



HOPE'S PROMISE
 1585 S Perry Street Suite E
 Castle Rock, Colorado 80104

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 303.660.0297 (fax)
 info@hopespromise.com

APPLICATION FOR ADOPTION

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

CONTACT INFORMATION

Name (s)			
Mailing Address			
City, State, Zip Code			
Phone Number	Home:		
Applicant 1	Cell:	Work:	
Applicant 2	Cell:	Work:	
Email	Applicant 1:	Applicant 2:	

ADOPTION PROGRAM INFORMATION

Which Program are you applying for?

MATCHING PROGRAMS

<input type="checkbox"/>	Hope's Promise Match Program		
<input type="checkbox"/>	Out of State Match Program	Name of Placing Agency:	

DESIGNATED ADOPTION (already matched with an expectant parent)

<input type="checkbox"/>	Colorado resident currently matched with Colorado expectant parent	Name of expectant parent:	
<input type="checkbox"/>	Colorado resident currently matched with Non-Colorado expectant parent	Name of expectant parent:	
<input type="checkbox"/>	Non-Colorado resident currently matched with Colorado expectant parent	State of residence:	Name of expectant parent:

Who referred you to Hope's Promise?	
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SOCIAL INFORMATION

	Applicant 1	Applicant 2
Full Legal Name		
Maiden Name/Alias/Other Name Know As		
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:

	Applicant 1	Applicant 2
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?	Applicant 1 Yes <input type="checkbox"/> No <input type="checkbox"/> Applicant 2 Yes <input type="checkbox"/> No <input type="checkbox"/>
How often do you attend	How long have you attended
List church activities you participate in	

GENERAL HEALTH:

	Applicant 1	Applicant 2
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 explain		
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REPRODUCTIVE HEALTH:

Is infertility a motivating factor in your decision to adopt If no, please explain	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Infertility diagnosis, if applicable		
Infertility treatments, if applicable		
Are you currently pursuing infertility treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	Applicant 1	Applicant 2
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.

	Applicant 1		Applicant 2	
	YES	NO	YES	NO
Have you ever been charged with or convicted of any crime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a juvenile record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been accused, charged, or convicted of child abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been the subject of an unfavorable home study?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a history of alcohol and/or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been involved in or a victim of domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been involved in or a victim of sexual abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an expunged record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a charge dismissed or deferred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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:

	Applicant 1	Applicant 2
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
Applicant 1:					
Applicant 2:					

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 AND LIFE INSURANCE PLANS:

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

DO YOU HAVE A WILL?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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	Email 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

Discipline Policy

Hope's Promise complies with Colorado regulations on child discipline for foster-adoptive placements. The use of corporal punishment with any child placed by Hope's Promise is not allowed. Discipline should be a means of teaching new behavior, providing structure and setting limits. It should be a tool designed to direct and give children a sense of security and consistency in their lives. Discipline must be constructive or educational in nature and may include talking with the child about the situation, praise for appropriate behavior, diversion, separation from the problem situation and withholding privileges. All applicants must agree to the Hope's Promise Discipline policy.

Marijuana Policy

Hope's Promise will not accept applications for foster care or adoption if any adult, age 18 or older, in the household is listed on the Colorado State Medical Marijuana Registry (CSMMR) in active status, holds a Medical Marijuana Enforcement Division badge (MMED), or uses marijuana for recreational use. All applicants must agree to the Hope's Promise Marijuana Policy.

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 Hope's Promise.

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.

APPLICANT 1: _____ DATE: _____

APPLICANT 2: _____ DATE: _____

Please submit your Application for Adoption with the following documentation to Hope's Promise, 1585 S. Perry Street, Suite E, Castle Rock, CO 80104:

1. \$400 non-refundable application fee
2. Family Picture

THANK YOU FOR YOUR HELP!