



Application for Adoption

1. You'll find it helpful to read the entire contents of this package before you begin.
2. Please print your answers in ink, or type.
3. It is very important for us to get all of the information requested. Try to fill in every blank. If necessary, use "N/A" or "None" where appropriate.
4. If you need more space, feel free to use additional paper and attach it to this form.
5. Our role is to provide you with the support necessary to complete this process. Please feel free to call on us at any time with your questions or concerns.

Frequently Asked Questions

- a. How long does it take to complete the Home Study?

The timing depends primarily on you and how quickly you can return your paperwork to us. We will schedule your first appointment as soon as we have your completed adoption application.

- b. How long is a Home Study valid?

A domestic Home Study is valid for one year and an international Home Study is valid for eighteen months. After that an update will be required. An addendum or update will also be required if there are any significant changes in your current situation.

- c. How do I go about getting the letters of reference?

Once you have returned your application to us with the list of names and addresses of your references, we will send a letter to each individual asking for a reference. Our letter to them includes an outline for them to follow.

- d. What is the Release of Information form?

The Release of Information form allows us to send a copy of your Home Study to a coordinating agency or attorney. Neither your Home Study nor any supporting documentation will be sent to anyone without prior approval from you. All information is considered confidential. Please list all parties, along with their addresses and phone numbers, to whom you wish to have your Home Study released. There are also two releases for our accrediting and licensing bodies who audit our files.

- e. Where do I obtain a Criminal Record Check?

The local criminal record check can be obtained through your local county law enforcement agency. It should include a check of your local records. Generally, there is a fee and each individual applying for a record check must be present for the information to be released. Additionally a fingerprint check through TBI/FBI is required. Instructions will be included in your packet. Criminal record checks are required for any adult in the home.

General Information

Ms./Mrs./Dr.

(circle one)

(first name)

(middle name)

(last name)

Mr./Dr.

(circle one)

(first name)

(middle name)

(last name)

Address _____

County/City/State/Zip _____

Phones _____

(home)

(her work)

(his work)

(fax)

(her cell)

(his cell)

E-mail _____

Adoptive Mother

Adoptive Father

Social Security Number _____

Birth Date _____

Age _____

Citizenship _____

Birth Place (city/state) _____

Race _____

Occupation _____

Education _____

(schools, degree & dates) _____

Other names you've used _____

Height/Weight _____

Eye/Hair Color _____

Language(s) Spoken _____

Residential History Since _____

Age 18 (city/state/time
frame) _____

Marital Information

Status (circle one) Married Single Divorced Widowed

Present marriage date _____ Location: _____

Adoptive Mother

Adoptive Father

How many previous marriages? _____

Please list month, day and _____

year of marriage and divorce. _____

Children from present marriage

Full name Sex Birth Date Biological/Adopted Race Date Finalized (If Adopted)

_____ B or A _____

_____ B or A _____

_____ B or A _____

_____ B or A _____

Children from previous marriage

Full name Sex Birth Date Biological/Adopted Race Date Finalized (If Adopted)

_____ B or A _____

_____ B or A _____

_____ B or A _____

_____ B or A _____

Other children in your home

Full name Sex Birth Date SSN Relationship

Criminal and Parental Record

Have you ever been detained, arrested, or convicted of a felony? (Yes/No) she: _____ he: _____

If yes, please explain. _____

Have you ever been detained, arrested, or convicted of a misdemeanor? (Yes/No) she: _____ he: _____

If yes, please explain. _____

Have you been detained, arrested, or convicted of any crimes? (Yes/No) she: _____ he: _____

If yes, please explain. _____

Have you ever? (Yes/No)

- a. been reported for child abuse or domestic violence? she: _____ he: _____
- b. been the victim of any type of abuse? she: _____ he: _____
- c. been convicted of child abuse or a sex-related crime? she: _____ he: _____
- d. terminated your parental rights for a biological or adopted child? she: _____ he: _____
- e. had your parental rights terminated by the state? she: _____ he: _____
- f. been under investigation for any sexual offense? she: _____ he: _____
- g. been rejected as an adoptive parent? she: _____ he: _____
- h. been the subject of an unfavorable home study? she: _____ he: _____
- i. started a home study that was terminated prior to completion? she: _____ he: _____
- j. been approved as an adoptive parent? she: _____ he: _____
- k. convicted of a crime that was expunged from record? she: _____ he: _____

If yes to any, please explain. _____

Employment

	Adoptive Mother	Adoptive Father
Employer	_____	_____
Date Employed	_____	_____
Annual Salary	_____	_____
Other Income	_____	_____
Source	_____	_____
Total Annual Income	_____	_____

Housing

Do you live in (circle one) house condo apartment other _____

of bedrooms _____ monthly mortgage/rent \$ _____

If you own your home

Property value \$ _____ remaining on mortgage \$ _____ purchase date _____

Assets and Liabilities

	Value	Indebtedness
Vehicle(s) (Model, year) _____	\$ _____	\$ _____
	\$ _____	\$ _____
Real Estate (excluding your home) _____	\$ _____	\$ _____
Investments (stocks and bonds) _____	\$ _____	\$ _____
Savings account _____	\$ _____	\$ _____
Retirement plans (401k, etc.) _____	\$ _____	\$ _____
Other (please specify) _____	\$ _____	\$ _____
Other debt (please specify) _____	\$ _____	\$ _____
(Please list any other outstanding _____	\$ _____	\$ _____
indebtedness, such as credit cards, _____	\$ _____	\$ _____
personal loans, etc.) _____	\$ _____	\$ _____
Average Combined Monthly Net Income _____		\$ _____
Average Combined Monthly Expenditures _____		\$ _____
(please list all) _____		

