

Family to Family Adoptions, Inc.



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:		

Please send in with application copies of your driver's license, birth certificate, and social security card

*** Please include a floor plan with room dimensions and pictures of the front and back of your home***

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		

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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

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

5. FINANCE AND INSURANCE INFORMATION

	Adoptive Mother	Adoptive Father
Employment:		
Employer:	_____	_____
Employers address:	_____	_____
Employers phone number:	_____	_____
Date employed:	_____	_____
Annual salary:	_____	_____

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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) _____

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

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 _____

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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 _____

Have you already completed your required adoptive family training hours? (Yes/No)

Who was your adoption counselor at the seminar? _____

How can we serve you better? _____
