

APPLICATION

Prospective Father:						
	lame	First	Middl	e		
Nickname						
Prospective Mother:						
Last	Name	First	Mid	dle		
Nickname						
Address:						
Home Telephone Numbe	r:					
	PRO	OSPECTIVE 1	FATHER PROSPEC	TIVE MOTHER		
Work Telephone Numbe	r					
Fax Number						
Cellular Phone Number						
Email Address						
Date of Birth						
Education						
(No. of years, degree)						
Occupation						
Place of Employment						
Annual Income						
Date of Marriage						
Number of Previous						
Marriages						
Religious Preference						
Citizenship						

please indicate who	I members including children. Include name, age, and relationship. If children, ether they are adopted or biological:
	not in household. Include name, age, and relationship. Also, state whether the revious marriages:
3. How did you lea	arn about Cradle of Hope?
	ly on an agency waiting list or pursuing another path to adoption? Please list
	ed with or been rejected by any other adoption agency? If so, state by whom,
	and telephone number of agency providing your homestudy. Please include date estudy or expected date of completion
7. Please explain y	our motivation to adopt.

8. Have you ever been charged with or convicted of any misdemeanor or felony? If so, describe nature of event and dates, even if records have been sealed or expunged.
9. Please provide a DETAILED discussion of ANY physical, medical, or mental health issues or diseases, including drug or alcohol abuse, <u>either past or present during adulthood</u> . Include diagnosis, description of issue, treatment, and effect on functioning. Full disclosure is required and essential to ensuring our best ability at a successful adoption outcome. Undisclosed issues which come to light during the adoption process could be grounds for termination of adoption services.
10. Have you received counseling in the past 10 years for individual or family problems, including infertility? If so, please explain.
11. Please state the age of the child you would consider:
12. Please use the space below to clarify any of your responses to this application or to tell us anything less we should consider when matching you with a child.

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 <u>a recent photograph</u>. One-half of the application fee is refundable if you change your mind within two months of submission.

Rev. 6/17

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