

OFFICE USE ONLY Dt Rev'd _____
Hstudy _____ App _____
Country _____

## Adoption Application

We are required by law to have every prospective family complete an application prior to starting their homestudy/adoption. This is a **fillable pdf. application** so you can type on the form itself OR you can print it and fill out by hand. Please complete every question. In the event that a question does not pertain to you, simply mark N/A (not applicable). After you have finished, mail the signed application to the address below along with the \$250 non-refundable application fee payable to God's Families. Please contact our office if you have any questions. *Note: Please print each page as you complete it, so that you do not lose any work if your computer crashes.*

### 1. IDENTIFYING INFORMATION:

1.1 Applicant's name (first, middle, last): \_\_\_\_\_

1.2 Birthdate (m/d/y): \_\_\_\_\_ Age: \_\_\_\_\_  
 US citizen? Yes No US Resident Alien? Yes No

1.3 Spouse's Name (first, middle, last): \_\_\_\_\_

1.4 Birthdate (m/d/y): \_\_\_\_\_ Age: \_\_\_\_\_  
 US citizen? Yes No US Resident Alien? Yes No

1.5 Home Address (city, state, zip): \_\_\_\_\_

1.6 Home Phone (including area code): \_\_\_\_\_

1.7 Home Fax: \_\_\_\_\_ Home Mobile Phone: \_\_\_\_\_

1.8 Home e-mail address: \_\_\_\_\_

1.9 APPLICANT'S WORK / CONTACT: \_\_\_\_\_

1.10 Applicant's work phone: \_\_\_\_\_ ext. \_\_\_\_\_

1.11 Applicant's work fax: \_\_\_\_\_ Is it confidential? \_\_\_\_\_

1.12 Applicant's pager: \_\_\_\_\_

1.13 Applicant's mobile phone: \_\_\_\_\_

1.14 Applicant's e-mail address: \_\_\_\_\_

- 1.15 SPOUSE'S WORK / CONTACT: \_\_\_\_\_
- 1.16 Spouse's work phone: \_\_\_\_\_ ext. \_\_\_\_\_
- 1.17 Spouse's work fax: \_\_\_\_\_ Is it confidential? \_\_\_\_\_
- 1.18 Spouse's pager: \_\_\_\_\_
- 1.19 Spouse's mobile phone: \_\_\_\_\_
- 1.20 Spouse's e-mail address: \_\_\_\_\_

## 2. IN CASE OF EMERGENCY CONTACT:

- 2.1 Name: \_\_\_\_\_
- 2.2 Address: \_\_\_\_\_
- 2.3 Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_
- 2.4 Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## 3. ADDITIONAL IDENTIFYING INFORMATION (Fill in all spaces, if not applicable mark N/A):

### 3.1 APPLICANT

- 3.2 Height and Weight: Feet \_\_\_\_\_ Inches \_\_\_\_\_ Lbs.: \_\_\_\_\_
- 3.3 Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Complexion: \_\_\_\_\_
- 3.4 Citizenship: \_\_\_\_\_
- 3.5 Naturalized? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_
- Certificate No.: \_\_\_\_\_
- 3.6 Passport No.: \_\_\_\_\_
- 3.7 Social Security No.: \_\_\_\_\_
- 3.8 Driver's License No.: \_\_\_\_\_
- 3.9 Education (highest level completed): \_\_\_\_\_
- 3.10 Military: \_\_\_\_\_
- 3.11 Interests/Hobbies: \_\_\_\_\_
- \_\_\_\_\_
- 3.12 Community Involvement: \_\_\_\_\_
- \_\_\_\_\_

