



Adoption Options Home Study Application

We are looking forward to working with you. Please return this form either in the mail or as a PDF with a \$300 nonrefundable application fee. This is to cover the preliminary application costs to our agency.

PLEASE TYPE OR PRINT CLEARLY

Name (Applicant #1) _____
First Last MI (maiden)

Name (Applicant #2) _____
First Last MI (maiden)

Street Address _____

City _____ State _____ Zip _____

Home phone _____

Cell phone (#1) _____ Cell phone (#2) _____

Email Address (#1) _____ Email Address (#2) _____

Please list Date & Location of Residence(s) for the last 5 years:

Date (from - to) Street Name City State Zip

Date (from - to) Street Name City State Zip

Date (from - to) Street Name City State Zip

Children in household:

Name _____ DOB _____ Age _____ Adopted or Birth _____

Name _____ DOB _____ Age _____ Adopted or Birth _____

Others in household over age 18:

Name _____ Sex _____ DOB _____ Age _____ Relationship _____

Name _____ Sex _____ DOB _____ Age _____ Relationship _____

How did you hear about Adoption Options? _____

Type of adoption anticipated: Domestic _____ International _____

Applicant #1

Birth Date _____ Age _____

Birth Place _____

Citizenship _____

Annual Gross Income _____

Education _____

Present Employer _____

Address _____

Occupation _____

SSN# _____

Ethnic Background _____

Religion _____

Marriage (if applicable):

Date _____ Place _____

Previous Marriage _____

Number of Children - Previous Marriage _____

Applicant #2

Birth Date _____ Age _____

Birth Place _____

Citizenship _____

Annual Gross Income _____

Education _____

Present Employer _____

Address _____

Occupation _____

SSN# _____

Ethnic Background _____

Religion _____

Marriage (if applicable):

Date _____ Place _____

Previous Marriage _____

Number of Children - Previous Marriage _____

Are you presently involved with an adoption agency, facilitator, and/or attorney regarding adoption placement?
Yes _____ No _____ *If yes, please provide name, address, and contact person.

Have you adopted or tried to adopt in the past? Yes _____ No _____ *If yes, please explain.

Describe the child(ren) you would like to adopt (age, sex, ethnicity, sibling group, special needs, country of origin, etc.)

Please provide the name and email address of your employer(s) so we may request verification of employment. Please indicate to whom the email should be addressed.

Applicant #1 Employer _____

Applicant #2 Employer _____

Please list three references (name and email address) of people who know you well. **One must be from a family member.** The other two can be personal friends, neighbors, clergy, work colleagues, etc. *Please note, by listing these references, you are agreeing to Adoption Options potentially following up and speaking with them by either phone or email to obtain information as part of the home study process.*

1. _____

2. _____

3. _____

Criminal record clearances are a part of the adoption home study process. An arrest does not necessarily prevent moving forward with an adoption; we'll address this issue together to assess your history's relevance to the adoption process.

Have you ever been arrested?

Applicant #1 YES _____ NO _____

If yes, please briefly explain: _____

Applicant #2 YES _____ NO _____

If yes, please briefly explain: _____

I hereby authorize *Adoption Options* or their authorized representative to contact references and to request information or clearances necessary to complete a home study. This will include criminal as well as child abuse clearances. A copy of your photo ID is required in order to process clearances.

Signatures:

Applicant #1 _____ Date _____

Applicant #2 _____ Date _____

All information provided by you will be held in strictest confidence.