

# **Alliance for Children**

# **Adoption Program Application**

Please return this complete application with original signatures, a nonrefundable fee of \$300, and two recent photos (not passport) to:

### Alliance for Children, 292 Reservoir St., Ste. 101 Needham, MA 02494 (781-444-7148)

			·	(,,,,	,				
	Last Na	me	I	First 1	Name	Mid	dle Name		Iaiden/Other Last Name
Applicant 1									
Applicant 2									
Street Address:	City Sta		State	Zip			County		
	l .		l .			<u> </u>			
<b>Contact Information</b>									
Home Phone:					Preferred	Phone:			
Applicant 1					Applicant	2			
Cell:					Cell:				
Work:					Work:				
Email:					Email:				
Current Marriage Dat									
Previous Marriages	Da	ate	End Da	ate	Reason (Divorce/Annulment/Death)				
Applicant 1									
Applicant 2									
Children (including those from previous marriages/relationships)									
First and Last Name	Age	Date of 1	Birth	Liv	es in Home	Adopted	Adoption Da	ate	Country of Birth
Information for Household Members (other than your children)									
	ehold Mer	nbers (oth				D 1 .: 1:			
Name Date		e of B	ırth	Relationship					

Applicant 1:	Applicant 2:		
Legal Name	Legal Name		
Preferred Name	Preferred Name		
Preferred Pronouns: she/her, he/him, they/them	Preferred Pronouns: she/her, he/him, they/them		
Gender identity (optional)	Gender identity (optional)		
Sexual orientation (optional)	Sexual orientation (optional)		
Date of Birth	Date of Birth		
Place of Birth	Place of Birth		
Height / Weight	Height / Weight		
Hair Color / Eye Color	Hair Color / Eye Color		
Ethnic Background	Ethnic Background		
Citizenship	Citizenship		
Social Security #	Social Security #		
Religion (Optional)	Religion (Optional)		
Passport #	Passport #		
High School & State	High School & State		
Graduation Date	Graduation Date		
College or Trade School & State	College or Trade School & State		
Graduation Date /Degree	Graduation Date /Degree		
Graduate School & State	Graduate School & State		
Occupation	Occupation		
Employer	Employer		
Self Employed: Yes No	Self Employed: Yes No		
Annual Salary	Annual Salary		
Date Employed	Date Employed		
Housing: Rent [ ] Own [ ] Single Family [	] Multiple Family [ ]		
# of rooms # of bedrooms			

Additional Information	Applicant 1		Applicant 2	
Are you currently in counseling? Have you been in counseling in the last year?	Yes [ ]	No [ ]	Yes [ ]	No [ ]
Have you ever been hospitalized? If you have, please indicate below the date(s) and reason(s).	Yes [ ]	No [ ]	Yes [ ]	No [ ]
Are you currently pregnant or currently pursuing pregnancy/surrogacy?	Yes [ ]	No [ ]	Yes [ ]	No [ ]
Do you have any health issues or take medication?	Yes [ ]	No [ ]	Yes [ ]	No [ ]
Have you ever been arrested-even if charges were dismissed, continued without a finding or records expunged?	Yes [ ]	No [ ]	Yes [ ]	No [ ]
Do you have a history of substance/alcohol abuse?	Yes [ ]	No [ ]	Yes [ ]	No [ ]
Do you have a history of domestic violence, even if an arrest did not occur?	Yes [ ]	No [ ]	Yes [ ]	No [ ]
Have you ever been physically or sexually abusive to a child?	Yes [ ]	No [ ]	Yes [ ]	No [ ]
Has a child abuse/neglect report ever been filed against you?	Yes [ ]	No [ ]	Yes [ ]	No [ ]
Have you ever applied to adopt in the past and terminated the process, been turned down or rejected for adoption?	Yes [ ]	No [ ]	Yes [ ]	No [ ]
Have you ever had a home study completed in the past? If you have, please indicate below the name of the agency and the year it was completed.	Yes [ ]	No [ ]	Yes [ ]	No [ ]
Have you ever transferred or received permanent custody of a child outside of the state/local authorities or outside of the state/local process, relinquished or lost custody of a child?	Yes [ ]	No [ ]	Yes [ ]	No [ ]
Have you ever been refused visa clearance?	Yes [ ]	No [ ]	Yes [ ]	No [ ]
If you answered yes to any of the above questions, needed:	please explai	n below and ad	d additional	pages if
<ul> <li>Does anyone residing in your home:</li> <li>have an arrest record</li> <li>have a medical condition</li> <li>have a history of substance/alcohol abuse,</li> <li>been physically or sexually abusive to a ch</li> </ul>		lence (even if a	n arrest did 1	not occur)

