

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:

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: _____

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:

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.

The below electronic signatures are valid:

Print Name
Applicant 1 Date

Print Name
Applicant 2 Date

Sign Name
Applicant 1 Date

Sign Name
Applicant 2 Date

Please submit payment of nonrefundable application fee in one of two ways and indicate the way in which you will be paying:



Send check to:

The Alliance For Children, Inc.

292 Reservoir St., Needham, MA 02494



Wire Info:

Acct#: 466016728567

Bank name: Bank of America

Bank address: 222 Broadway

New York, NY 10038

Wire Routing#: 026009593

**If wiring fee, please retain a copy of receipt and send it to
accounting@allforchildren.org**