

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, drivers licenses, and social security card 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:		

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Children from previous marriage:

Name	Gender	Birth Date	<u>B</u> iological/ <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 :		

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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: _____

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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? _____
