

Alliance for Children Adoption Program Application for New York Families

Please return this complete application and two recent photos (not passport) to: mkelley@allforchildren.org. A nonrefundable fee of \$550 will be invoiced for upon submission and must be paid for your application to be processed.

Thank you for your interest in applying to Alliance for Children! This application is specifically for residents of New York and it includes a State of New York application form as well as additional information required by Alliance for Children in order to complete your application process.

This application form is comprised of Part 1 and Part 2. Each prospective adoptive parent must complete and sign separate Part 1 forms, so two forms are attached. Please complete Part 2 together.

Single applicants should complete Part 1 and then proceed to Part 2, page 1.

Please note that each applicant must sign page 5 of Part 1 as well as Part 2, page 7. This entire form must be returned to Alliance for Children with original signatures.

Should you have any questions about completing the application you may call our office at the above number or send an email to lcullinane@allforchildren.org

We look forward to working with you!

FOR FILING PURPOSES NAME OF APPLICANT(S): AGENCY NAME:

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

ADOPTIVE PARENT APPLICATION **ADOPTION ONLY**

Instructions:

Applicant(s): Each applicant must complete a separate application form. The home finder/agency worker will notify the applicant if supporting documentation is required.

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APPLICANT	INFORMATIO	N							
NAME OF APP	PLICANT:								
LAST, FIRST, MIDDL	E INITIAL:								
DATE OF BIRTH:	SOC	CIAL SECURITY NUM	IBER:	EMAIL ADDRESS	:				
PHONE CONTACT IF HOME PHONE: (NFORMATION:) -	□ N/A	-	CELL PHONE	: () -	□ N/A			
CURRENT ADDRESS	3:								
CITY:	CITY: STATE: ZIP CODE:								
HOW LONG HAVE Y	o∪: ☐ Rente	ed	SCHOOL DISTRIC	CT:					
MARITAL STA	TUS:	ied Divorce	d Single	☐ Widow/W	idower 🗌 Separa	ted 🗌 Couple livi	ing together		
DEMOGRAPH	ICS ¹								
SEX: ² ☐ Female	☐ Male								
WHAT ARE YOU She/Her/Hers	JR PRONOUNS?	P His ☐ They/Ther	n/Theirs 🗌 Othe	ır					
GENDER IDENT		der 🏻 Gender no	on-conforming	☐ Other/Some	ething else Don't	know 🗆 Declir	ne to answer		
SEXUAL ORIEN Straight/Hete	TATION :⁴ rosexual ☐ Ga	ay or Lesbian	Bisexual C	Other/Somet	hing else 🔲 Don'i	know Dec	ine to answer		
RACE:			ETHNICITY:			RELIGIOUS AFFILIA	ATION:		
LANGUAGES SPOKI	EN:								
NATIVEAMERIC	AN? No D	Yes If yes, triba	al/nation affiliatio	on:					
HOUSEHOLD I	MEMBER INFOR	RMATION *Socia	I Security Number	(SSN) is requir	ed for all household me	embers 18 years of	age or older.		
□ N/A									
	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FI	RST LAST NAME, FIRST NAME		LAST NAME, FIRST NAME		
DATE OF BIRTH	1 1	1 1	1 1	1 1	1 1	1 1	1 1		
RELATIONSHIP TO APPLICANT									
RELIGION									
SEX									

¹ Applicant has the right to decline to answer questions in this section without any impact totheir application. ² "Sex" refers to a person's biological and physiologicalcharacteristics.

³ "Gender Identity" refers to a person's internal sense of themselves, regardless of anatomy.

⁴ "Sexual Orientation" refers to a person's emotional, romantic and sexual attraction to other persons.

