Alliance for Children

Adoption Program Application for New York Families

Please return this complete application and two recent photos (not passport) to: jbortolotti@allforchildren.org. A nonrefundable fee of $550 is due upon submission and must be paid for your application to be processed. Please send check to 39 Grant St. ST 200, Framingham, MA 01702 or wire funds/ instructions on last page.

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 jbortolotti@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.

APPLICANT INFORMATION

NAME OF APPLICANT:

LAST, FIRST, MIDDLE INITIAL:

DATE OF BIRTH: / /	SOCIAL SECURITY NUMBER: - -	EMAIL ADDRESS:

PHONE CONTACT INFORMATION:
HOME PHONE: ( ) - ☐ N/A CELL PHONE: ( ) - ☐ N/A

CURRENT ADDRESS:

CITY:	STATE:	ZIP CODE:

HOW LONG HAVE YOU: ☐ Owned ☐ Rented	SCHOOL DISTRICT:

MARITAL STATUS: ☐ Married ☐ Divorced ☐ Single ☐ Widow/Widower ☐ Separated ☐ Couple living together

DEMOGRAPHICS[1]

SEX:[2]
☐ Female ☐ Male

WHAT ARE YOUR PRONOUNS?
☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ Other

GENDER IDENTITY:[3]
☐ Female ☐ Male ☐ Transgender ☐ Gender non-conforming ☐ Other/Something else ☐ Don't know ☐ Decline to answer

SEXUAL ORIENTATION:[4]
☐ Straight/Heterosexual ☐ Gay or Lesbian ☐ Bisexual ☐ Other/Something else ☐ Don't know ☐ Decline to answer

RACE:	ETHNICITY:	RELIGIOUS AFFILIATION:

LANGUAGES SPOKEN:

NATIVE AMERICAN? ☐ No ☐ Yes *If yes, tribal/nation affiliation*:

HOUSEHOLD MEMBER INFORMATION *Social Security Number (SSN) is required 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	/ /	/ /	/ /	/ /	/ /	/ /	/ /
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.

FOR FILING PURPOSES
NAME OF APPLICANT(S):
AGENCY NAME:

ETHNICITY							
LANGUAGE							
MARITAL STATUS							
***SSN**							

Are any children in your household, who are in foster care, awaiting adoption finalization?
☐ No ☐ Yes *If yes, please explain*:

Are any children in your household, who are not in foster care, awaiting adoption finalization?
☐ No ☐ Yes
If yes, please explain:

OTHER CHILDREN (UNDER 18) RESIDING OUTSIDE THE HOUSEHOLD	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO APPLICANT
☐ N/A			
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

ADULT CHILDREN RESIDING OUTSIDE THE HOUSEHOLD	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO APPLICANT
☐ N/A			
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

BOARDERS/RENTERS	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
☐ N/A		
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

PETS/OTHER ANIMALS – TYPE PER LOCAL ORDINANCE	VACCINATED?	LICENSED?
☐ N/A		
	☐ No ☐ Yes	☐ No ☐ Yes
	☐ No ☐ Yes	☐ No ☐ Yes
	☐ No ☐ Yes	☐ No ☐ Yes
	☐ No ☐ Yes	☐ No ☐ Yes
	☐ No ☐ Yes	☐ No ☐ Yes

FOSTER/ADOPTIVE PARENTING EXPERIENCE

Are you currently an approved adoptive parent? ☐ No ☐ Yes

If yes, please provide approval date(s), the approving agency name(s) and contact information.

APPROVAL DATE	APPROVING AGENCY	CONTACT INFORMATION
/ /		
/ /		
/ /		

Have you previously applied to be a foster or adoptive parent in this state or another state? ☐ No ☐ Yes

If yes, please provide agency name(s) and contact information.

AGENCY	CONTACT INFORMATION

Were you accepted, withdrawn or denied? ☐ Accepted ☐ Withdrawn ☐ Denied

If withdrawn or denied, what was the reason?

Have you had a foster parent certification or approval revoked, suspended, surrendered or lapsed?

☐ N/A ☐ No ☐ Yes

If yes, what was the reason?

TRANSPORTATION

What are your plans for transporting the child as needed?

If your answer was "personal vehicle":

Do you have a:			**Proof Provided?**
Valid driver's license?	☐ No ☐ Yes	*If yes, expiration date*: / /	☐ No ☐ Yes
Valid car insurance?	☐ No ☐ Yes	*If yes, expiration date*: / /	☐ No ☐ Yes
Valid registration?	☐ No ☐ Yes	*If yes, expiration date*: / /	☐ No ☐ Yes
Valid inspection?	☐ No ☐ Yes	*If yes, expiration date*: / /	☐ No ☐ Yes

REFERENCES

List three references who can serve as personal references.

