

Adoptive Parent Application

Applicant #1 Information



First

Middle

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 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?

Marital Status, please circle one

Single Married Separated Divorced Domestic Partnership

If married, for how long?

If in a domestic partnership, for how long?

Applicant #1 Personal History, please elaborate on all 'yes' answers

- Been admitted to a psychiatric hospital
- Filled for divorce, separated, or received an annulment
- Denied by an adoption agency
- Applied or certified as a foster parent in any state
- Past due on child support
- Have received or currently receiving therapy or counseling

Applicant #2 Personal History, please elaborate on all 'yes' answers

- Admitted to a psychiatric hospital
- Filled for divorce, separated, or received an annulment
- Denied by an adoption agency
- Applied or certified as a foster parent in any state
- Past due on child support
- Have received or currently receiving therapy or counseling

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:

Would you prefer an open, semi-open, or closed adoption? Why or Why not?

Is there anything you are not willing to accept?

Applicant #2 Adoption Preferences, 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