



Adoption Choice, Inc.

Adoption Application Form

Name of Family _____

Family Address – (Street, City, State, Zip Code) _____

APPLICANT INFORMATION

Applicant 1 Full Name _____

Applicant 1 Address _____

Former Name (if applicable)	Alias/Nickname(s)	Gender	Race
Birthdate	Birthplace		Social Security Number
Weight	Height	Hair	Eye Color
Indian Ancestry	Tribe		Religion
Language(s) Spoken	Highest Level of Education		Occupation
Telephone-Work	Cell Phone		Email Address
Employer/Years Employed	Gross Annual Income		Sources of Additional Income

Applicant 2 Full Name _____

Applicant 2 Address _____

Former Name (if applicable)	Alias/Nickname(s)	Gender	Race
Birthdate	Birthplace		Social Security Number
Weight	Height	Hair	Eye Color
Indian Ancestry	Tribe		Religion
Language(s) Spoken	Highest Level of Education		Occupation
Telephone-Work	Cell Phone		Email Address
Employer/Years Employed	Gross Annual Income		Sources of Additional Income

MARITAL / DOMESTIC PARTNER/ CIVIL UNION INFORMATION

Date of Current Marriage / Domestic Partnership / Civil Union

PAST MARRIAGE(S) / DOMESTIC PARTNERSHIP(S) / CIVIL UNION(S)

Applicant 1 Full Name	Date Begun	Date Ended
[Name of Past Spouse / Partner]		
[Name of Past Spouse / Partner]		
Applicant 2 Full Name	Date Begun	Date Ended
[Name of Past Spouse / Partner]		
[Name of Past Spouse / Partner]		

SONS AND DAUGHTERS OF APPLICANT(S)

Name	Birthdate	Age	DOD, if Deceased	Location and Living Situation	Receiving Care
				<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> In Home <input type="checkbox"/> Out Of Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> In Home <input type="checkbox"/> Out Of Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> In Home <input type="checkbox"/> Out of Home	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHERS RESIDING OR FREQUENTLY IN THE HOME (INCLUDING OTHER PERSONS RECEIVING CARE)

The definition of adults frequently in the home is any adult who is in the home on a regular basis and has substantial contact with children placed in the home or any adult who while in the home would have access to be alone with children placed in the home.

Name	Age	Relationship	Current Situation	Receiving Care
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

EXTENDED FAMILY MEMBERS: Applicant 1 Full Name:

Include Applicant's birth parents, adoptive parents, step-parents, siblings and other prominent extended family members (living or deceased)

Name	Age	Relationship	Frequency of Contact	Location	Source of Supportive Relationship
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

EXTENDED FAMILY MEMBERS: Applicant 2 Full Name:

Include Applicant's birth parents, adoptive parents, step-parents, siblings and other prominent extended family members (living or deceased)

Name	Age	Relationship	Frequency of Contact	Location	Source of Supportive Relationship
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Please provide us with the names, email address, and telephone numbers of three (3) **non-relative** references. Please note that we will not use their address for any other purpose other than soliciting references on your behalf.

Name	Relationship to Applicant(s)	Address	Phone	Email

FINANCIAL INFORMATION

Name – Applicant 1:	
Name – Applicant 2:	

Please provide an outline of your financial situation as follows:

ANNUAL EMPLOYMENT INCOME

	THIS YEAR	LAST YEAR
Applicant 1:		
Applicant 2:		
OTHER ANNUAL INCOME	THIS YEAR	LAST YEAR
Applicant 1:		
Applicant 2:		
TOTAL ANNUAL INCOME		

MONTHLY NET DISPOSABLE INCOME – (AFTER TAXES/DEDUCTIONS)

Applicant 1:	
Applicant 2:	
OTHER MONTHLY DISPOSABLE INCOME	
Applicant 1:	
Applicant 2:	
TOTAL MONTHLY DISPOSABLE INCOME	

MONTHLY EXPENSES

	AMOUNT SPENT
Mortgage / Rent:	
Food: home, restaurants	
Clothing:	
Household Bills: e.g., heat / electricity / telephone / insurance	
Transportation: e.g., car / bus / taxi	
Membership Fees: e.g., sports / fitness / other activities	
Loan Payments: e.g., bank / personal / credit cards	
Other Expenses: (specify)	
TOTAL EXPENSES	

FINANCIAL INFORMATION

ASSETS	VALUE
Real Estate: Home	
Real Estate: Other	
Vehicles:	
Savings: e.g., IRA	
Investments: e.g., Stock/Mutual Funds	
Bank Accounts:	
Other Assets: (specify)	
TOTAL ASSETS	

LIABILITIES

	TOTAL AMOUNT OWED
Mortgage:	
Bank Loans:	
Personal Loans:	
Credit Cards:	
Other Debts / Liabilities:	
TOTAL LIABILITIES	

INSURANCE

Homeowner's / tenants' insurance policy:	
I/We have <input type="checkbox"/>	I/We will obtain <input type="checkbox"/>
Auto insurance coverage:	
I/We have <input type="checkbox"/>	I/We will obtain <input type="checkbox"/>
Life insurance policies:	
Applicant 1:	
Applicant 2:	
Other insurance (health, disability, etc):	
Applicant 1:	
Applicant 2:	

TYPE OF HOME STUDY REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> Agency Infant Adoption | <input type="checkbox"/> Step-Parent Adoption |
| <input type="checkbox"/> Out of State, Infant Adoption | <input type="checkbox"/> Relative Adoption |
| <input type="checkbox"/> Out of State, Foster Care/Older Child Adoption | <input type="checkbox"/> Independent Adoption |
| <input type="checkbox"/> Embryo Adoption | <input type="checkbox"/> Other Service |
| <input type="checkbox"/> International Adoption (Please Specify Country): _____ | |

PREVIOUS ADOPTION HISTORY

Have you previously applied for adoption, either as an individual, a couple, or in a previous relationship?

- Yes No

Have you ever been denied a home study for adoption or foster care?

- Yes No

Have you previously adopted?

- Yes No

ACKNOWLEDGEMENTS

I/We, the undersigned, submit this application with the following acknowledgements:

I/We give full permission to the home study practitioner to communicate and exchange information about me/us, in written or verbal form, with other child welfare agencies, private and international adoption agencies, physicians, mental health professionals, government agencies/departments, and other sources, as necessary, in order to further my/our application.

I/We understand that any false statements, or omitted information in this application, may jeopardize my/our application.

APPLICANT 1 SIGNATURE

APPLICANT 2 SIGNATURE

DATE

DATE

****Please attach a photo of your family for our file.**