

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 is due 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 mkelley@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.

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| 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.

| аррисант и сарр | Jorang addame | Titation to roquii | ou. | | | | |
|--------------------------------------|------------------------------|--------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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: | | | | | |
| 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): | Describe: | | | | | |
| 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.)? |
| 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): | | | | | | |
| 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): | EDUCATION HISTORY | , | | | | |
| □ 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, include | 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 | |
| Date of Birth | nce the age of 18 and the years you |
| | |
| Applicant 2: (include all versions of your name i | i.e. married/maiden/alias) |
| Name: | |
| Social Security Number | |
| Date of Birth List All States and countries lived and worked in sin | |
| List All States and countries lived <i>and</i> worked in sin lived/worked there: | nce the age of 18 and the years you |
| Others in the home over the age of 14: include a | all versions of your names |
| Name: | |
| Social Security Number | |
| Date of Birth | |
| List All States and countries lived and worked in sin the age of 14 | ice |
| | |
| Name: | |
| Social Security Number | |
| Date of Birth List all States and countries lived <i>and</i> 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. |

| _ | 4. | | 4. |
|---------|---------|--------|---------|
| Domes | tic and | Intorn | ational |
| DUILLES | uc allu | milein | auviiai |

| 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, 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: | | | | | |
| 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.

| The select electronic | signatures are varia. | | |
|---------------------------|-----------------------|---------------------------|------|
| Print Name Applicant 1 | Date | Print Name Applicant 2 | Date |
| Sign Name Applicant 1 | Date | Sign Name Applicant 2 | Date |
| Application 2025 | | | |

Application 2025