NAME	ADDRESS	PHONE/EMAIL ADDRESS

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:		START DATE:
EMPLOYER ADDRESS:		
CITY:	STATE:	ZIP CODE:
POSITION:	SCHEDULE:	
EMPLOYER CONTACT NAME:	EMPLOYER CONTACT NUMBER:	EMPLOYER CONTACT EMAIL:

EMPLOYMENT HISTORY

Employer:
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:

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? ☐ No ☐ Yes

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? ☐ No ☐ Yes

If yes,

a. What are the hours of operation?
b. Number of children?
c. Describe:

Do you operate a Family-Type Home for Adults? ☐ No ☐ Yes

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):	
OTHER INCOME AND SOURCE:	☐ PA ☐ SSI ☐ SSD ☐ Disability ☐ Child Support ☐ Other, specify:

FOR FILING PURPOSES
NAME OF APPLICANT(S):
AGENCY NAME:

TOTAL MONTHLY INCOME:	

MONTHLY EXPENSES:

Is your family experiencing any financial stressors (i.e., foreclosure, bankruptcy, etc.)? ☐ No ☐ Yes

If yes, please explain:

Does your family have medical insurance coverage? ☐ No ☐ 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:
X	**/ /**

SWORN STATEMENT – One per applicant

Please answer the questions below in full.

LAST NAME:	FIRST NAME:	MIDDLE NAME:

MAIDEN NAME OR ANY OTHER ALIAS:

CURRENT MAILING STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

1. Have you ever been convicted of a crime within New York State or any other jurisdiction or state? ☐ No ☐ Yes

If yes, provide an explanation for each crime for which you were convicted of, including the type of crime, the location, the date and circumstances:

2. Has any person age 18 or older currently residing in the home ever been convicted of a crime within New York State or any other jurisdiction or state? ☐ No ☐ Yes

If yes, provide an explanation for each crime for which the person(s) was/were convicted of, including the type of crime, the location, the date and circumstances:

To the best of my knowledge, I hereby affirm that the information provided above is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in disqualification as an applicant for deliberately presenting false or misleading information.

APPLICANT'S SIGNATURE:	DATE:
X	/ /

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.

APPLICANT INFORMATION

NAME OF APPLICANT:

LAST, FIRST, MIDDLE INITIAL:

DATE OF BIRTH: / /	SOCIAL SECURITY NUMBER: - -	EMAIL ADDRESS:

PHONE CONTACT INFORMATION:
HOME PHONE: ( ) - ☐ N/A CELL PHONE: ( ) - ☐ N/A

CURRENT ADDRESS:

CITY:	STATE:	ZIP CODE:

HOW LONG HAVE YOU: ☐ Owned ☐ Rented	SCHOOL DISTRICT:

MARITAL STATUS: ☐ Married ☐ Divorced ☐ Single ☐ Widow/Widower ☐ Separated ☐ Couple living together

DEMOGRAPHICS[1]

SEX:[2]
☐ Female ☐ Male

WHAT ARE YOUR PRONOUNS?
☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ Other

GENDER IDENTITY:[3]
☐ Female ☐ Male ☐ Transgender ☐ Gender non-conforming ☐ Other/Something else ☐ Don't know ☐ Decline to answer

SEXUAL ORIENTATION:[4]
☐ Straight/Heterosexual ☐ Gay or Lesbian ☐ Bisexual ☐ Other/Something else ☐ Don't know ☐ Decline to answer

RACE:	ETHNICITY:	RELIGIOUS AFFILIATION:

LANGUAGES SPOKEN:

NATIVE AMERICAN? ☐ No ☐ Yes *If yes, tribal/nation affiliation*:

HOUSEHOLD MEMBER INFORMATION *Social Security Number (SSN) is required 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	/ /	/ /	/ /	/ /	/ /	/ /	/ /
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 in your household, who are in foster care, awaiting adoption finalization?
☐ No ☐ Yes *If yes, please explain*:

Are any children in your household, who are not in foster care, awaiting adoption finalization?
☐ No ☐ Yes
If yes, please explain:

OTHER CHILDREN (UNDER 18) RESIDING OUTSIDE THE HOUSEHOLD	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO APPLICANT
☐ N/A			
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

ADULT CHILDREN RESIDING OUTSIDE THE HOUSEHOLD	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO APPLICANT
☐ N/A			
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

BOARDERS/RENTERS	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
☐ N/A		
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

PETS/OTHER ANIMALS – TYPE PER LOCAL ORDINANCE	VACCINATED?	LICENSED?
☐ N/A		
	☐ No ☐ Yes	☐ No ☐ Yes
	☐ No ☐ Yes	☐ No ☐ Yes
	☐ No ☐ Yes	☐ No ☐ Yes
	☐ No ☐ Yes	☐ No ☐ Yes
	☐ No ☐ Yes	☐ No ☐ Yes

FOSTER/ADOPTIVE PARENTING EXPERIENCE

Are you currently an approved adoptive parent? ☐ No ☐ Yes

FOR FILING PURPOSES
NAME OF APPLICANT(S):
AGENCY NAME:

If yes, please provide approval date(s), the approving agency name(s) and contact information.