FOR FILING PURPOSES

ETHNICITY							
LANGUAGE							
MARITAL STATUS							
*SSN							
Are any children No Yes	in your household If yes, please of		er care, awaiting	adoption finalizati	ion?		
Are any children No Ye. If yes, please exp	s	d, who are not in	foster care, awai	ting adoption final	ization?		
OTHER CI (UNDER 18) RES THE HOU	IDING OUTSIDE	DATE OF E	BIRTH	AD	DRESS		TIONSHIP TO PLICANT
□ N/A		-					
		1 1					
		1 1					
		1 1					
		1 1					
		1 1					
ADULT CHILDS OUTSIDE THE	REN RESIDING HOUSEHOLD	DATE OF E	BIRTH	AD	DRESS		FIONSHIP TO PLICANT
□ N/A							
		1 1					
		1 1					
		1 1					
		1 1					
		1 1					
	BOARD	ERS/RENTERS			DATE OF BIRTH		ATIONSHIP PPLICANT
□ N/A							
				1	1		
				1	1		
				/	1		
				/	I		
	DETC/O	THED ANIMAL C	TVDE	/	/		
		OTHER ANIMALS - R LOCAL ORDINAN			VACCINATED?	LICEN	ISED?
□ N/A							
					☐ No ☐ Yes	☐ No	☐ Yes
					☐ No ☐ Yes	☐ No	☐ Yes
					☐ No ☐ Yes	☐ No	☐ Yes
					☐ No ☐ Yes	☐ No	☐ Yes
					☐ No ☐ Yes	☐ No	☐ Yes
FOSTER/ADO	PTIVE PARENT	TING EXPERIE	NCE				
Are you currently	an approved add	optive parent?	□No	☐ Yes			

FOR FILING PURPOSES

If yes, please provide a	oproval date(s), the approv	ving agency name	e(s) and contact in	formation.		
APPROVAL DATE	APPROVING AGENCY			CONTACT	INFORMATION	
1 1						
1 1						
1 1						
	lied to be a foster or adopt	•	state or another st	ate?	□ No □ Yes	
AGENCY	ency name(s) and contact	iniormation.	CONTACT INFOR	MATION		
AGENCY			CONTACT INFOR	MATION		
Were you accepted, with	drawn or denied? □ A	Accepted Wit	hdrawn 🔲 Den	ied		
If withdrawn or denied, w						
Have you had a foster pa	arent certification or approv	val revoked, suspe	ended surrendere	d or lapsed?		
□ N/A □ No □ Yes						
If yes, what was the reas						
TRANSPORTATION						
What are your plans for transporting the child as needed?						
If your answer was "perse	onal vehicle":					
Do you have a:					Proof Provided?	
Valid driver's lic	ense? 🗌 No 🔲 Yes	If yes, expiration	date: /	1	☐ No ☐ Yes	
Valid car insura	nce?	If yes, expiration	date: /	/	☐ No ☐ Yes	
Valid registration	n? No Yes	If yes, expiration	date: /	1	☐ No ☐ Yes	
Valid inspection	? No Yes	If yes, expiration	date: /	1	☐ No ☐ Yes	
REFERENCES						
	can serve as personal re	ferences.				
NA			ADDRESS		PHONE/EMAIL ADDRESS	
EMPLOYMENT INFO	RMATION					
CURRENT EMPLOYER:				START DATE	:	
EMPLOYER ADDRESS:						
CITY:		STATE:		ZIP CODE:		
POSITION:		SCHEDULE:				
EMPLOYER CONTACT NAME:		EMPLOYER CONTA	ACT NUMBER:	EMPLOYER C	CONTACT EMAIL:	
EMPLOYMENT HISTO	ORY					

