



Alliance for Children Adoption Program Application

*Please return this complete application and two recent photos (not passport) to:
lcullinane@allforchildren.org. A nonrefundable fee of \$500 will be invoiced for
upon submission and must be paid for your application to be processed.*

	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,
other: _____

Gender identity/expression (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,
other: _____

Gender identity/expression (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 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:

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 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.

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 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, 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: _____