- applied to adopt, completed a home study, been turned down or rejected for adoption
- transferred or received permanent custody of a child outside of the state/local authorities, outside of the state/local process, relinquished or lost custody of a child
- been refused visa clearance?

Yes [ ]	No [ ]
If anyone re	esiding in the home has answered "yes" to any of the above questions, please explain:

Please list  $\underline{all}$  of the states and countries in which you and other adults in the home have lived or worked since age 18.

- Include places you have lived more than one (1) month.
- <u>Circle</u> all states that you have lived in for the past five (5) years.

### **Applicant 1: (include all version of your name i.e. married/maiden/alias)**

Name:
Social Security Number:
Date of Birth
List all states lived in since the age of 18 and the years you lived there:
List all states worked in since the age of 18 and the years you worked there:
Applicant 2: (include all versions of your name i.e. married/maiden/alias)
Name:
Social Security Number:
Date of Birth
List all states lived in since the age of 18 and the years you lived there:
List all states worked in since the age of 18 and the years you worked there:
Others in the home over the age of 14: include all versions of your names
Others in the home over the age of 14: include all versions of your names  Name:
Name:
Name:Social Security Number:
Name:
Name:Social Security Number:
Name:  Social Security Number:  Date of Birth  List all states lived in since the age of 18 and the years you lived there:  List all states worked in since the age of 18 and the years you worked there:  Name:
Name:  Social Security Number:  Date of Birth  List all states lived in since the age of 18 and the years you lived there:  List all states worked in since the age of 18 and the years you worked there:  Name:
Name: Social Security Number: Date of Birth List all states lived in since the age of 18 and the years you lived there:  List all states worked in since the age of 18 and the years you worked there:  Name: Social Security Number: Date of Birth
Name: Social Security Number: Date of Birth List all states lived in since the age of 18 and the years you lived there:  List all states worked in since the age of 18 and the years you worked there:  Name: Social Security Number:

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### **Adoption Services**

# What AFC services are you interested in applying for? Please indicate all services applicable.

	International Adoption [ ]
Please list Co	ountry:
	udy and Post-Placement/Post-Adoption Services: Alliance for Children will complete home t-placement/post-adoption services, and no other services.
	<b>cement/Post-Adoption Services Only:</b> Due to a move or change in original home study agency, Children will complete post-placement/post-adoption services.
beginning yo Children. Yo	nterested in an international adoption, you must have a primary provider agency prior to ur home study, and must provide the written agreement with that agency to Alliance for u must continue to work with that primary provider throughout your adoption process notify Alliance for Children if your primary provider changes.
	<b>onal Placement</b> : Alliance for Children will provide placement services from one of our programs, as indicated by family. Please make note of your home study agency within this
	Domestic Adoption
	Domestic Adoption [ ]
	udy and Post-Placement/Post-Adoption Services: Alliance for Children will complete home t-placement/post-adoption services, and no other services.
[ ] <b>Interest i</b> placement ser	n Alliance for Children's Domestic Placement Program: Alliance for Children may provide vices.
that pending times, with th you will conn	indicated interest in Alliance for Children's Domestic Placement Program, please note the volume of interested applicants, there may be an increase in initially anticipated wait ne possibility of being placed on our wait list. When your home study is near completion, nect with our Domestic Team to review your family's specific situation, at which time we vailability in our program. We cannot guarantee availability in our program at time of completion.
	Assist: Per referral from an adoption attorney/agency, or due to special circumstances, Alliance will provide assist services for your domestic adoption.
	<b>cement/Post-Adoption Services Only:</b> Due to a move or change in original home study agency, Children will complete post-placement/post-adoption services.

