## **Adoptive Parent Application**



#### **Applicant #1 Information**

Last

If you've gone by other names, please list below

Date of birth / /
Phone number ( ) -

#### **Employment Information**

Employer Job Title

Approx. annual income Insurance Coverage?

If yes, who is it provided through?

#### **Applicant #2 Information**

First	Middle	Last	
If you've gone by other nam	nes, please list bel	ow	
Date of birth / / Phone number ( ) -			
	Employm	ent Information	
Employer		Job Title	
Approx. annual income		Insurance Coverage?	

If yes, who is it provided through?

#### Marital Status, please circle one

Single Married Seperated Divorced Domestic Partnership

If married, for how long?

If in a domestic partnership, for how long?

Applic	ant #1 Personal History, please elaborate on all 'yes' answers
Been admitte	d to a psychiatric hospital
Flled for divor	rce, separated, or received an annulment
Denied by an	adoption agency
Applied or cei	rtified as a foster parent in any state
Past due on c	hild support
Have received	d or currently receiving therapy or counseling
Applic	ant #2 Personal History, please elaborate on all 'yes' answers
	ant #2 Personal History, please elaborate on all 'yes' answers
Admitted to a	
Admitted to a	psychiatric hospital
Admitted to a Flled for divor Denied by an	psychiatric hospital rce, separated, or received an annulment
Admitted to a Flled for divor Denied by an	psychiatric hospital rce, separated, or received an annulment adoption agency rtified as a foster parent in any state
Admitted to a Filed for divor Denied by an Applied or cel	psychiatric hospital rce, separated, or received an annulment adoption agency rtified as a foster parent in any state
Admitted to a Filed for divor Denied by an Applied or cel	psychiatric hospital rce, separated, or received an annulment adoption agency rtified as a foster parent in any state hild support
Admitted to a Filed for divor Denied by an Applied or cel	psychiatric hospital rce, separated, or received an annulment adoption agency rtified as a foster parent in any state hild support
Admitted to a Filed for divor Denied by an Applied or cel	psychiatric hospital rce, separated, or received an annulment adoption agency rtified as a foster parent in any state hild support

applicants ever been arrested for any violation of the lateral (excluding traffic violations)? If yes, please explain
(excluding traffic violations): If yes, please explain

# **Household Information,** please note that everyone over eighteen in the home is required to undergo a background check

Name	Date of Birth	Child of Either Applicants? If yes, relationship

### **References,** please provide at least two

Name	Email
Phone Number ( )	Relationship
Name	Email
Phone Number ( )	Relationship
Name	Email
Phone Number ( )	Relationship

## **Adoption Preferences**

Does either applicant practice any religion or hold any religious beliefs?
Does either applicant have any cultural, ethnic, or personal preferences of a child?
Applicant #1 Adoption Preferences, these preferences will be detailed in the
Relationship Agreement form as well
Please describe your ideal adoption story:
Relationship Agreement form as well

Would you prefer an open, semi-open, or closed adoption? Why or Why not?
Is there anything you are not willing to accept?
<b>Applicant #2 Adoption Preferences,</b> these preferences will be detailed in the Relationship Agreement form as well
Please describe your ideal adoption story:
Would you prefer an open or closed adoption? Why or Why not?
Is there anything you are not willing to accept?

Other Supplementary	Material, for your application to be considered complete,
	please provide the following:

An attached check of \$250 dollars

In the near future, please be prepared to provide the following:

**Applicant Signatures,** by signing you understand that failure to provide complete and honest information will result in automatic disqualification from consideration. All information provided will be held in the strictest of confidence.

Applicant #1 Signature	Date
Applicant #2 Signature	Date
Elizabeth Jackson, LCSW	Date
Executive Director	