FOR FILING PURPOSES

Employer:					
Dates of employment:	1	1	То	1	I
Position:					
Hours worked per week:					
Reason for leaving:					
Employer:					
Dates of employment:	1	1	То	1	I
Position:					
Hours worked per week:					
Reason for leaving:					
Employer:					
Dates of employment:	1	1	То	1	I
Position:					
Hours worked per week:					
Reason for leaving:					
HOME BUSINESS INFO	ORMAT	ION			
Do you operate a business	out of yo	our hom	ie?		□ No □ Yes
If yes,					
a. What are the hou					
b. Do you have a licc. Describe:	ense for	any of t	ne busine.	sses in _.	your nome?
Do you operate a child car	e/ day ca	re prog	ram in you	ur home	?
If yes,	,	- 1 - 3	, , ,		
a. What are the hou		ration?			
b. Number of childrec. Describe:	∍n?				
c. Describe: Do you operate a Family-T	vne Hor	ne for Δα	dulte?		□ No □ Yes
If yes:	ype mon	ie ioi A	auits:		_ No _ les
Describe:					
PLAN FOR SUPERVIS	ION				
		of a ch	ild(ren) wh	hen vou	are not available (i.e., during work hours, after school, summer, etc.)?
, , , , , , , , , , , , , , , , , , ,			- (-)	, , , ,	3
EDUCATION HISTORY	•				
HIGHEST EDUCATION COM	IPLETED:	☐ Gra	ade Schoo	ol 🗌] High School ☐ TASC (GED) ☐ Associate's Degree
☐ Bachelor's Degree [☐ Maste	r's Degr	ee 🗌	Ph. D.	Other:
	ame of so	chool(s).	/college(s)/univer	sity(ies); major(s)/course of study(ies); years of attendance; graduation
date(s)]:					
FINANCIAL INFORMA					
INCOME FROM EMPLOYME	NT (verifie	ed by W-	2 or 1040):	:	
OTHER INCOME AND SOUR	RCE:				☐ PA ☐ SSI ☐ SSD ☐ Disability ☐ Child Support
					☐ Other, specify:

FOR FILING PURPOSES

TOTAL MONTHLY INCOME:					
MONTHLY EXPENSES:					
Is your family experiencing any financial stre	essors (i.e., foreclosure	, bankruptcy, etc.)?	☐ No	Yes	
If yes, please explain:					
Does your family have medical insurance co	overage?	Yes			
► rent/mortgage	\$				
▶ utilities (including phones and cable)	\$				
► car payments	\$				
► car insurance	\$				
▶ other insurance	\$				
▶ loans/debts, credit cards	\$				
► food, clothing, etc.	\$				
► entertainment	\$				
Total monthly expenses	\$				
APPLICANT'S SIGNATURE:			DATE	E: /////	
X					
SWORN STATEMENT – One per applica	int				
Please answer the questions below in full.					
LAST NAME:	FIRST NAME:		MIDDLE NA	ME:	
MAIDEN NAME OR ANY OTHER ALIAS:					
CURRENT MAILING OTREET ARRESCO.		OLTV:		OTATE:	7ID 00DE
CURRENT MAILING STREET ADDRESS:		CITY:		STATE:	ZIP CODE:
Have you ever been convicted of a crime state?	within New York State	e or any other jurisdic	tion or	□ No □	Yes
If yes, provide an explanation for each crime	e for which you were co	onvicted of, including	the type of	crime, the loca	tion, the date and
circumstances:					
Has any person age 18 or older currently crime within New York State or any other	=	ever been convicted of	of a	□ No □	Yes
If yes, provide an explanation for each crime	-	s) was/were convicted	d of, includi	ing the type of a	crime, the location.
the date and circumstances:	,	,	,	3 3/	,
To the best of my knowledge, I hereby a	affirm that the inforn	nation provided abo	ve is true	and complete	e. I understand that
the information is subject to verificati disqualification as an applicant for delibe	ion and that making	g a materially false	e stateme		
APPLICANT'S SIGNATURE:				DATE:	
				D,	

FOR FILING PURPOSES NAME OF APPLICANT(S): AGENCY NAME:

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

ADOPTIVE PARENT APPLICATION **ADOPTION ONLY**

Instructions:

Applicant(s): Each applicant must complete a separate application form. The home finder/agency worker will notify the applicant if supporting documentation is required.

