



Alliance for Children Adoption Program Application

Please return this application, a nonrefundable fee of \$275, and two recent photos to:
Alliance for Children, Attn: Abby Schneider
 17 Oak Street, Needham Ma 02492
 (781-444-7148)

	Last Name	First Name	Middle/Maiden Name	Date of Birth
Applicant 1				
Applicant 2				
Street Address	City	State	Zip	County

Contact Information	
Home Phone:	Preferred Phone:
Applicant 1	Applicant 2
Cell:	Cell:
Work:	Work:
Email:	Email:

Current Marriage	Date and Location:		
Previous Marriages	Date	End Date	Reason (Divorce/Annulment/Death)
Applicant 1			
Applicant 2			

Children (including those from previous marriages/relationships)					
First and Last Name	Age	Date of Birth	Lives in Home	Adopted	Adoption Date

Information for Household Members (other than your children)		
Name	Date of Birth	Relationship

Applicant 1:

Name _____

Place of Birth _____

Height / Weight _____

Hair Color / Eye Color _____

Names of Parents (Indicate if Deceased)

Ethnic Background _____

Citizenship _____

Social Security # _____

Religion (Optional) _____

Passport # _____

High School Name & State

Graduation Date _____

College or Trade School & State

Graduation Date / Degree _____

Graduate School & State

Occupation _____

Employer _____

Self Employed: Yes _____ No _____

Annual Salary _____

Date Employed _____

Applicant 2:

Name _____

Place of Birth _____

Height / Weight _____

Hair Color / Eye Color _____

Names of Parents (Indicate if Deceased)

Ethnic Background _____

Citizenship _____

Social Security # _____

Religion (Optional) _____

Passport # _____

High School Name & State

Graduation Date _____

College or Trade School & State

Graduation Date / Degree _____

Graduate School & State

Occupation _____

Employer _____

Self Employed: Yes _____ No _____

Annual Salary _____

Date Employed _____

Housing: Rent [] Own [] Single Family [] Multiple Family []

of rooms ____ # of bedrooms ____

Additional Information				
	Applicant 1		Applicant 2	
Are you currently in counseling?	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 []
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, or been turned down or rejected for adoption? []Yes []No

If anyone residing in the home has answered “yes” to any of the above questions, please explain:

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

Request:	
What age child would you like to adopt?	0 -12 months [] 1-3 years [] 4 – 6 years [] 7 yrs or older []
Would you consider a child with special needs or medical condition?	Yes [] No []
Would you consider twins?	Yes [] No []
Would you consider a sibling group?	Yes [] No []

Please list all of the states and countries in which you and other adults in the home have lived or worked since age 18. This list should include places you have lived more than a month.

Applicant 1:

Name: _____

Social Security Number: _____ - _____ - _____

Date of Birth _____

States lived and worked in since the age of 18

Applicant 2:

Name: _____

Social Security Number: _____ - _____ - _____

Date of Birth _____

States lived and worked in since the age of 18

Others in the home over the age of 14

Name: _____

Social Security Number: _____ - _____ - _____

Date of Birth _____

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

Domestic Adoption

International Adoption

If International please list Country/Countries: _____

Full Service: Alliance will perform home study and placement services, and post placement services.

Home Study and Post Placement Services: Alliance will complete home study and post placement services.

***If completing an international adoption you must have a primary provider prior to beginning your home study and provide the written agreement 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.**

Have you ever had a home study completed in the past? Yes No

If yes, when was it completed and what agency did you work with: _____

How did you hear about Alliance for Children? _____

Did you attend an informational meeting? Yes No Date/Location _____

Outside Placement Agency/Primary Provider

If you are requesting home study and post placement 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) (Zip)

Phone: _____ Email: _____

Home Study Agency Information

If you are working with another agency to complete your home study, please complete the following section.

Agency: _____ Contact: _____

Address: _____
 (No./Street) (Town/City) (State) (Zip)

Phone: _____ Email: _____

Estimated date home study is to be finished: _____

Adoption Attorney Information

If you are working with an adoption attorney for placement, please complete the following section:

Attorney: _____

Address: _____
 (No./Street) (Town/City) (State) (Zip)

Phone: _____ Email: _____

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 or not responding to these questions honestly will affect the outcome of my adoption. 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.

 Print Name
 First Applicant Date

 Print Name
 Second Applicant Date

 Sign Name
 First Applicant Date

 Sign Name
 Second Applicant Date