\_\_ Parent #2: \_\_\_\_\_

Have you ever terminated your parental rights for a biological or adopted child? (Yes/No)  
 Parent #1: \_\_\_\_\_ Parent #2: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been denied child placement because of the results of a home study?  
 Parent #1: \_\_\_\_\_ Parent #2: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

### 4. HEALTH INFORMATION

	Parent #1	Parent #2
Health Condition:		
Height/Weight:		
Eye/Hair Color:		
Have you ever had:	Parent #1	Parent #2
Substance abuse problem		
Alcoholism		
Mental disorder		
Physical abnormality		

### 5. FINANCE AND INSURANCE INFORMATION

**Employment:**

	Parent #1	Parent #2
Employer:		
Date employed :		
Annual salary :		

	Parent #1	Parent #2
Other Income :		
Source:		
Annual amount:		

**Assets and Liabilities:**

Vehicle (model/year)	1)	\$
	2)	\$
Real estate		\$
Investments (stocks/bonds)		\$
Retirement plans (401k, etc.)	Parent #1	\$
	Parent #2	\$
Other asset (explain)		\$
Monthly expenses		\$
Monthly income		\$

**Insurance:**

Do you currently carry insurance? (Yes/No) \_\_\_\_\_

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

**\* Please include copy of medical insurance and proof of income with the application.\***

**6. FAMILY INFORMATION**

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

Parent #1

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Siblings: \_\_\_\_\_

\_\_\_\_\_

Parent #2

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Siblings: \_\_\_\_\_

\_\_\_\_\_

**7. REFERENCES**

	NAME	ADDRESS	PHONE
Parent #1 Employer			
Parent #2 Employer			
(if self employed, use business associate/partner)			
	NAME	ADDRESS	PHONE
Friend			
Friend			
Friend			

**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.

Parent #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Have you had a home study report done ? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, which agency or independent social worker completed your home study report ?

\_\_\_\_\_

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

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

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

Have you already completed the required number of adoptive family training hours? Yes No

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

\_\_\_\_\_

\_\_\_\_\_