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APPLICANT	INFORMATIO	ON					
NAME OF API	PLICANT:						
LAST, FIRST, MIDDL	E INITIAL:						
DATE OF BIRTH:	so	CIAL SECURITY NUM	IBER: E	MAIL ADDRESS:			
PHONE CONTACT II HOME PHONE: (□ N/A	,	CELL PHONE: () -	□ N/A	
CURRENT ADDRES	S:						
CITY:				STATE:		ZIP CODE:	
HOW LONG HAVE Y	′ou։ □ Rent	ed	SCHOOL DISTRIC	T:		1	
MARITAL STA	TUS:	ried 🗌 Divorce	ed Single	☐ Widow/Wido	wer 🗌 Separa	ted Couple liv	ring together
DEMOGRAPH	ICS ¹						
SEX: ² Female WHAT ARE Y	☐ Male	JNS?					
SEXUAL ORIE	NTITY: ³ ∕lale	/His □ They/Ther nder □ Gender n ay or Lesbian □	on-conforming[know Dec	line to answer
RACE:			ETHNICITY:			RELIGIOUS AFFILI	IATION:
LANGUAGES SPOK	EN:		l			1	
NATIVE AMERICA	AN? No 🗆	Yes If yes, triba	al/nation affiliatio	n:			
HOUSEHOLD	MEMBER INF	ORMATION *So	cial Security Numb	er (SSN) is require	d for all household	members 18 years	of age or older.
□ N/A			·			•	
	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME
DATE OF BIRTH	1 1	1 1	1 1	1 1	1 1	1 1	1 1
RELATIONSHIP TO APPLICANT							
RELIGION							
SEX							

¹ Applicant has the right to decline to answer questions in this section without any impact to their application. ² "Sex" refers to a person's biological and physiological characteristics. ³ "Gender Identity" refers to a person's internal sense of themselves, regardless of anatomy.

⁴ "Sexual Orientation" refers to a person's emotional, romantic and sexual attraction to other persons.

ETHNICITY					_		
LANGUAGE							
MARITAL STATUS							
*SSN							
Are any children No Yes	Are any children in your household, who are in foster care, awaiting adoption finalization? ☐ No ☐ Yes If yes, please explain:						
Are any children No Yes If yes, please exp	S	d, who are not in	foster care, awai	ting adoption fina	alization?		
OTHER CH (UNDER 18) RES THE HOU	IDING OUTSIDE	DATE OF E	BIRTH	AD	DRESS		ATIONSHIP TO APPLICANT
□ N/A							
		1 1					
		1 1					
		1 1					
		1 1					
		1 1					
ADULT CHILDR OUTSIDE THE		DATE OF E	BIRTH	AD	DRESS		ATIONSHIP TO APPLICANT
□ N/A			·			·	
		1 1					
		1 1					
		1 1					
		1 1					
		1 1					
	BOARDE	RS/RENTERS				RELATIONSHIP TO APPLICANT	
□ N/A							
				1	1		
				1	1		
				1	1		
				1	1		
				1	1		
		THER ANIMALS - LOCAL ORDINAN			VACCINATE	D? LIC	ENSED?
□ N/A						<u>.</u>	
					□ No □`	res 🗌 No	☐ Yes
					□ No □ `	res 🔲 No	☐ Yes
					□ No □`	∕es □ No	☐ Yes
					□ No □`	∕es □ No	☐ Yes
					□ No □`	∕es □ No	☐ Yes
FOSTER/ADOI	PTIVE PARENT	ING EXPERIE	NCE				
Are you currently	an approved add	ptive parent?	□No	☐ Yes			

If yes, please provide approval date(s), the approving agency name(s) and contact information.								
APPROVAL DATE	APPROVING AGENCY		CONTACT INFORMATION					
1 1								
1 1								
1 1								
Have you previously app	lied to be a foster or adop	tive parent in this state or another s	tate?					
If yes, please provide ag	ency name(s) and contact	t information.						
AGENCY		CONTACT INFO	RMATION					
Were you accepted, with	drawn or denied? \square A	Accepted ☐ Withdrawn ☐ Der	ied					
If withdrawn or denied, w								
Have you had a foster pa	arent certification or appro	val revoked, suspended, surrender	ed or lapsed?					
□ N/A □ No □ Yes	S							
If yes, what was the reas	ion?							
TRANSPORTATION								
What are your plans for	transporting the child as n	eeded?						
If your answer was "pers	onal vehicle":							
Do you have a:			Proof Provided?					
Valid driver's lic	cense? No Yes	If yes, expiration date: /	/ □ No □ Yes					
Valid car insura	ince?	If yes, expiration date:	/ □ No □ Yes					
Valid registratio		If yes, expiration date: /	/ No Yes					
Valid inspection		If yes, expiration date: /	/ No Yes					
	1: 110 110	n yes, expiration date.	, <u> </u>					
REFERENCES								
	o can serve as personal re							
NA	ME	ADDRESS	PHONE/EMAIL ADDRESS					
EMPLOYMENT INFO	RMATION							
CURRENT EMPLOYER:			START DATE:					
5MBI 0V5D ADDD500								
EMPLOYER ADDRESS:								
CITY:		STATE:	ZIP CODE:					
POSITION:		SCHEDULE:						
EMPLOYER CONTACT NAME		EMDLOVED CONTACT NUMBER.	EMDLOVED CONTACT EMAIL.					
EMPLOYER CONTACT NAME		EMPLOYER CONTACT NUMBER:	EMPLOYER CONTACT EMAIL:					
EMPLOYMENT HIST	ORY							

