



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)

CONTACT INFORMATION		
Name		
Mailing Address		
Phone Number	Home:	
Husband's	Cell:	Work:
Wife's	Cell:	Work:
Email	Husband's:	Wife's:
Directions to your home and estimated time from Castle Rock		

ADOPTION PROGRAM INFORMATION			
<i>Which Program are you applying for? Please Select One</i>			
	Domestic Agency Program		
	Domestic Designated Program	Name of Birth Mother:	
	Domestic Local Services Program	Name of Placing Agency:	
	International Local Services Program	Name of Placing Agency:	Country:
	Kinship/Family Program		
	Undecided		

What age of child do you hope to adopt?	
Who Referred you to Hope's Promise?	

SOCIAL INFORMATION		
	Husband	Wife
Full Legal Name		
Maiden Name	N/A	
Age/Date of Birth		
Birthplace		
Height and Weight		
Hair Color		
Eye Color		
Religion		
Ethnicity		
Highest Grade Completed		
Degree(s) Earned		
Schools Attended		

Occupation		
Employer		
Hobbies/Interests		
Community Activities		
Are you a U.S. Citizen?		
If Naturalized, Place Date & Certificate Number		
Language(s) you speak		

CHILDREN:

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

CURRENT MARRIAGE:

Date:	Place (Church/Other):
By Whom:	Location (City/State/County):

FORMER MARRIAGES:

	HUSBAND	WIFE
To Whom (Names)		
Dates (From when to when)		
Location(City/State/County)		
Reason Ended (death, divorce, annulment)		
Children in this union		
To Whom (Names)		
Dates (From when to when)		
Location(City/State/County)		
Reason Ended (death, divorce, annulment)		
Children in this union		
Number of former marriages		

RELIGION:

Name of Church	Denomination
Pastor's Name	Church Phone Number
Church Address	
Are you full members?	Husband Yes No Wife Yes No
Distance from your home	
How often do you attend	How long have you attended
List church activities you participate in	

GENERAL HEALTH:

	HUSBAND	WIFE
Physician's Name		
Address		
Telephone		
List medical problems for which treatment was required		
Do you smoke?		
How often do you consume alcohol?		

List any prescription drugs you are currently taking and state what condition they are treating		
Have you had any emotional or mental health problems for which you have needed counseling, medication or hospitalization? If so, please describe		

REPRODUCTIVE HEALTH:

Is infertility a motivating factor in your decision to adopt	Yes		No	
If no, please explain				
Infertility diagnosis, if applicable				
Infertility prognosis, if applicable				
Infertility treatments				
Infertility specialists seen				
How long have you pursued infertility treatment				
Are you currently pursuing infertility treatment	Yes		No	

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

BEHAVIORAL AND CRIMINAL HISTORY: *Failure to fully disclose or provide accurate information in this Behavioral and Criminal History section may result in home study denial.*

	HUSBAND		WIFE	
	YES	NO	YES	NO
Have you ever been charged with or convicted of any crime?				
Have you ever been arrested?				
Have you ever had a juvenile record?				
Have you ever been accused, charged, or convicted of child abuse?				
Have you ever been the subject of an unfavorable home study?				
Do you have a history of alcohol and/or drug abuse?				
Have you ever been involved in or a victim of domestic violence?				
Have you ever been involved in or a victim of sexual abuse?				
Do you have an expunged record?				
Have you ever had a charge dismissed or deferred?				

If you responded yes to any of the above questions, please explain.	
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HOME AND COMMUNITY

DESCRIPTION OF THE HOME:

Type of Dwelling (single family, apartment, or other)		Number of Square Feet	
Year Built		Year Moved In	

DESCRIPTION OF THE COMMUNITY:

Population of your community	
Racial composition of your community/neighborhood	

DESCRIPTION OF ADDITIONAL RESIDENTS IN YOUR HOME:

List all persons living in your home excluding you and your children

Name	Date of Birth	Relationship	Occupation/School Grade

ECONOMIC CONDITION and WORK HISTORY

CURRENT EMPLOYMENT:

	HUSBAND	WIFE
Company Name		
Position/Title		
Date of Hire		
Annual Gross Income		
Benefits		
Company Address		

WORK HISTORY FOR THE LAST TEN YEARS:

	Company/Employer	Position/Title	Dates of Employment	Reason for leaving	Annual Goss Income
Husband:					
Wife:					

HOME:

If you own your home:	Present Value	Balance of Mortgage	Monthly payments
If you rent your home:			Monthly payments

AUTOS:

Make and Model	Year	Monthly Payment	Balance Owed

FINANCES:

Average monthly income	
Average monthly expenses	
Amount in Savings Account(s)	
Amount in Checking Account(s)	
Amount in Stock(s)	
Amount in Bond(s)	
Amount in Retirement Account(s)	
Other sources of income, property and/or investments and amounts? Please explain	

OUTSTANDING DEBTS (OTHER THAN HOUSE OR CAR PAYMENTS) :

Type of debt/To whom owed	Balance Owed	Monthly Payment

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?	

HEALTH, HOSPITALIZATION AND LIFE INSURANCE PLANS:

Type of Insurance	Insurance Company	Amount	Yearly Premium	Beneficiary
Health				
Hospitalization				
Life				
Life				

DO YOU HAVE A WILL?	Yes		No	
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IN THE EVENT OF YOUR UNTIMELY DEATH, WHO WILL ASSUME RESPONSIBILITY FOR YOUR ADOPTED CHILD?

Name	Address	Relationship

REFERENCES

List 3 personal 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 include all information requested.

Name	Address	Telephone Number	Relationship

List 1 pastoral reference we may contact who can provide a spiritual reference.

Name	Address	Telephone Number	Relationship

OTHER APPLICATIONS FOR ADOPTION

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

Agency Name and location	Telephone Number	Date(s) of Contact	Active or Inactive

STATEMENT OF FAITH

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.

Each applicant must answer the following questions on separate sheets 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 or denial 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.

HUSBAND: _____ DATE: _____

WIFE: _____ DATE: _____

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. **Statement of Faith**

THANK YOU FOR YOUR HELP!