

# Child and Home Study Associates

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## APPLICATION FOR ADOPTION

Please Type or Print

Applicant #1: \_\_\_\_\_  
Social Security # \_\_\_\_\_

Applicant #2: \_\_\_\_\_  
Social Security # \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_  
Work: Applicant #1: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
\_\_\_\_\_

Work: Applicant #2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_  
Place of Marriage: \_\_\_\_\_

Cell # Applicant #1: \_\_\_\_\_  
Cell # Applicant #2: \_\_\_\_\_

Children:	Name	Date of Birth	Date of Adoption
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

### Applicant #1

### Applicant #2

Occupation: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Annual Salary: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Ethnicity/Descent: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Eye Color: \_\_\_\_\_  
Hair Color: \_\_\_\_\_

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

Education:	Name of School	Diploma/Degree	Year Graduated
Applicant #1:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Applicant #2:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**Others Living in Your Home**

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**FAMILY HISTORY**

**Applicant #1**

**Applicant #2**

Father's Name: \_\_\_\_\_  
Age (or date of death): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
City/State of Residence: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Age (or date of death): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
City/State of Residence: \_\_\_\_\_  
Parents' Marital Status: \_\_\_\_\_

**Siblings:**

**Applicant #1**

**Applicant #2**

**#1 Name:**

Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
City/State of Residence: \_\_\_\_\_  
Marital status: \_\_\_\_\_  
Number of children: \_\_\_\_\_

**#2 Name:**

Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
City/State of Residence: \_\_\_\_\_  
Marital status: \_\_\_\_\_  
Number of children: \_\_\_\_\_

**#3 Name:**

Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
City/State of Residence: \_\_\_\_\_  
Marital status: \_\_\_\_\_  
Number of children: \_\_\_\_\_

(Please attach sheet with information if you have additional siblings)

***Infertility Status:***

Diagnosis: \_\_\_\_\_ Dates of Treatment \_\_\_\_\_ Nature of Treatments: \_\_\_\_\_  
\_\_\_\_\_

Pregnancies? \_\_\_\_\_ Miscarriages? \_\_\_\_\_  
Are you presently receiving fertility treatment? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe:

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

**Health**

**Have you been treated for, or had any difficulties with, the following? (Yes/No)**

	<b>Applicant #1</b>	<b>Dates:</b>	<b>Applicant #2</b>	<b>Dates:</b>
Alcohol Abuse:	_____	_____	_____	_____
Drug Addiction:	_____	_____	_____	_____
Depression:	_____	_____	_____	_____
Bi-Polar Disorder:	_____	_____	_____	_____
Psychoses:	_____	_____	_____	_____
Violent Behavior:	_____	_____	_____	_____
Sexual Abuse:	_____	_____	_____	_____

*Please describe any chronic medical conditions or past experiences with a major illness or disability:*

\_\_\_\_\_

*Have you participated in individual or group therapy? Please describe nature of problem and diagnosis, dates of treatment and medications prescribed, if applicable:*

\_\_\_\_\_

*Have the applicants engaged in counseling? If so, please describe the goal of counseling, dates of treatment, dates of separation (if relevant):*

\_\_\_\_\_

**PERSONAL HISTORY**

**Prior Marriages:**

	<b>Date of Marriage:</b>	<b>Date of Divorce:</b>	<b>Number of Children:</b>	<b>Spouse's Name</b>
Applicant #1	_____	_____	_____	_____
Applicant #2	_____	_____	_____	_____

**Military:**

	<b>Dates of Service:</b>	<b>Military Branch:</b>	<b>Position:</b>	<b>Type of Discharge:</b>
Applicant #1	_____	_____	_____	_____
Applicant #2	_____	_____	_____	_____

**Employment:**

	<b>Dates of Employment:</b>	<b>Employer:</b>	<b>Position:</b>	<b>Salary:</b>
Applicant #1	_____	_____	_____	_____
Applicant #2	_____	_____	_____	_____

**Criminal History:**

Please describe any situation where you were arrested (even if record has been expunged). Include the date(s), city/state of arrest, the offense, and the outcome (fine, sentence, etc.):

\_\_\_\_\_

Name of Placement Agency/Lawyer who will be facilitating adoption (if known at this time) \_\_\_\_\_