Insurance

Health insurance company hers: _____ his: _____

Life insurance company _____

Amount of life insurance \$ _____ \$ _____

Auto insurance company _____

Home Owners and/or _____

Renters Insurance _____

Do you have health insurance that will cover and adopted child? Yes No
 Does it cover pre-existing medical conditions? Yes No

Which policy will cover your child? _____

Contingency Plan (Will)

Do you have a will?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Is an adopted child provided for in your will?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Who are the names guardians in your will?

Name(s) _____

Address _____

What is your relationship to the named guardians? _____

Have the named guardians accepted this role? _____

Her occupation _____ His occupation _____

Her age _____ His age _____ Length of marriage _____

Names and ages of guardians' children _____

Extended Family Information

List names, ages and locations of family members. (If deceased, indicate so and give age at death.)

	Name	Age	Location
Her mother	_____	_____	_____

Her father	_____	_____	_____
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Her siblings	_____	_____	_____
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His mother	_____	_____	_____
------------	-------	-------	-------

His father	_____	_____	_____
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His siblings	_____	_____	_____
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References

	Name	Address	Phone
Her employer	_____	_____	_____

His employer	_____	_____	_____
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Friend 1	_____	_____	_____
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Friend 2	_____	_____	_____
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Friend 3

Relative

Adult Children

Other Adults in the Home

<i>Full name</i>	<i>Sex</i>	<i>Birth Date</i>	<i>SSN</i>	<i>Relationship</i>
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Residential History for Other Adults in the Home

Have you ever? (Yes/No)

- a. been reported for child abuse or domestic violence? _____
- b. been the victim of any type of abuse? _____
- c. been convicted of child abuse or a sex-related crime? _____
- d. terminated your parental rights for a biological or adopted child? _____
- e. had your parental rights terminated by the state? _____
- f. been under investigation for any sexual offense? _____
- g. been rejected as an adoptive parent? _____
- h. been the subject of an unfavorable home study? _____
- i. started a home study that was terminated prior to completion? _____
- j. been approved as an adoptive parent? _____
- k. convicted of a crime that was expunged from record? _____

If yes to any, please explain. _____

Please include city, state and time frame since age 18.

Criminal Record for Other Adults in the Home

Have you ever been detained, arrested, or convicted of a felony? (Yes/No) _____

If yes, please explain, _____

Have you ever been detained, arrested, or convicted of a misdemeanor? (Yes/No) _____

If yes, please explain. _____

Have you been detained, arrested, or convicted of any crimes? (Yes/No) _____

If yes, please explain. _____

Documents for Home Study

Please provide copies of the following documents for each household member:

- | | |
|--|---|
| <input type="checkbox"/> Credit Report | <input type="checkbox"/> Divorce Decree |
| <input type="checkbox"/> Most Recent Tax Return | <input type="checkbox"/> Copy of Medical Insurance Card(s) |
| <input type="checkbox"/> Birth & Marriage Certificates | <input type="checkbox"/> Criminal Record Checks (all adults in home) |
| <input type="checkbox"/> Immunization Records (children only) | <input type="checkbox"/> Questionnaire(s) |
| <input type="checkbox"/> Medical statements (all adults in home) | <input type="checkbox"/> Authorizations for Release of Information |
| <input type="checkbox"/> Signed Service Plan | <input type="checkbox"/> Autobiography |
| <input type="checkbox"/> Signed Clients Rights | <input type="checkbox"/> Copies of proof of auto/home owners insurance |
| <input type="checkbox"/> Signed Parent Preparation checklist | <input type="checkbox"/> Letter of Employment (to include position, length of employment, potential for future) |
| <input type="checkbox"/> Signed Home study contract | <input type="checkbox"/> Vet records for animals |

Directions to Your Home

We/I hereby certify by signing below that the information included in this application is true and accurate to the best of our/my knowledge, and is subject to verification. We/I understand that failure to provide true and accurate information may result in an unfavorable home study assessment. We/I understand that it is my/our responsibility to inform Harmony Adoptions of any life changing events that may require an addendum or update to the home study assessment.

Adoptive

Father's

Signature _____

Date _____

Adoptive

Mother's

Signature _____

Date _____

Other Adult's

Signature _____

Date _____

How did you hear about Harmony Adoptions? (please check all that apply and give description)			
<input type="checkbox"/>	Family	<input type="checkbox"/>	Internet
<input type="checkbox"/>	Friend	<input type="checkbox"/>	Other Agency
<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Yellow Pages Directory
<input type="checkbox"/>	Attorney	<input type="checkbox"/>	Other
Please describe			

Please describe the type of home study services requested.

International: yes no

List placing agency country	
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Domestic: yes no

Please provide any relevant information.	
For Internal Use Only	
Date Application Received	Date Home Study Completed
Case Assigned To	