Position: Hours worked per week: Reason for leaving: Employer: Dates of employment: / / To / / Position: Hours worked per week: Reason for leaving: Employer: Employer: Dates of employment: / / To / / Position: Hours worked per week: Reason for leaving: Employer: Boates of employment: / / To / / Position: Hours worked per week: Reason for leaving: HOURS BUSINESS INFORMATION Do you operate a business out of your home? If yees, a. What are the hours of operation? b. Do you have a license for any of the businesses in your home? c. Describe: Do you operate a child care/ day care program in your home? b. Number of children? c. Describe: Do you operate a Family-Type Home for Adults? If yees, Describe: PLAN FOR SUPERVISION What are your plans for supervision of a child(ren) when you are not available (i.e., during work hours, after school, summer, etc.)? EDUCATION HISTORY HIGHEST EDUCATION COMPLETED: Grade School High School TASC (GED) Associate's Degree Baschelor's Degree Master's Degree Ph. D. Other: Provide Details [such as name of school(s/icollege(s/university/ies): major(s)/course of study(ies): years of attendance; graduation date(s)]: FINANCIAL INFORMATION INCOME FROM EMPLOYMENT (venfied by W-2 or 1040):	Employer:					
Hours worked per week: Reason for leaving: Employer: Dates of employment:	Dates of employment:	1	1	То	1	1
Reason for leaving: Employer: Dates of employment:	Position:					
Employer: Dates of employment:	Hours worked per week:					
Dates of employment: / / To / / Position: Hours worked per week: Reason for leaving: Employer: Dates of employment: / / To / / Position: Hours worked per week: Reason for leaving: HOME BUSINESS INFORMATION Do you operate a business out of your home?	Reason for leaving:					
Dates of employment: / / To / / Position: Hours worked per week: Reason for leaving: Employer: Dates of employment: / / To / / Position: Hours worked per week: Reason for leaving: HOME BUSINESS INFORMATION Do you operate a business out of your home?	_					
Dates of employment: / / To / / Position: Hours worked per week: Reason for leaving: Employer: Dates of employment: / / To / / Position: Hours worked per week: Reason for leaving: HOME BUSINESS INFORMATION Do you operate a business out of your home?	Employer:					
Position: Hours worked per week: Reason for leaving: Employer: Dates of employment:		1	/	To	1	1
Hours worked per week: Reason for leaving: Employer: Dates of employment:						
Reason for leaving: Employer: Dates of employment:						
Employer: Dates of employment:	•					
Dates of employment:	reason for leaving.					
Dates of employment:	Employer:					
Position: Hours worked per week: Reason for leaving: HOME BUSINESS INFORMATION Do you operate a business out of your home?		1	1	Τo	1	
Hours worked per week: Reason for leaving: HOME BUSINESS INFORMATION Do you operate a business out of your home?		,	,	10	,	,
Reason for leaving: HOME BUSINESS INFORMATION Do you operate a business out of your home?						
HOME BUSINESS INFORMATION Do you operate a business out of your home?	riodis worked per week.					
HOME BUSINESS INFORMATION Do you operate a business out of your home?	Reason for leaving:					
Do you operate a business out of your home? No Yes If yes,	reacon for loaving.					
Do you operate a business out of your home? No Yes If yes,	HOME BUSINESS INFO	ORMAT	ION			
If yes, a. What are the hours of operation? b. Do you have a license for any of the businesses in your home? c. Describe: Do you operate a child care/ day care program in your home? If yes, a. What are the hours of operation? b. Number of children? c. Describe: Do you operate a Family-Type Home for Adults?				ne?		□ No □ Yes
a. What are the hours of operation? b. Do you have a license for any of the businesses in your home? c. Describe: Do you operate a child care/ day care program in your home? If yes, a. What are the hours of operation? b. Number of children? c. Describe: Do you operate a Family-Type Home for Adults? If yes: Describe: PLAN FOR SUPERVISION What are your plans for supervision of a child(ren) when you are not available (i.e., during work hours, after school, summer, etc.)? EDUCATION HISTORY HIGHEST EDUCATION COMPLETED: Grade School High School TASC (GED) Associate's Degree Bachelor's Degree Master's Degree Ph. D. Other: Provide Details [such as name of school(s)/college(s)/university(ies); major(s)/course of study(ies); years of attendance; graduation date(s)]: FINANCIAL INFORMATION INCOME FROM EMPLOYMENT (verified by W-2 or 1040):		, out 0. y	ou:			
C. Describe: Do you operate a child care/ day care program in your home?		rs of ope	ration?			
Do you operate a child care/ day care program in your home?	b. Do you have a lic	ense for	any of t	he busine	sses in	your home?
If yes, a. What are the hours of operation? b. Number of children? c. Describe: Do you operate a Family-Type Home for Adults?						
a. What are the hours of operation? b. Number of children? c. Describe: Do you operate a Family-Type Home for Adults?		e/ day ca	are prog	ram in yo	ur home	??
b. Number of children? c. Describe: Do you operate a Family-Type Home for Adults?		irs of one	ration?			
c. Describe: Do you operate a Family-Type Home for Adults?			ration:			
If yes: Describe: PLAN FOR SUPERVISION What are your plans for supervision of a child(ren) when you are not available (i.e., during work hours, after school, summer, etc.)? EDUCATION HISTORY HIGHEST EDUCATION COMPLETED: Grade School High School TASC (GED) Associate's Degree Bachelor's Degree Master's Degree Ph. D. Other: Provide Details [such as name of school(s)/college(s)/university(ies); major(s)/course of study(ies); years of attendance; graduation date(s)]: FINANCIAL INFORMATION INCOME FROM EMPLOYMENT (verified by W-2 or 1040):						
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PLAN FOR SUPERVISION What are your plans for supervision of a child(ren) when you are not available (i.e., during work hours, after school, summer, etc.)? EDUCATION HISTORY HIGHEST EDUCATION COMPLETED: Grade School High School TASC (GED) Associate's Degree Bachelor's Degree Master's Degree Ph. D. Other: Provide Details [such as name of school(s)/college(s)/university(ies); major(s)/course of study(ies); years of attendance; graduation date(s)]: FINANCIAL INFORMATION INCOME FROM EMPLOYMENT (verified by W-2 or 1040):	If yes:					
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EDUCATION HISTORY HIGHEST EDUCATION COMPLETED: Grade School High School TASC (GED) Associate's Degree Bachelor's Degree Master's Degree Ph. D. Other: Provide Details [such as name of school(s)/college(s)/university(ies); major(s)/course of study(ies); years of attendance; graduation date(s)]: FINANCIAL INFORMATION INCOME FROM EMPLOYMENT (verified by W-2 or 1040):	PLAN FOR SUPERVIS	ION				
HIGHEST EDUCATION COMPLETED: Grade School High School TASC (GED) Associate's Degree Bachelor's Degree Master's Degree Ph. D. Other: Provide Details [such as name of school(s)/college(s)/university(ies); major(s)/course of study(ies); years of attendance; graduation date(s)]: FINANCIAL INFORMATION INCOME FROM EMPLOYMENT (verified by W-2 or 1040):	What are your plans for su	pervision	n of a ch	ild(ren) w	hen you	are not available (i.e., during work hours, after school, summer, etc.)?
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□ Bachelor's Degree □ Master's Degree □ Ph. D. □ Other: Provide Details [such as name of school(s)/college(s)/university(ies); major(s)/course of study(ies); years of attendance; graduation date(s)]: FINANCIAL INFORMATION INCOME FROM EMPLOYMENT (verified by W-2 or 1040):					. –	
Provide Details [such as name of school(s)/college(s)/university(ies); major(s)/course of study(ies); years of attendance; graduation date(s)]: FINANCIAL INFORMATION INCOME FROM EMPLOYMENT (verified by W-2 or 1040):						, ,
### date(s)]: FINANCIAL INFORMATION INCOME FROM EMPLOYMENT (verified by W-2 or 1040):	_		•			
FINANCIAL INFORMATION INCOME FROM EMPLOYMENT (verified by W-2 or 1040):		ame of s	cnooi(s)	/college(s	s)/univer	sity(les); major(s)/course of study(les); years of attendance; graduation
INCOME FROM EMPLOYMENT (verified by W-2 or 1040):	1-74					
	FINANCIAL INFORMA	TION				
	INCOME FROM EMPLOYME	NT (verific	ed by W-	2 or 1040):		
OTHER INCOME AND SOURCE: ☐ PA ☐ SSI ☐ SSD ☐ Disability ☐ Child Support				- ,		☐ PA ☐ SSI ☐ SSD ☐ Disability ☐ Child Support
Other, specify:	OTHER INCOME AND GOOD	VOL.				, , ,

