



Alliance for Children Adoption Program Application

Please return this complete application with original signatures, a nonrefundable fee of \$500, and two recent photos (not passport) to:

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

	Last Name	First Name	Middle Name	Maiden/Other Last Name
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	Country of Birth

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

Applicant 1:

Legal Name _____

Preferred Name _____

Preferred Pronouns: she/her, he/him, they/them

Gender identity (optional) _____

Sexual orientation (optional) _____

Date of Birth _____

Place of Birth _____

Height / Weight _____

Hair Color / Eye Color _____

Ethnic Background _____

Citizenship _____

Social Security # _____

Religion (Optional) _____

Passport # _____

High School & 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 _____

Applicant 2:

Legal Name _____

Preferred Name _____

Preferred Pronouns: she/her, he/him, they/them

Gender identity (optional) _____

Sexual orientation (optional) _____

Date of Birth _____

Place of Birth _____

Height / Weight _____

Hair Color / Eye Color _____

Ethnic Background _____

Citizenship _____

Social Security # _____

Religion (Optional) _____

Passport # _____

High School & State

Graduation Date _____

College or Trade School & State

Graduation Date /Degree _____

Graduate School & State _____

Occupation _____

Employer _____

Self Employed: Yes _____ No _____

Annual Salary _____

Date Employed _____

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, 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 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.
- Circle 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

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 _____

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:

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, and no other 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.**

International Placement: Alliance for Children will provide placement services from one of our international programs, as indicated by family. Please make note of your home study agency within this application.

Domestic Adoption []

Home Study and Post-Placement/Post-Adoption Services: Alliance for Children will complete home study and post-placement/post-adoption services, and no other services.

Interest in Alliance for Children's Domestic Placement Program: Alliance for Children may provide placement services.

***If you have indicated interest in Alliance for Children's Domestic Placement Program, please note that pending the volume of interested applicants, there may be an increase in initially anticipated wait times, with the possibility of being placed on our wait list. When your home study is near completion, you will connect with our Domestic Team to review your family's specific situation, at which time we will review availability in our program. 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.

Domestic and International Adoption

Please indicate your openness to the below:	
What age child would you like to adopt?	0 -12 months <input type="checkbox"/> 1-3 years <input type="checkbox"/> 4 – 6 years <input type="checkbox"/> 7 yrs or older <input type="checkbox"/>
Would you consider adopting a child with special needs or medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you consider adopting twins?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you consider adopting a sibling group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you consider adopting a child of a different race/ethnicity than your own? If yes, please provide more details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Circumstances, Comments, Notes:

How did you hear about Alliance for Children? _____

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: _____

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

Phone: _____ Email: _____

Home Study Agency Information

If you are working with another agency to complete your home study and are applying to work with Alliance for Children for placement services, please complete the following section.

Home Study Agency: _____

Contact: _____

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

Phone: _____ Email: _____

Estimated date home study will 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: _____

