

HOPE'S PROMISE
 309 Jerry Street, Suite 202
 Castle Rock, Colorado 80104

303.660.0277
 303.660.0297 (fax)
 adopt@hopespromise.com

APPLICATION FOR ADOPTION

(PLEASE TYPE OR PRINT CLEARLY, GIVING COMPLETE AND ACCURATE INFORMATION AS REQUESTED. THANK YOU.)

CONTACT INFORMATION

Last Name: _____ Home Phone: _____
 Husband's Work Phone: _____ Wife's Work Phone: _____
 Husband's Cell Phone: _____ Wife's Cell Phone: _____
 Husband Email: _____ Wife Email: _____
 Street/Mailing Address: _____
 City/State/Zip Code: _____ County: _____
 School District Currently Residing in _____
 Directions for reaching your home (from Castle Rock): _____

 _____ Estimated Time (from Castle Rock) _____

ADOPTION PROGRAM INFORMATION

Which Program and/or Services are you applying for:
 Domestic Adoption
 International Adoption *List Country* _____
 Designated *Name of Birthmother* _____
 Family
 Local Services (*Homestudy or Post Placement Services Only*)
 Undecided / Other

What age of child do you hope to adopt: 0-1 2-5 5-10 Over 10
 Who Referred you to Hope's Promise? _____

SOCIAL INFORMATION

	HUSBAND	WIFE
A. <u>NAME:</u>	_____ <small>(First) (Full Middle Name)</small>	_____ <small>(First) (Full Middle Name) (Maiden)</small>
Age and Date of Birth:	_____	_____
Birthplace:	_____	_____
Social Security Number:	_____	_____
Height & Weight:	_____	_____
Education:	_____	_____
Highest Grade Completed:	_____	_____
Schools Attended:	_____	_____
Occupation:	_____	_____
Salary:	_____	_____
Are You a U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Naturalized:	_____ <small>(Place, Date & Certificate Number)</small>	_____ <small>(Place, Date & Certificate Number)</small>
Race:	_____	_____
Military Experience:	_____ <small>(Branch, Rank and Date)</small>	_____ <small>(Branch, Rank and Date)</small>
Hobbies/Interests:	_____	_____

Community Activities: _____

B. **CHILDREN:**

List any children you have, including those from prior relationships:

Full Name Age/Date of Birth Adopted/Biological Residing With

C. **MARRIAGE:**

Date: _____ Location (City/State/County): _____

By Whom: TITLE _____ NAME _____

Place of Marriage (Church Name or Other): _____

FORMER MARRIAGES: **HUSBAND** **WIFE**

To Whom (Names): _____

Dates: From _____ To _____ From _____ To _____

Location (Where): _____

Children in this union: _____

STATUS: ___ Divorced ___ Deceased/Widowed ___ Divorced ___ Deceased/Widowed

Number of former marriages: _____

D. **RELIGION:**

Church Name & Denomination: _____

Pastor's Name: _____ Church Telephone: (____) _____

Church Address: _____

Are you full members: ___ Yes ___ No HUSBAND ___ Yes ___ No WIFE

Church's distance from your home: _____

How long have you attended: _____ How often do you attend: _____

List church activities/offices held: _____

E. **GENERAL HEALTH:**

HUSBAND

WIFE

Physician's Name: _____

Address: _____

Telephone: (____) _____ (____) _____

List medical problems for which treatment was required: _____

Name of Physician who has treated you: _____

Address: _____

Telephone: (____) _____ (____) _____

Do you smoke? ___ Yes ___ No ___ Yes ___ No

How often do you consume alcohol? _____

What, if any, prescription drugs are you currently taking? If so, for treatment of what condition(s):

Husband: _____

Wife: _____

Have you had any emotional or mental health problems for which you have needed counseling, medication, or hospitalization?

Husband: _____

Wife: _____

F. REPRODUCTIVE HEALTH:

Is infertility a motivating factor in your decision to adopt? ___ Yes ___ No

Infertility diagnosis: _____

Infertility Prognosis: _____

Infertility Treatments: _____

Infertility Specialist and/or clinic: _____

How long have you pursued medical treatment? _____

Are you currently pursuing infertility treatment? ___ Yes ___ No

	HUSBAND	WIFE
Number of prior pregnancies	_____	_____
Outcome of prior pregnancies (miscarriages, abortion, live birth)	_____	_____
Have you previously relinquished a child?	_____	_____

G. BEHAVIORAL AND CRIMINAL HISTORY:

Failure to fully disclose information in this Behavioral and Criminal History section may result in home study denial.