TOTAL MONTHLY INCOME:					
MONTHLY EXPENSES:					
Is your family experiencing any financial stre	ssors (i.e., foreclosu	ire, bankruptcy, etc.)?	□No	☐ Yes	
If yes, please explain:					
Does your family have medical insurance co	verage?	☐ Yes			
➤ rent/mortgage	\$				
▶ utilities (including phones and cable)	\$				
► car payments	\$				
► car insurance	\$				
▶ other insurance	\$				
▶ loans/debts, credit cards	\$				
► food, clothing, etc.	\$				
► entertainment	\$				
Total monthly expenses APPLICANT'S SIGNATURE:	\$		DAT	E·	
X			DAI	 	
SWORN STATEMENT – One per applicat	nt				
Please answer the questions below in full. LAST NAME: F	FIRST NAME:		MIDDLE NA	ME	
LAST NAIVIL.	INST NAME.		WIIDDEL INA	MVIL.	
MAIDEN NAME OR ANY OTHER ALIAS:					
CURRENT MAILING STREET ADDRESS:		CITY:		STATE:	ZIP CODE:
				L	
Have you ever been convicted of a crime state?	within New York Sta	ate or any other jurisdio	ction or	□ No □`	Yes
If yes, provide an explanation for each crime	for which you were	convicted of, including	the type o	f crime, the loc	ation, the date and
circumstances:					
2. Has any person are 10 or older currently	regiding in the hom	a ayar baan aanyistad	of o		Vaa
Has any person age 18 or older currently crime within New York State or any other	jurisdiction or state'	?			Yes
If yes, provide an explanation for each crime the date and circumstances:	for which the perso	n(s) was/were convicte	ed of, includ	ding the type of	crime, the location,
the date and circumstances.					
To the best of my knowledge, I hereby a	ffirm that the info	mation provided abo	ove is true	and complete	e. I understand that
the information is subject to verification disqualification as an applicant for deliber	on and that maki	ng a materially fals	e stateme	ent or affirma	
APPLICANT'S SIGNATURE:				DATE:	
X				1	1

