

Applicant Information

Name of Applicant 1: _____

Name of Applicant 2: _____

Physical Address

Mailing Address: _____

Home Phone: _____

Cell # Applicant 1: _____

Cell # Applicant 2: _____

Email for Applicant 1: _____

Email for Applicant 2: _____

Applicant 1

Full Name: _____

Other Names Used (including Maiden, if applicable): _____

Date of Birth: _____

Age: _____

Place of Birth: _____

SSN: _____

Citizenship (list all): _____

Driver's License State & #: _____

Racial/Ethnic Identity (*optional*): _____

Spiritual/Religious Identity (*optional*): _____

Education - Schools attended and degrees earned:

Occupation: _____

Employer: _____

Employer Address: _____

Duration at Current Employer: _____

Annual Income: _____



Applicant 2

Full Name: _____

Other Names Used (including Maiden, if applicable): _____

Date of Birth: _____

Age: _____

Place of Birth: _____

SSN: _____

Citizenship (list all): _____

Driver's License State & #: _____

Racial/Ethnic Identity (*optional*): _____

Spiritual/Religious Identity (*optional*): _____

Education - Schools attended and degrees earned:

Occupation: _____

Employer: _____

Employer Address: _____

Duration at Current Employer: _____

Annual Income: _____



Relationship History of Applicants

(please check) Married Single

Date Married: _____

Place Married: _____

Previous Marriages of Applicant 1

Date of Marriage: _____

Duration of Marriage: _____

Date of Divorce/Separation: _____

Place of Divorce/Separation: _____

Children from Previous Marriage? (please check) Yes No

Names & Ages: _____

Current Visitation & Living Situation: _____

Child Support Payments: _____



Previous Marriages of Applicant 2

Date of Marriage: _____

Duration of Marriage: _____

Date of Divorce/Separation: _____

Place of Divorce/Separation: _____

Children from Previous Marriage? *(please check)* Yes No

Names & Ages: _____

Current Visitation & Living Situation: _____

Child Support Payments: _____

Children from Present Marriage?

(please check) Yes No

Names: _____

Birthdates & Ages: _____

Sex: _____

Race/Ethnicity: _____

Biological or Adopted: _____

Living in the home? _____



Criminal Background

Name of Applicant 1: _____

Been arrested or convicted of any crime?

(please check) Yes No

If Yes, please explain (include dates/state): _____

Been reported for child abuse or involved in a Child Protective Services case?

(please check) Yes No

If Yes, please explain (include dates/state): _____

Voluntarily terminated your parental rights?

(please check) Yes No

If Yes, please explain (include dates/state): _____

Had your parental rights terminated involuntarily
or a child removed from your custody?

(please check) Yes No

If Yes, please explain (include dates/state): _____



Criminal Background

Name of Applicant 2: _____

Been arrested or convicted of any crime?

(please check) Yes No

If Yes, please explain (include dates/state): _____

Been reported for child abuse or involved in a Child Protective Services case?

(please check) Yes No

If Yes, please explain (include dates/state): _____

Voluntarily terminated your parental rights?

(please check) Yes No

If Yes, please explain (include dates/state): _____

Had your parental rights terminated involuntarily
or a child removed from your custody?

(please check) Yes No

If Yes, please explain (include dates/state): _____

Home Information

(please check) Rent Own

How long have you been at your current address: _____

Please provide your previous address: _____

Purchase Date/Lease Date & Length: _____

Description of Home (rooms, size, yard, etc.): _____

Description of Neighborhood/Community: _____

Home/Rental Insurance? (*please check*) Yes No

Would you consider your home, “baby proof” or safe for children?

Please explain: _____

Insurance

Health Insurance Provider: _____

Description of Coverage: _____

Will Health Insurance Provider Cover Adopted Child?

(*please check*) Yes No

Life Insurance Provider: _____

Amount of Life Insurance: _____



About Us

Applicant 1:

Describe your personality - Please be thorough:

What are your hobbies and interests?

Describe your community involvement or community service activities, if any:

Describe your childhood:

How would you describe your parenting style or how do you plan to parent?



What are your strengths? How would you like to improve yourself?

What do you do for self-care?

What do you and your spouse enjoy doing together? (if applicable)

Have you had any serious or chronic medical or mental health conditions, and if so how have you treated them?

Describe your values and why they are important to you:

About Us

Applicant 2:

Describe your personality - Please be thorough:

What are your hobbies and interests?

Describe your community involvement or community service activities, if any:

Describe your childhood:

How would you describe your parenting style or how do you plan to parent?



What are your strengths? How would you like to improve yourself?

What do you do for self-care?

What do you and your spouse enjoy doing together? (if applicable)

Have you had any serious or chronic medical or mental health conditions, and if so how have you treated them?

Describe your values and why they are important to you:



Adoption Worksheet

Please explain your desire to adopt:

Has fertility played a role in your desire to adopt? Please explain:

Do you have any experience with adoption, or the adoption process?

Describe your readiness to parent an adopted child:

Do you feel ready and willing to take on the responsibilities of adopting? Explain:

Are your friends and family supportive of adoption? Explain:



Have you, or are you currently working with other adoption agencies?
Facilitators? Attorneys? The state?

Describe your experience with any of the above entities:

What are your feelings about adoption in general?

What are your thoughts about open adoption?

What are your feelings and thoughts about birth parents?

Briefly describe your desired post-adoption contact plan with birth parents:



Are you open to paying for a birth mother's medical, legal, living, and other pregnancy related expenses?

Do you already have a completed home study that is up to date?

(please check) Yes No

If yes, completed by:

What do you look forward to doing together as a family?

What questions or concerns do you have about adopting and/or the adoption process?



Preferences

Sex (*please check*): Female Male No Preference

Open to Adoption of Multiples? (*please check*) Yes No

Do you desire a child of a certain race? (*please check*) Yes No

Please specify:

Open to adoption of a child of mixed race? (*please check*) Yes No

Open to Adoption of Child with Special Needs/Medical Condition?

(*please check*) Yes No

Open to Child Exposed to Substances?

(*please check*) Yes No

How did you hear about Open Arms Adoption Agency?