**3.13 SPOUSE**

3.14 Height and Weight: Feet \_\_\_\_\_ Inches \_\_\_\_\_ Lbs.: \_\_\_\_\_

3.15 Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Complexion: \_\_\_\_\_

3.16 Citizenship: \_\_\_\_\_

3.17. Naturalized? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Certificate No.: \_\_\_\_\_

3.18 Passport No.: \_\_\_\_\_

3.19 Social Security No.: \_\_\_\_\_

3.20 Driver's License No.: \_\_\_\_\_

3.21 Education (highest level completed): \_\_\_\_\_

3.22 Military: \_\_\_\_\_

3.23 Interests/Hobbies: \_\_\_\_\_

3.24 Community Involvement: \_\_\_\_\_

**4. HEALTH (Fill in all spaces, if not applicable mark N/A):**

**4.1 APPLICANT'S HEALTH STATUS**

4.2 Physician: \_\_\_\_\_

4.3 Address: \_\_\_\_\_

4.4 Phone No. \_\_\_\_\_

4.5 Health Status (circle one):      Good              Fair              Poor

4.6 List any problems or treatments with alcohol or drug addiction: \_\_\_\_\_

4.7 List any medical or mental health issues for which you've needed /received treatment: \_\_\_\_\_

4.8 List any infertility, treatments and current status: \_\_\_\_\_

4.9 Have you concluded infertility therapy? \_\_\_\_\_

**4.10 SPOUSE'S HEALTH STATUS**

4.11 Physician: \_\_\_\_\_

4.12 Address: \_\_\_\_\_

4.13 Phone No. \_\_\_\_\_

4.14 Health Status (circle one):      Good                  Fair                  Poor

4.15 List any problems or treatments with alcohol or drug addiction: \_\_\_\_\_

4.16 List any medical or mental health issues for which you've needed /received treatment:

\_\_\_\_\_  
\_\_\_\_\_

4.17 List any infertility, treatments and current status: \_\_\_\_\_

4.18 Have you concluded infertility therapy? \_\_\_\_\_

**5. FINANCIAL INFORMATION** (Fill in all spaces, if not applicable mark N/A):

5.1 Do you own your own home? \_\_\_\_\_

5.2 Mortgage: \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

5.3 Amount Owed: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

5.4 Checking Account Balance: \$ \_\_\_\_\_ Savings Account Balance: \$ \_\_\_\_\_

5.5 Have you ever filed for Bankruptcy? \_\_\_\_\_ If so, when? \_\_\_\_\_

5.6 Credit Card Debt: \$ \_\_\_\_\_ Donations/Tithes (per year): \$ \_\_\_\_\_

**6. RELIGION:**

6.1 Are both parents (if applicable) in agreement on how the child will be raised? \_\_\_\_\_

6.2 Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

6.3 Address: \_\_\_\_\_

6.4 Pastor: \_\_\_\_\_ Phone no.: \_\_\_\_\_

**7. EMPLOYMENT** (If self employed please list a partner, colleague or associate. Fill in all spaces, if not applicable mark N/A):

**7.1 APPLICANT'S EMPLOYMENT:**

7.2 Current Employer: \_\_\_\_\_

7.3 Address: \_\_\_\_\_

7.4 Position: \_\_\_\_\_

7.5 How long have you been employed there? \_\_\_\_\_

7.6 Annual gross salary: \_\_\_\_\_

7.7 Supervisor: \_\_\_\_\_ Phone no. \_\_\_\_\_

**7.8 SPOUSE'S EMPLOYMENT:**

7.9 Current Employer: \_\_\_\_\_

7.10 Address: \_\_\_\_\_

7.11 Position: \_\_\_\_\_

7.12 How long have you been employed there? \_\_\_\_\_

7.13 Annual gross salary: \_\_\_\_\_

7.14 Supervisor: \_\_\_\_\_ Phone no. \_\_\_\_\_

**8. INSURANCE & LEGAL** (Fill in all spaces, if not applicable mark N/A):

8.1 Who is your current health care insurer? \_\_\_\_\_

8.2 Policy Number: \_\_\_\_\_

8.3 Do you currently have life insurance? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

8.4 Who is the beneficiary of this life policy? \_\_\_\_\_

8.5 Do you have a 401k or retirement plan? \_\_\_\_\_ If yes, current amount? \_\_\_\_\_

8.6 Name of company retirement plan is invested with? \_\_\_\_\_

8.7 Do you currently have a will or living trust? \_\_\_\_\_

**9 MARITAL HISTORY** (Fill in all spaces, if not applicable mark N/A):

- 9.1 Date of marriage (m/d/y): \_\_\_\_\_ Number of years married: \_\_\_\_\_
- 9.2 What city and state did the marriage take place? \_\_\_\_\_
- 9.3 Do you currently have a certified copy of this certificate? \_\_\_\_\_
- 9.4 List any previous marriages, who was married to whom, and how that marriage ended. (divorce or death). This will help us in assisting you in getting the appropriate documents.
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
- 9.5 Are there any children from these previous marriages under the age of 18? \_\_\_\_\_
- 9.6 If yes, please list name of child, age and custodial status of each child:
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
- 9.7 Are you currently paying child support? \_\_\_\_\_ If yes, how much per month? \_\_\_\_\_

