

APPLICATION FOR ADOPTION OF A CHILD

I. IDENTIFYING INFORMATION

APPLICANT 1

Last Name		First Name		Middle Name	Date of Birth	Gender	Race/Ethnicity
Maiden Name		AKA's			Place of Birth		
Driver License Number	Social Security Number		Level of Education		Marital Status:		
Occupation	Employer's Name and Address		<input type="checkbox"/> 8th Grade <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED Graduate <input type="checkbox"/> Trade/Vocational Graduate <input type="checkbox"/> 2 Year College Graduate <input type="checkbox"/> 4 Year College Graduate <input type="checkbox"/> Post Graduate		<input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legally Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Work Telephone Number ()	Cell Telephone Number ()				Annual Income: \$ _____		
Email Address				<input type="checkbox"/> Earnings <input type="checkbox"/> Retirement <input type="checkbox"/> Public Assistance <input type="checkbox"/> SSI/Social Security <input type="checkbox"/> Support Payments <input type="checkbox"/> Other Income:		\$ _____	

APPLICANT 2

Last Name		First Name		Middle Name	Date of Birth	Gender	Race/Ethnicity
Maiden Name		AKA's			Place of Birth		
Driver License Number	Social Security Number		Level of Education		Marital Status:		
Occupation	Employer's Name and Address		<input type="checkbox"/> 8th Grade <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED Graduate <input type="checkbox"/> Trade/Vocational Graduate <input type="checkbox"/> 2 Year College Graduate <input type="checkbox"/> 4 Year College Graduate <input type="checkbox"/> Post Graduate		<input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legally Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Work Telephone Number ()	Cell Telephone Number ()				Annual Income: \$ _____		
Email Address				<input type="checkbox"/> Earnings <input type="checkbox"/> Retirement <input type="checkbox"/> Public Assistance <input type="checkbox"/> SSI/Social Security <input type="checkbox"/> Support Payments <input type="checkbox"/> Other Income:		\$ _____	

APPLICANT(S) ADDRESS

Home Address	City	County	Zip Code	Home Telephone Number ()
Mailing Address	City	County	Zip Code	

II. MARITAL HISTORY

Date of Current Marriage/Domestic Partnership		Place of Marriage/Domestic Partnership (City and State)		<input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	
Former Marriages	Names of Former Spouses	Marriage Date & Place	Divorce Date & Place	Death Date & Place	
Applicant 1					
Applicant 2					

III. CRIMINAL HISTORY

	Applicant 1	Applicant 2
A. Have you ever been arrested for an offense other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Have you ever been convicted of a crime in California?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.		
C. Have you ever been convicted of a crime in another state, federal court, military or a jurisdiction outside of the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal convictions from another state or federal court are considered the same as criminal convictions in California.		
D. Have you ever been reported to Children’s Protective Services or Law Enforcement for alleged child abuse, neglect or abandonment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Other states resided in within last five years.	_____	_____
	_____	_____

IV. CHILDREN OF APPLICANT(S)

MINOR CHILDREN OF APPLICANT(S)

Full Name	Date of Birth	Gender	Lives in Home Yes/No	Do you Financially Support Child Yes/No	Related to:	Adopted Yes/No
					<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	
					<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	
					<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	
					<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	
					<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	

ADULT CHILDREN OF APPLICANT(S)

Full Name	Date of Birth	Gender	Lives in Home Yes/No	Do you Financially Support Adult Child Yes/No	Related to:	Address/Phone Number	Adopted Yes/No
					<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2		
					<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2		
					<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2		
					<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2		
					<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2		

**V. OTHER PERSONS IN THE HOME
ADULT(S) AND/OR MINOR(S)**

Full Name	Date of Birth	Relationship to Applicant(s)

VI. FOSTER CARE/ADOPTION HISTORY

- Are you licensed for foster care? Yes No
 If yes, check one: County State/CCL
- Are you certified for foster care with a Foster Family Agency (FFA)? Yes No
 If yes, name of Agency(s): _____
- Were you previously licensed or certified for foster care? Yes No
 If yes, name of Agency(s): _____
- Have you previously applied for adoption? Yes No
 If yes, name of Agency(s): _____

VII. CHILD DESIRED

IF A CHILD HAS BEEN IDENTIFIED:

Is child currently in the home? Yes No

Full Name	Date of Birth	County of Dependency	Date of Placement or Future Date to be Placed	Relationship to Applicant(s)	Education (Name & Address of School & Grade)

IF CHILD HAS NOT BEEN IDENTIFIED, PLEASE INDICATE YOUR PREFERENCES:

Age(s)	Gender	Ethnicity	Sibling (Group of)	Check All Conditions that You are Willing to Accept	
<input type="checkbox"/> 0 to 3 yrs.	<input type="checkbox"/> Male Only	<input type="checkbox"/> Caucasian	<input type="checkbox"/> 2	<input type="checkbox"/> History of Physical Abuse/Neglect	<input type="checkbox"/> Learning Disabled
<input type="checkbox"/> 4 to 8 yrs.	<input type="checkbox"/> Female Only	<input type="checkbox"/> Hispanic	<input type="checkbox"/> 3	<input type="checkbox"/> History of Sexual Abuse	<input type="checkbox"/> Alcohol/Drug Exposed
<input type="checkbox"/> 9 to 12 yrs.	<input type="checkbox"/> No Preference	<input type="checkbox"/> African/Amer	<input type="checkbox"/> 4	<input type="checkbox"/> History of Mental Illness	<input type="checkbox"/> Oppositional/Defiant Behavior
<input type="checkbox"/> 13 to 15 yrs.		<input type="checkbox"/> Asian	<input type="checkbox"/> 5 or more	<input type="checkbox"/> Medically Fragile	<input type="checkbox"/> Adverse Parental Background
<input type="checkbox"/> 16 to 18 yrs.		<input type="checkbox"/> Native American		<input type="checkbox"/> Physically Disabled	<input type="checkbox"/> Different Religious Faith
		<input type="checkbox"/> Other		<input type="checkbox"/> Intellectually Challenged	<input type="checkbox"/> Different Ethnic and/or Cultural Background

VIII. REFERENCES

Please list the name, address and telephone numbers of four individuals who have knowledge of your home environment, lifestyle and capability to be an adoptive parent. At least two of these must be unrelated to you.

Name	Telephone Number	Mailing Address/City/State/Zip

Provide Directions To Your Home:

I/We affirm that the information provided on this form is true and correct to the best of my/our knowledge.

In signing this application, I/we understand that the completion of routine forms will be required of my/our references, physician, and employer and that my/our financial and marital status will be verified and a criminal background check will be conducted.

SIGNATURE OF APPLICANT 1	DATE
SIGNATURE OF APPLICANT 2	DATE