	Husband		Wife	
Have you ever been arrested?	Y / N		Y / N	
Do you have a juvenile record?	Y / N		Y / N	
Have you ever been accused, charged or convicted of child abuse?	Y / N		Y / N	
Have you ever been the subject of an unfavorable home study?		Y / N		Y / N
Do you have a history of alcohol and/or drug abuse?	Y / N		Y / N	
Have you ever been involved in, or a victim of domestic violence?	Y / N		Y / N	
Have you ever been involved in, or a victim of sexual abuse?	Y / N		Y / N	
Do you have an expunged record?	Y / N		Y / N	
Have you ever had a charge dismissed or expunged?	Y / N		Y / N	

If yes to any of the above questions, please explain below:

Husband: _____

Wife: _____

HOME AND COMMUNITY

A. DESCRIPTION OF HOME:

Type of dwelling: Single family dwelling: _____ Apartment: _____ Other: _____

Number of square feet: _____ Lot size: _____ Exterior Composition: _____

Year built: _____ Year moved in: _____

B. DESCRIPTION OF COMMUNITY:

Population of community: _____

Racial composition of your neighborhood/community: _____

C. DESCRIPTION OF ADDITIONAL RESIDENTS IN YOUR HOME:

List all persons living in your home excluding you and your children (relatives, boarders, etc.):

<u>Name</u>	<u>Birthdate</u>	<u>Relationship</u>	<u>Occupation/School Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____

ECONOMIC CONDITION and WORK HISTORY

A. CURRENT EMPLOYMENT:

	HUSBAND	WIFE
Company Name:	_____	_____
Position/Title:	_____	_____
Date of Hire:	_____	_____
Annual Gross Income:	\$ _____	\$ _____
Benefits:	_____	
_____	_____	_____
Company Address:	_____	_____
	_____	_____

B. WORK HISTORY DURING THE LAST TEN YEARS:

	<u>Company/Employer</u>	<u>Position/Title</u>	<u>Dates of Employment</u>	<u>Annual Gross Income</u>
<u>Husband:</u>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<u>Wife:</u>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

C. REAL ESTATE, PERSONAL PROPERTY AND FINANCES:

1. HOME: Do You: OWN RENT Monthly Payments: _____
 If you own your home, what is the present value: \$ _____
 What is the balance of your mortgage: \$ _____

2. AUTO(S):

Make	Year	Monthly Payment	Balance Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. FINANCES:

Amount in Savings Account(s): \$ _____
 Amount in Checking Account(s): \$ _____
 Amount in Stock(s): \$ _____
 Amount in Bond(s): \$ _____
 Amount in Retirement Account(s): \$ _____
 Other: \$ _____
 Other sources of income, property and/or investments and amounts (Please explain):
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

4. OUTSTANDING DEBTS (*Other than house or car payment*):

<u>TYPE OF DEBT/TO WHOM OWED</u>	<u>BALANCE OWED</u>	<u>MONTHLY PAYMENT</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

5. MISCELLANEOUS:

Have you ever filed for bankruptcy? Explain: _____
 Are you responsible for child support or alimony? Explain: _____

How do you plan to pay for your adoption? _____
 Average Monthly Income: _____ Average Monthly Expenses: _____

D. LIST OF ALL HEALTH, HOSPITALIZATION and LIFE INSURANCE PLANS:

<u>TYPE OF INSURANCE</u>	<u>INSURANCE COMPANY</u>	<u>AMOUNT</u>	<u>YEARLY PREMIUM</u>	<u>BENEFICIARY</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

E. DO YOU HAVE A WILL? ___ Yes ___ No

F. IN THE EVENT OF YOUR UNTIMELY DEATH, WHO WILL ASSUME RESPONSIBILITY FOR YOUR ADOPTED CHILD?

Name(s): _____
 Address: _____
 Relationship: _____

Name(s): _____
 Address: _____
 Relationship: _____

REFERENCES

List three (3) references we may contact who have known you well for a number of years. Please DO NOT include relatives, family physicians, or your Pastor. **Please print legibly and include all information.**

<u>NAME / ADDRESS</u>	<u>TELEPHONE NO.</u>	<u>RELATIONSHIP</u>
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____

OTHER APPLICATIONS FOR ADOPTION

If you have applied to or worked with other agencies, please list them, the date of contact, and give us the status of your application with them:

<u>AGENCY NAME & LOCATION (City & State)</u>	<u>PHONE NUMBER</u>	<u>DATE(S) OF CONTACT</u>	<u>ACTIVE/ INACTIVE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RELIGIOUS INFORMATION

HOPE'S PROMISE is committed to placing children in distinctively Christian homes. Your help in answering the following questions will help us better evaluate the possibility of our working together to build your family through adoption.

Please individually answer the following questions on a separate sheet of paper and attach the answers before returning your application.

- A. Who is Jesus Christ according to your understanding?
- B. How did you come to this understanding?
- C. What does the death and resurrection of Jesus Christ mean to you personally?
- D. How do you employ Christian principles in your personal family life?
- E. How does your faith influence your parenting or plans to parent?
- F. How do you plan to meet the spiritual needs of your child?
- G. Additional comments you would like to share?

THANK YOU!

Any applicant who knowingly and willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly.

We have carefully and honestly completed this application for adoption. This information about our family may be verified by an agency representative. We understand that the acceptance of this application and approval of our family assessment is the decision of the staff.

RELEASE: By signing below and/or submitting this Application for Adoption to Hope’s Promise, we authorize any agency representative to verify the information contained herein. This release includes but may not be limited to: references, other adoption agencies, employers, physicians, counselors, pastors, and others which may be deemed necessary in order to process this application.

DATE: _____ HUSBAND: _____

DATE: _____ WIFE: _____

Please submit your Application for Adoption with the following documentation to Hope’s Promise, 309 Jerry Street, Suite 202, Castle Rock, CO 80104:

- 1. \$250 non-refundable application fee
- 2. Family Picture
- 3. Religious Information

THANK YOU FOR YOUR HELP!

Revised: 11/07