**10. FAMILY/HOME** (Fill in all spaces, if not applicable mark N/A):

- 10.1 How many adults (18 years or older) reside in your home? (This includes any adult children relatives, nannies, boarders, other than you, the applicants.)
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
- 10.2 Biological children in the home (name, D.O.B., and sex):
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- 10.3 Adopted children in the home (name, D.O.B., sex and whether adopted domestically or internationally):
1. \_\_\_\_\_
  2. \_\_\_\_\_
- 10.4 Any deceased children ? \_\_\_\_\_
- 10.5 What is the childcare plan for your new child if both parents work outside the home? \_\_\_\_\_
- \_\_\_\_\_
- 10.6 If child to be adopted is pre-school or school age, what school will they attend?
- \_\_\_\_\_
- 10.7 Square footage of home: \_\_\_\_\_ Pool/spa? \_\_\_\_\_ Pets? \_\_\_\_\_
- Is your yard fenced in? \_\_\_\_\_

**11. PERSONAL REFERENCES:**

List three (3) non-relatives, their addresses and phone numbers, that you have known for at least 2 years that we can contact as a character reference:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**12. PHOTOGRAPHS:**

Please attach a recent photo or color photocopy of a photo of both applicant and spouse and any other in-home members. A 3x5 is fine. Note that this photo will not be returned.

**13. ADDITIONAL INFORMATION** (Fill in all spaces, if not applicable mark N/A):

13.1 Do both applicant and spouse have a current passport? \_\_\_\_\_

13.2 When do they expire? (m/d/y): Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_

13.3 Has either applicant or applicant's spouse ever been arrested/convicted of a felony or misdemeanor?

13.4 If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13.5 Are you aware of any adult(s) or child(ren) that will have contact with your newly adopted child(ren) that has been arrested/convicted of a felony or misdemeanor? (This includes relatives, children already in the home, roommates, nannies, etc.) \_\_\_\_\_

13.6 If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

13.7 Have you ever had a registered complaint of child abuse? \_\_\_\_\_

13.8 If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

13.9 Are you aware of any adult(s) or child(ren) that will have contact with you newly adopted child(ren) that has had a registered complaint of child abuse? (This includes relatives, children already in the home, roommates, nannies, etc.) \_\_\_\_\_

13.10 If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

13.11 Have you ever been denied adoption services? \_\_\_\_\_ Agency: \_\_\_\_\_

13.12 If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

13.13 Do you have an approved homestudy? \_\_\_\_\_  
If yes, list agency and phone number: \_\_\_\_\_

13.14 Have you filed with the Bureau of Citizenship and Immigration Services (BCIS; this replaces the INS as of March 2003) yet? \_\_\_\_\_

13.15 If so, when? (m/d/y): \_\_\_\_\_ Which office, city? \_\_\_\_\_

13.16 California residents only: Have you lived only in California for the last 2 years? \_\_\_\_\_

13.17 California residents only: Have you lived only in California for the last 5 years? \_\_\_\_\_

13.18 California residents only. If either 13.16 or 13.17 is untrue, please explain:  
\_\_\_\_\_

13.19 All states: Do you plan to move before your adoption would be completed? \_\_\_\_\_

13.20 If yes, When would you be moving? \_\_\_\_\_

**14. COUNTRY PROGRAMS:**

14.1 Which country programs are you most interested in? \_\_\_\_\_

14.2 \_\_\_\_\_

14.3 \_\_\_\_\_

14.4 \_\_\_\_\_

14.4 What type of child (children) are you interested in adopting at this time? (example: A boy, girl, biological sibling group, non-related groups, age of child)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14.5 Please list any exposure you've had to adoption including meeting international adoptive families, reading any international adoption books or literature, etc.:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15. SIGNATURES:**

15.1 Thank you for taking the time to fill out the necessary information we'll need to get your adoption started. Please include a **\$250** processing fee when sending in the application. We appreciate how difficult and uncomfortable it can be for families to list such personal information. All information for your adoption is kept strictly confidential and is for the purpose of your adoption only to meet agency, state, federal, and foreign country requirements, and adheres to all state and federal guidelines concerning privacy.

15.2 Please sign after reading the statement below:

*We, the below signed applicant (and spouse, if any), declare under penalty of perjury that the foregoing is true and correct. We understand that this information may be verified by a God's Families representative and acceptance of this application is the sole discretion of God's Families. We agree to notify God's Families of any changes contained herein prior and/or after approval of this application.*

15.3 Please list the number of pages printed to complete this application: \_\_\_\_\_

**15.4 Signature**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date: (m/d/y)

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date: (m/d/y)