



ADOPTION APPLICATION

Date Submitted: _____ Referred By: _____

Male Applicant: _____
LAST NAME FIRST NAME MIDDLE NAME

Female Applicant: _____
LAST NAME FIRST NAME MIDDLE NAME (Not Maiden Name)

Home Address: _____
STREET APARTMENT #

_____ *CITY COUNTY STATE POSTAL CODE*

Home Phone: _____ Home Fax: _____

MALE

FEMALE

Work Phones: _____

Work Fax: _____

Cell Phone: _____

Email: _____

Social Security #: _____

Driver's License #: _____

Date of Birth: _____

Place of Birth: _____

Age: _____

MALE

FEMALE

Religion: _____

Ethnicity: _____

Citizenship: _____

Eye Color: _____

Hair Color: _____

Complexion: _____

Height: _____

Weight: _____

Current Health: _____

Highest Education Level: _____

Degrees / Diplomas Earned: _____

Occupation: _____

Employer: _____

Salary: _____

Length of Employment: _____

CURRENT MARRIAGE: Date of Marriage: _____

CHILDREN

<u>Full Name</u>	<u>D.O.B.</u>	<u>Date of Adoption or N/A</u>	<u>Health</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILD TO BE ADOPTED

This information is to be used *only as a guideline* and does not necessarily mean there will be a child that fits any of the following descriptions. If married, please complete this section together, because we need the feeling of both applicants.

1. Race and Ethnicity: Please circle the races or ethnicities you could consider in a child. Circle more than one, if applicable. Please note the Agency may not be aware of the racial mix of a child.

- | | |
|---------------------|---------------------------|
| A) Anglo | G) Native American Indian |
| B) Hispanic | H) Asian |
| C) Anglo / Hispanic | I) Asian / Anglo |
| D) Black | J) Asian / Black |
| E) Black / Anglo | K) Other: _____ |
| F) Black / Hispanic | |

2. Sex: Please circle your preference regarding the child's sex. Remember having a sex preference can delay the placement of a child into your home. *Also, having a sex preference will require an additional \$3,000.00 non-refundable fee paid with the Agency retainer.*

- | | | |
|---------------|---------|-----------|
| A) Either Sex | B) Male | C) Female |
|---------------|---------|-----------|

3. Age: Please indicate the age(s) you prefer.

- | | |
|--------------------------------|--------------------------------|
| A) Infant (Birth to 12 months) | B) Toddler (One to Four years) |
|--------------------------------|--------------------------------|

4. Number of Children: Please indicate the number of children you are willing to accept.

- A) We will accept _____ siblings up to _____ years old.
B) Multiple births (*Please Circle*): Twins Triplets

5. If you have indicated an interest in an older, minority, or handicapped child, please comment on the strengths you believe your family has to meet the needs of these children.

6. Would you be willing to accept a child with one or more of the following?

Premature Birth	Yes	No	Will Discuss
Difficult Birth	Yes	No	Will Discuss
Drug use by mother (Occasional)	Yes	No	Will Discuss
Drug use by mother (Frequent)	Yes	No	Will Discuss
Alcohol use by mother (Occasional)	Yes	No	Will Discuss
Alcohol use by mother (Frequent)	Yes	No	Will Discuss
Club Foot	Yes	No	Will Discuss
Cleft Palate or Lip	Yes	No	Will Discuss
Depression (Birth Mother)	Yes	No	Will Discuss
Mental Illness (Birth Mother)	Yes	No	Will Discuss
Mental Illness (Family Members):	Yes	No	Will Discuss
Epilepsy in child	Yes	No	Will Discuss
Epilepsy in Family	Yes	No	Will Discuss
Blindness	Yes	No	Will Discuss
Deafness:	Yes	No	Will Discuss
Diabetes (Birth Mother)	Yes	No	Will Discuss
Diabetes (Family Members)	Yes	No	Will Discuss
Congenital Heart Defect	Yes	No	Will Discuss
Minor Correctable Handicaps	Yes	No	Will Discuss
Non-Correctable Handicaps	Yes	No	Will Discuss
Major Correctable Handicaps	Yes	No	Will Discuss

7. Would you consider a child meeting most of your expectations if nothing is known about the...

Birth Father	Yes	No	Will Discuss
Birth Mother	Yes	No	Will Discuss

8. Would you consider a child conceived as a result of...

Rape	Yes	No	Will Discuss
Incest	Yes	No	Will Discuss

TEN YEAR RESIDENT HISTORY

The Minimum Standards for Child Placing require the Agency to obtain the residence history of adoptive applicants for ten (10) years. List all residences even if the list duplicates that of your spouse. Please list them from the most recent to the oldest. List all additional residences on reverse.

Male Applicant: _____

Current Address: _____

Prior Residences (Street, City, County, State, Zip)

Dates (Mo/Yr)

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Female Applicant: _____ Maiden Name: _____

Previous Married Names: _____

Current Address: _____

Prior Residences (Street, City, County, State, Zip)

Dates (Mo/Yr)

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Other Household Members and Children over 14 years of Age

Name: _____ D.O.B. _____

Social Security #: _____ Driver's License #: _____

Prior Residences (Street, City, County, State, Zip)

Dates (Mo/Yr)

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Please us the reverse to list this information on any and all other household members over the age of 14.

PLEASE ATTACH PHOTO OF APPLICANTS

PHOTOGRAPH
OF
YOURSELVES

ALL HOUSEHOLD MEMBERS SHOULD BE
PRESENT

Please attach copies of your driver's license or other federally issues photo identification and your social security card below. This is required to comply with the State of Texas Guidelines for requesting FBI clearances.

DRIVER'S LICENSES

SOCIAL SECURITY CARDS

UNDERSTANDINGS & DECLARATIONS

1. The information provided in this adoption application is true, complete and correct to the best of my/our knowledge and belief.
2. I/We agree to comply with the policies and procedures of the Adoption Alliance.
3. I/We agree to abide by the rules and regulations of our home state, the state of the child's birth and/or the state of placement.
4. I/We agree to abide by the rules and regulations of the Interstate Compact for Placement of Children (ICPC). We have read and understand the Interstate Compact insert.
5. I/We agree to and authorize the sharing of de-identified information (no last names, no street addresses, and identifying information removed), including a copy of our home study, with the birth parents if they request such information.
6. I/We understand a blood transfusion, if required at birth, will be done if the child's physician orders one.
7. I/We understand the birth parents may request a meeting with us and I/we will comply with this request.
8. I/We understand the birth parents may request photographs of the child after the supervisory period (up to at least five years of age) and I/we will comply with this request.
9. I/We understand the birth parents may send a gift, keepsake or letter for the child through the Agency. I/We will share these items with the child at the appropriate time.

ADOPTIVE FATHER

Signature

Date

Printed Name

ADOPTIVE MOTHER

Signature

Date

Printed Name