Application Part 2 Alliance for Children Information								
Applicant 1 Applicant 2								
Are you currently in counseling?	Yes []	No []	Yes []	No []				
Are you currently pregnant or currently pursuing	Yes []	No []	Yes []	No []				
pregnancy/surrogacy?								
Do you have any health issues or take medication?	Yes []	No []	Yes []	No []				
Have you ever been arrested-even if charges were	Yes[]	No []	Yes []	No []				
dismissed, continued without a finding or records expunged?	163[]	NO []	163[]	140 []				
Do you have a history of substance/alcohol abuse?	Yes []	No []	Yes []	No []				
Do you have a history of domestic violence, even if	Yes[]	No []	Yes[]	No []				
an arrest did not occur?	Voc I 1	No I 1	Yes[]	No. I. I				
Have you ever been physically or sexually abusive to a child?	Yes[]	No []	res[]	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, please explain below and add additional pages if needed:								

Does anyone residing in your home:

- · have an arrest record
- have a medical condition
- have a history of substance/alcohol abuse, domestic violence (even if an arrest did not occur)
- been physically or sexually abusive to a child
- 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	residing in the home has answered "yes" to any of the above questions, please	explain:
		_

Please list <u>all</u> 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 a month.
- Circle all states that you have lived in for the past 5 years.