APPROVAL DATE	APPROVING AGENCY	CONTACT INFORMATION
/ /		
/ /		
/ /		

Have you previously applied to be a foster or adoptive parent in this state or another state? ☐ No ☐ Yes

If yes, please provide agency name(s) and contact information.

AGENCY	CONTACT INFORMATION

Were you accepted, withdrawn or denied? ☐ Accepted ☐ Withdrawn ☐ Denied

If withdrawn or denied, what was the reason?

Have you had a foster parent certification or approval revoked, suspended, surrendered or lapsed?

☐ N/A ☐ No ☐ Yes

If yes, what was the reason?

TRANSPORTATION

What are your plans for transporting the child as needed?

If your answer was "personal vehicle":

Do you have a:

			Proof Provided?
Valid driver's license?	☐ No ☐ Yes	*If yes, expiration date*: / /	☐ No ☐ Yes
Valid car insurance?	☐ No ☐ Yes	*If yes, expiration date*: / /	☐ No ☐ Yes
Valid registration?	☐ No ☐ Yes	*If yes, expiration date*: / /	☐ No ☐ Yes
Valid inspection?	☐ No ☐ Yes	*If yes, expiration date*: / /	☐ No ☐ Yes

REFERENCES

List three references who can serve as personal references.

NAME	ADDRESS	PHONE/EMAIL ADDRESS

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:		START DATE:
EMPLOYER ADDRESS:		
CITY:	STATE:	ZIP CODE:
POSITION:	SCHEDULE:	
EMPLOYER CONTACT NAME:	EMPLOYER CONTACT NUMBER:	EMPLOYER CONTACT EMAIL:

EMPLOYMENT HISTORY

FOR FILING PURPOSES
NAME OF APPLICANT(S):
AGENCY NAME:

Employer:
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:

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? ☐ No ☐ Yes

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? ☐ No ☐ Yes

If yes,

a. What are the hours of operation?
b. Number of children?
c. *Describe:*

Do you operate a Family-Type Home for Adults? ☐ No ☐ Yes

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):	
OTHER INCOME AND SOURCE:	☐ PA ☐ SSI ☐ SSD ☐ Disability ☐ Child Support ☐ Other, specify:

FOR FILING PURPOSES
NAME OF APPLICANT(S):
AGENCY NAME:

TOTAL MONTHLY INCOME:	

MONTHLY EXPENSES:

Is your family experiencing any financial stressors (i.e., foreclosure, bankruptcy, etc.)? ☐ No ☐ Yes

If yes, please explain:

Does your family have medical insurance coverage? ☐ No ☐ 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:
X	/ /

SWORN STATEMENT – One per applicant

Please answer the questions below in full.

LAST NAME:	FIRST NAME:	MIDDLE NAME:

MAIDEN NAME OR ANY OTHER ALIAS:

CURRENT MAILING STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

1. Have you ever been convicted of a crime within New York State or any other jurisdiction or state? ☐ No ☐ Yes

If yes, provide an explanation for each crime for which you were convicted of, including the type of crime, the location, the date and circumstances:

2. Has any person age 18 or older currently residing in the home ever been convicted of a crime within New York State or any other jurisdiction or state? ☐ No ☐ Yes

If yes, provide an explanation for each crime for which the person(s) was/were convicted of, including the type of crime, the location, the date and circumstances:

To the best of my knowledge, I hereby affirm that the information provided above is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in disqualification as an applicant for deliberately presenting false or misleading information.

APPLICANT'S SIGNATURE:	DATE:
X	/ /

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 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 <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.

<u>Applicant 1: (include all versions of your name i.e. married/maiden/alias</u>)

Name:_____
Social Security Number _____
Date of Birth_____
List All States and countries lived *and* worked in since the age of 18 and the years you lived/worked there:

_____

_____

<u>Applicant 2: (include all versions of your name i.e. married/maiden/alias)</u>

Name:_____
Social Security Number _____
Date of Birth_____
List All States and countries lived *and* worked in since the age of 18 and the years you lived/worked there:

_____

_____

<u>Others in the home over the age of 14; include all versions of your names</u>

Name:_____
Social Security Number _____
Date of Birth_____
List All States and countries lived *and* worked in since the age of 14

_____

_____

Name:_____
Social Security Number _____
Date of Birth_____
List all States and countries lived *and* 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.

Domestic and International

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:_____
(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.
- Adoptive applicants are entitled to a fair hearing if: a completed application to adopt is not acted upon by the completion of a home study within six months of agency receipt of same application. Regulations 421.11 (g) (3) and 421.13 (c)

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

Wire Instructions

If sending a wire, please send the wire receipt to **accounting@allforchildren.org**

Please send all wire payments to:

Wire Info: The Alliance for Children, INC

Acct#: 466016728567

Bank name: Bank of America
Bank address: 222 Broadway
New York, NY 10038

Wire Routing#: 026009593