

# 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

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

### 5. FINANCE AND INSURANCE INFORMATION

	<b>Adoptive Mother</b>	<b>Adoptive Father</b>
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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_