## **Domestic and International Adoption**

Please indicate your openness to the below:					
What age child would you like to adopt?	0 -12 months [ ] 1-3 years [ ]				
	4 – 6 years [ ] 7 yrs or older [ ]				
Would you consider adopting a child with special needs or	Yes [ ] No [ ]				
medical condition?					
Would you consider adopting twins?	Yes [ ] No [ ]				
Would you consider adopting a sibling group?	Yes [ ] No [ ]				
Would you consider adopting a child of a different	Yes [ ] No [ ]				
race/ethnicity than your own? If yes, please provide more					
details:					
Special Circumstances, Comments, Notes:					
How did you hear about Alliance for Children?					
Places indicate if you have connected with AEC staff receive	d over information modifies and available ion of				
Please indicate if you have connected with AFC staff, received our information packet and explanation of					
fees: [ ] Yes [ ] No					
Date & Name of AFC Staff Member:					
Date & Name of Arc Staff Member:					
Did you attend an informational meeting? [ ] Yes [ ] No					
Did you attend an informational meeting: [ ] Tes [ ] No					
Date of Meeting:					

### **Outside Placement Agency/Primary Provider**

If you are requesting home study and post-placement/post-adoption services from Alliance for Children but are working with another agency for placement, please complete the following section:

Agency:		Contact:		
Address:				
(No.	./Street)	(Town/City)	(State) (Z	Zip)
Phone:		Email:		
		Home Study Agency Information		
•	•	agency to complete your home study ent services, please complete the follo	11 .	ith
Home Study A	Agency:			
Contact:				
Address:				
(No.	./Street)	(Town/City)	(State) (Z	Zip)
Phone:		Email:		
Estimated date	e home study will b	pe finished:		
		Adoption Attorney Information		
		<u> </u>		
If you are wor	king with an adopt	ion attorney for placement, please con	mplete the following section	n:
Attorney:				
Address:				
(No.	./Street)	(Town/City)	(State) (Z	ip)
Phone:		Email:		

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#### **Signature Page**

If you have any questions about qualifications/criteria/special circumstances, please request a copy of the Agency's Adoption Home Study Policies

Incomplete applications cannot be processed, and will be returned if a full, complete application is not received by the agency two (2) weeks after submitting the initial, incomplete application.

I understand that programs are always changing and may open, close, or go on hold at any time. If I have any questions, I will contact the agency and discuss them prior to sending in my application.

I understand that I must submit a non-refundable application fee with this application. Once this application is received, I will be billed for services. I am aware of the fees for the services I am requesting. If I have any questions about fees, I will ask them before submitting my application.

I have answered all questions truthfully and to the best of my ability. I understand that falsifying information, omitting information, or not responding to these questions honestly is grounds for termination of services. I further understand that I will need to provide notarized copies of any and all court records that I have, and that these records will be sent to Immigration as part of its approval process for all international adoptions. I understand that I must notify Alliance for Children within 30 days if any of the above information changes.

#### For home study applicants:

I agree to comply with all of Alliance for Children's policies and procedures, including the following:

- If I have any health or financial issues, I will provide all additional documentation as requested.
- If I have any arrests or court-related issues, I will provide all additional information, including court dispositions, as requested—even if an action was dismissed, expunged or I was found not guilty.
- An adoption clinician will need to speak individually with every household member age 5 and over, or younger if required by your state of residence, will need to meet all household members and will need to be in contact with all children/adult children not living in the home.
- If I do not begin my home study within six (6) months of submitting my application, I will need to reapply and submit a new application fee. Further, if my home study is not complete within twelve (12) months of submitting the application, I will need to pay for a home study update and provide additional documentation to maintain an active file.

#### For all applicants:

I agree to comply with Alliance for Children's policy regarding discipline. This includes not spanking a child or using other forms of corporal punishment, restricting movement, confining a child in small or locked area, withholding food, rest or toilet use, verbally abusing a child, and/or using any other means of discipline that is designed to humiliate, embarrass, or denigrate a child, his/her birth family, heritage, or ethnicity. This policy extends not only to the adopted child, but to all children residing in the adoptive home.

Print Name Applicant 1	Date	Print Name Applicant 2	Date
Sign Name Applicant 1	Date	Sign Name Applicant 2	Date