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

Name:	
Name: Social Security Number	
Date of Birth	
List All States lived and worked in since the age of	18 and the years you lived/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 and worked in since the age of	18 and the years you lived/worked there:
Others in the home over the age of 14: include a	all varsions of your names
Others III the nome over the age of 14. Include a	all versions of your names
Name:	
Name: Social Security Number	
Date of Birth	
List All States lived and worked in since the age of	
14	
Name:	
Social Security Number	
Date of Birth	
States lived and worked in since the age of 14	

Adoption Services

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

International Adoption []
Please list Country:
[] Home Study and Post-Placement/Post-Adoption Services: Alliance for Children will complete home study and post-placement/post-adoption services.
[] Post-Placement/Post-Adoption Services Only: Due to a move or change in original home study agency, Alliance for Children will complete post-placement/post-adoption services.
*If you are interested in an international adoption, you must have a primary provider agency prior to beginning your home study, and must provide the written agreement with that agency to Alliance for Children. You must continue to work with that primary provider throughout your adoption process and agree to notify Alliance for Children if your primary provider changes.
[] Full Service : Alliance for Children will perform home study services, placement services from one of our international programs, and post-placement/post-adoption services.
Domestic Adoption []
[] Home Study and Post-Placement/Post-Adoption Services: Alliance for Children will complete home study and post-placement/post-adoption services.
[] Interest in Alliance for Children's Domestic Placement Program: Alliance for Children will perform placement services.
*If you have indicated interest in Alliance for Children's Domestic Placement Program, please note that acceptance into the Domestic Program is on a case-by-case basis at time of home study completion. The agency accepts families into the Domestic Program based on a number of factors; the Agency cannot guarantee availability for all who are interested. After completion of a home study, families will be notified if the Agency can grant acceptance; the family may choose to onboard at that time. We cannot guarantee availability in our program at time of home study completion.
[] Domestic Assist: Per referral from an adoption attorney/agency, or due to special circumstances, Alliance for Children will provide assist services for your domestic adoption.
[] Post-Placement/Post-Adoption Services Only: Due to a move or change in original home study agency, Alliance for Children will complete post-placement/post-adoption services.

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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 medical condition?	Yes[] No[]			
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 race/ethnicity than your own? If yes, please provide more details:	Yes[] No[]			
Special Circumstances, Comments, Notes:				
How did you hear about Alliance for Children?				
Please indicate if you have connected with AFC staff, re explanation of fees: [] Yes [] No	ceived our information packet and			
Date & Name of AFC Staff Member:				
Did you attend an informational meeting? [] Yes []				
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:				
Address: (No./Street)	(Town/City)	(State) (Zip)		
Phone:	Email:			
H	Home Study Agency Information			
	agency to complete your home s for placement services, please co			
Home Study Agency:				
Contact:				
Address:				
(No./Street)	(Town/City)	(State) (Zip)		
Phone:	Email:			
Estimated date home study wil	l be finished:			
	Adoption Attorney Information			
If you are working with an adop	otion attorney for placement, plea	se complete the following		
section: Attorney:				
Address:				
(No./Street)	(Town/City)	(State) (Zip)		
Phone:	Email:			

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 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.

Non-Discrimination: Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, marital status, national origin (including limited English proficiency), age, gender, gender identity, gender expression, sexual orientation, or any other characteristic that is legally protected. Programs and services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available.

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:

The below electronic signatures are valid:

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, child's birth family, heritage, or ethnicity. This policy extends not only to the adopted child, but to all children residing in the adoptive home.

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Print Name Applicant 1	Date	Print Name Applicant 2	Date
Sign Name Applicant 1	Date	Sign Name Applicant 2	Date
Application 2024			

Application 2024