



## APPLICATION FOR DOMESTIC ADOPTION

Today's Date: \_\_\_\_\_

Email this completed application to [Info@FNadopt.org](mailto:Info@FNadopt.org) and **CLICK HERE** to pay your application fee. Your application will not be reviewed until fee payment has been received.

<b>FULL LEGAL NAME(S):</b>
Address:
City/State/Zip:
Primary Phone Number(s):

### PREVIOUS HOME STUDY:

Have you ever had a homestudy completed with another agency: <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Name of agency:	
Have you ever completed a homestudy with another agency and been rejected: <input type="checkbox"/> Yes <input type="checkbox"/> No	

### ADOPTION INFORMATION:

Are you currently matched:  Yes  No

If yes, when is Birth Mom due? \_\_\_\_\_

In what state does Birth Mom live? \_\_\_\_\_

Name of placing Agency/facilitator/attorney: \_\_\_\_\_

Any failed matches/placements in the past:  Yes  No

**FACILITATOR/ATTORNEY/CONSULTANT:** By signing the application and providing us with this information, it gives FNAC permission to contact the below party and discuss any information regarding your case.

Name of Agency/Facilitator/Attorney:	Phone Number:
Agency Address:	
City/State/Zip:	
Social Worker's/Coordinator's Name:	Email:



### APPLICANT #1

First, Middle, Last Name:	
Previous Names (maiden or aka):	Email:
Preferred Pronouns:	Age:
Cell Phone #:	<input type="checkbox"/> Fertile <input type="checkbox"/> Infertile <input type="checkbox"/> Unknown
Place of Birth:	Date of Birth:
Driver's License #:	Social Security #:
Employer:	Annual Salary:
Height:	Weight:
Ethnicity:	Complexion: <input type="checkbox"/> Fair <input type="checkbox"/> Olive <input type="checkbox"/> Dark
Hair Color:	Eye Color:
List all states/countries where you have lived in the last <b>5 years</b> :	Religion:
Have you ever declared bankruptcy? <input type="checkbox"/> Yes or <input type="checkbox"/> No	If yes, date:
Do you regularly take any medication: <input type="checkbox"/> Yes or <input type="checkbox"/> No	If yes, what:
Have you ever been divorced: <input type="checkbox"/> Yes or <input type="checkbox"/> No	If yes, how many times:
Any significant medical/psychological issues in the past 10 years: <input type="checkbox"/> Yes or <input type="checkbox"/> No	

### APPLICANT #2

First, Middle, Last Name:	
Previous Names (maiden or aka):	Email:
Preferred Pronouns:	Age:
Cell Phone #:	<input type="checkbox"/> Fertile <input type="checkbox"/> Infertile <input type="checkbox"/> Unknown
Place of Birth:	Date of Birth:
Driver's License #:	Social Security #:
Employer:	Annual Salary:
Height:	Weight:
Ethnicity:	Complexion: <input type="checkbox"/> Fair <input type="checkbox"/> Olive <input type="checkbox"/> Dark
Hair Color:	Eye Color:
List all states/countries where you have lived in the last <b>5 years</b> :	Religion:
Have you ever declared bankruptcy? <input type="checkbox"/> Yes or <input type="checkbox"/> No	If yes, date:
Do you regularly take any medication: <input type="checkbox"/> Yes or <input type="checkbox"/> No	If yes, what:
Have you ever been divorced: <input type="checkbox"/> Yes or <input type="checkbox"/> No	If yes, how many times:
Any significant medical/psychological issues in the past 10 years: <input type="checkbox"/> Yes or <input type="checkbox"/> No	



<b>CHILDREN HOUSEHOLD MEMBERS:</b>	<b>DOB</b>	<b>Gender</b>	<b>Biological / Adopted / Foster / Step</b>	<b>Relationship to Applicant I</b>	<b>Relationship to Applicant II</b>

<b>OTHER CHILDREN:</b>	<b>DOB</b>	<b>Gender</b>	<b>Relationship to Applicants</b>	<b>Who has custody?</b>	<b>When do they live with you?</b>

<b>COHABITANTS:</b> Please list any other adults living in your home.	<b>DOB</b>	<b>Gender</b>	<b>Relationship to Applicant I</b>	<b>Relationship to Applicant II</b>

<b>MEDICAL INFORMATION:</b> Please list any medical issues (include chronic, current, and medical issues during the past 10 years):					
<b>Applicant I or Applicant II</b>	<b>Condition</b>	<b>Treatment</b>	<b>Medication</b>	<b>Impact on Daily Life</b>	<b>Prognosis</b>



PERSONAL INFORMATION:	Applicant I	Applicant II	Other Adults Living in the Home
1. Have you ever been accused or convicted of child abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been arrested, regardless of outcome?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of any criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had a history of prolonged use of alcohol, drugs, and/or narcotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been the victim of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been the victim of sexual abuse as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been the victim of sexual or physical abuse in your childhood?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever received psychiatric or psychological counseling or marital/individual counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been treated for depression or any other psychological condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you currently prescribed / taking any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Describe your financial stability:	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		
12. Is there a separate bedroom available for child? How many bedrooms are in your home? Will your child share a bedroom with a sibling?	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 2 3 4 5 6 7+ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with whom _____		
13. Do you plan to use corporal punishment, including spanking with your adopted child?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**If you have answered “Yes” to any of the above questions, please list the number of the question and explain in detail the circumstances of the situation.**

\*Failure to complete the questions or explain responses may result in a delay in processing your application.

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**MARITAL INFORMATION:**

Date of Marriage:	Certificate #:
Place of Marriage (City/State/ZIP):	

**LOCAL EMERGENCY CONTACT:**

Name:	Phone #:	Relationship:
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**HOW DID YOU HEAR ABOUT US?**

(Please mark one and provide details if possible)	
<input type="checkbox"/> Friend:	<input type="checkbox"/> Past Client:
<input type="checkbox"/> Another Agency:	<input type="checkbox"/> FNAC Website
<input type="checkbox"/> Adoption.com	<input type="checkbox"/> 1-800-Homestudy
<input type="checkbox"/> Other:	<input type="checkbox"/> Google Search: (please share what you searched for)

**ACKNOWLEDGEMENTS AND SIGNATURES:**

We/I have filled out this application to the best of our/my knowledge. We/I understand any misrepresentation or omissions could lead to an unfavorable recommendation and/or ending our adoption once this information is discovered. I/We understand that submission of an application does not guarantee a favorable recommendation at the home study stage.	
APPLICANT I's SIGNATURE	DATE
APPLICANT II's SIGNATURE	DATE

**Keep a duplicate copy of ALL documents submitted to FNAC throughout your entire adoption process.**

Email this completed application to [Info@FNadopt.org](mailto:Info@FNadopt.org). For your application to be reviewed, you need to pay the application fee of \$350. This fee is non-refundable and is only charged once per family.

**CLICK HERE to pay your application fee**