



Email this completed form to homestudy@pairtreefamily.com.

Adoption Application

Adoption Resources & Counseling, Inc. will not discriminate as it pertains to race, gender, sexual orientation, gender identify, gender expression, marital status, religion, and/or age.

Names: _____

Street Address: _____

City/State/Zip: _____

County: _____ Own or Rent? _____ Length of time at Address: _____

Who referred you to Adoption Resources & Counseling, Inc? _____

Reason for Home Study: _____

Please provide name, address & contact info. for adoption agency/adoption attorney you are working with (if selected):

APPLICANT 1

APPLICANT 2

	APPLICANT 1	APPLICANT 2
First Name / Middle Name		
Last Name		
Date of Birth		
Place of Birth –City, State		
Nationality/Heritage		
US Citizen? Yes or No		
Social Security Number		
Driver’s License Number/State		
Personal Phone Number		
Email Address		

Employer		
Occupation/Job Title		
Yearly Salary		
Length of Employment		
Work Telephone Number		
Highest Level of Education		
College Degree/Certifications		
Height/Weight		
Eye/Hair Color		
Religion		
Place of Worship		
Biological Children		
Adopted Children		
Pets? Breed, Name, Age		

MARRIAGE

Present Marriage	Date	City	State	County
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APPLICANT 1

Previous Marriage	Date	City	State	County
Terminated	Date	City	State	County

APPLICANT 2

Previous Marriage	Date	City	State	County
Terminated	Date	City	State	County

CHILDREN IN THE HOME:

Name	DOB	Male/Female	Adopted or Biological

OTHERS IN THE HOME:

Name	DOB	Male/Female	Relationship

GUARDIANSHIP PLAN:

List who you have named as Guardian(s) of your adopted child(ren) if you were to pass away or become unable to parent

Name	Age	Relationship
Address:		
Occupation/Estimated Yearly Salary:		

COMMUNITY RESOURCES:

<i>Type of Facility</i>	<i>Facility Name</i>	<i>Address</i>	<i>Distance from Home</i>
<i>Hospital</i>			
<i>Children's Hospital</i>			
<i>Mental Health Facility</i>			
<i>Church/Mosque</i>			
<i>Elementary School</i>			
<i>Middle School</i>			
<i>High School</i>			
<i>Police Station</i>			
<i>Fire Station</i>			
<i>Daycare Facility</i>			
<i>Recreation Facility</i>			

CRIMINAL BACKGROUND: **IF YOU** answer **YES** to any of the following questions, **please provide a detailed explanation** on a separate piece of paper. Failure to disclose material information could make you ineligible to complete the adoption process. Note: Include any traffic offense, such as DUI or suspended license:

Question	Applicant 1	Applicant 2
Have you ever been questioned, arrested, charged and/or convicted of ANY CRIME?		
Is there any reason why you would not be approved for FBI and/or State background checks?		
Do you have a history of drug or alcohol abuse?		
Have you ever sought treatment for drug or alcohol abuse?		
Do you have a history of mental illness?		
Have you ever sought treatment for mental illness?		
Have you ever been rejected by another adoption or child-placing agency?		
Have you ever been subject to an unfavorable home study?		
Have your parental rights ever been terminated in a court of law?		
Have you ever been involved with any state Child Protective Services?		

CHILD DESIRED:

Domestic or International Adoption? (if international specify country)	
Please indicate sex of child desired?	
Please indicate age range of child desired? (i.e. 0-5 yrs. Of age)	
Please indicate race openness?	
Please indicate if you are open to a child with special needs?	
Please indicate if you have identified a placement agency, if so please indicate contact information?	

I/We have completed this client information sheet accurately to the best of my/our knowledge. I/We agree to inform Adoption Resources & Counseling, Inc. of any changes that occur with any of this information during the home study process. I/We understand that failure to disclose information may delay or terminate the home study process.

Applicant 1

Date

Applicant 2

Date

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