Has either applicant ever been rejected as a candidate for adoption or been the subject of an unfavorable adoption home study evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state the reason(s) why: \_\_\_\_\_

If you have previously completed an adoption(s), please list the agency/lawyer involved: \_\_\_\_\_

**Child Preferences:** (Please check all that apply)

Age: 0-6 mos. \_\_\_\_\_ 0-12 mos. \_\_\_\_\_ 0-2 yrs. \_\_\_\_\_ 2-5 yrs. \_\_\_\_\_ 6+up \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Either \_\_\_\_\_

Race: Caucasian \_\_\_\_\_ Black \_\_\_\_\_ Bi-Racial \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_  
American-Indian \_\_\_\_\_ Mixed Ethnic Heritage \_\_\_\_\_

Other: Domestic \_\_\_\_\_ International \_\_\_\_\_ Agency \_\_\_\_\_ Lawyer \_\_\_\_\_  
Twins \_\_\_\_\_ Siblings \_\_\_\_\_

Special Needs: Medical \_\_\_\_\_ Emotional \_\_\_\_\_ Older Child \_\_\_\_\_

\*(Additional interview needed and additional fees)

Country: \_\_\_\_\_

***We, the applicants, agree to comply with the requirements of the application process. We will submit all requested documents. If a home study evaluation has been completed previously by a different agency, a copy of the report will be submitted by the applicants, or forwarded by the agency at the applicants' request. We understand that all information requested is based on state requirements. We, the applicants, hereby state that we have provided accurate information and answered questions truthfully.***

Applicant #1 \_\_\_\_\_ Date \_\_\_\_\_

Applicant #2 \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL STATEMENT**

**Please be as accurate as possible**

**Assets:**

Applicant #1's Salary: \_\_\_\_\_  
Applicant #2's Salary: \_\_\_\_\_  
Market Value of Home \_\_\_\_\_  
Cash Savings \_\_\_\_\_  
Non-Retirement Investments \_\_\_\_\_  
Retirement Accounts:  
    Applicant #1: \_\_\_\_\_  
    Applicant #2: \_\_\_\_\_  
Other Real Estate: \_\_\_\_\_  
    Value: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_  
    Rental Income: \_\_\_\_\_ Monthly Pay: \_\_\_\_\_  
    Years Remaining: \_\_\_\_\_  
Other Income: \_\_\_\_\_  
    Please Specify: \_\_\_\_\_

**Liabilities:**

Balance on Mortgage \_\_\_\_\_  
Monthly Payment \_\_\_\_\_  
(include taxes/insurance)  
Years Remaining \_\_\_\_\_  
Home Equity Loan \_\_\_\_\_  
    Monthly Payment \_\_\_\_\_  
    Years Remaining \_\_\_\_\_  
Credit Card Debt \_\_\_\_\_  
Student Loan Debt \_\_\_\_\_  
    Monthly Payment \_\_\_\_\_  
    Years Remaining \_\_\_\_\_  
Car Loans Balance \_\_\_\_\_  
    Monthly Payments \_\_\_\_\_  
    Years Remaining \_\_\_\_\_  
Other Debts \_\_\_\_\_  
    Please Specify \_\_\_\_\_

How do you plan to pay for your adoption expenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer Provided Benefits:** (Yes/No and Amount where applicable)

Applicant #1: Life Insurance \_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_  
Disability \_\_\_\_\_ Pension \_\_\_\_\_ Profit Sharing \_\_\_\_\_ Savings Plan \_\_\_\_\_  
Family Coverage for Medical Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Applicant #2: Life Insurance \_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_  
Disability \_\_\_\_\_ Pension \_\_\_\_\_ Profit Sharing \_\_\_\_\_ Savings Plan \_\_\_\_\_  
Family Coverage for Medical Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

**Who will provide Medical Insurance Coverage for adopted child?** \_\_\_\_\_

**Life Insurance:** (Privately Paid Plans):

**Applicant #1:** Value of Life Insurance Benefits \_\_\_\_\_

**Applicant #2:** Value of Life Insurance Benefits \_\_\_\_\_

\_\_\_\_\_  
Applicant #1 Date

\_\_\_\_\_  
Applicant #2 Date