



# Cradle of Hope

Adoption Center, Inc.

## APPLICATION

**Prospective Father:** \_\_\_\_\_

Last Name                      First                                      Middle

Nickname \_\_\_\_\_

**Prospective Mother:** \_\_\_\_\_

Last Name                      First                                      Middle

Nickname \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_

|   | PROSPECTIVE FATHER | PROSPECTIVE MOTHER |
|---|--------------------|--------------------|
| <b>Work Telephone Number</b>                |                    |                    |
| <b>Fax Number</b>                           |                    |                    |
| <b>Cellular Phone Number</b>                |                    |                    |
| <b>Email Address</b>                        |                    |                    |
| <b>Date of Birth</b>                        |                    |                    |
| <b>Education<br/>(No. of years, degree)</b> |                    |                    |
| <b>Occupation</b>                           |                    |                    |
| <b>Place of Employment</b>                  |                    |                    |
| <b>Annual Income</b>                        |                    |                    |
| <b>Date of Marriage</b>                     |                    |                    |
| <b>Number of Previous<br/>Marriages</b>     |                    |                    |
| <b>Religious Preference</b>                 |                    |                    |
| <b>Citizenship</b>                          |                    |                    |

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1. Other household members including children. Include name, age, and relationship. If children, please indicate whether they are adopted or biological:

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2. Other children not in household. Include name, age, and relationship. Also, state whether the children are from previous marriages:

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3. How did you learn about Cradle of Hope? \_\_\_\_\_

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4. Are you currently on an agency waiting list or pursuing another path to adoption? Please list names of agencies and/or attorneys.

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5. Have you worked with or been rejected by any other adoption agency? If so, state by whom, when and why. \_\_\_\_\_

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6. Name, address and telephone number of agency providing your homestudy. Please include date of completed homestudy or expected date of completion

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7. Please explain your motivation to adopt. \_\_\_\_\_

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I/We have received and read Cradle of Hope Adoption Center's policies and procedures, a statement of fees and estimated expenses, and a copy of the Adoption Services Agreement. I/We understand that this application becomes a part of my/our file with Cradle of Hope Adoption Center, Inc. and that the completion of this application does not guarantee the placement of a child with me/us. Any untrue answer on this application or subsequent documents will be grounds to terminate adoption services. I/We understand that one-half of the application fee is refundable within two months of submission, and nonrefundable thereafter.

I/We hereby give my/our consent to Cradle of Hope Adoption Center, Inc. (CHAC) to release or obtain any and all information, including but not limited to medical, psychological, employment, financial and personal. This information may be requested by CHAC staff for any reason deemed necessary during the adoption process.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please return this application form to our office with your \$500 application fee (\$2000 if you are applying to adopt a specific child) and a recent photograph. One-half of the application fee is refundable if you change your mind within two months of submission.**