

## Applicant Information

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Name of Applicant 1: \_\_\_\_\_

Name of Applicant 2: \_\_\_\_\_

## Physical Address

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Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell # Applicant 1: \_\_\_\_\_

Cell # Applicant 2: \_\_\_\_\_

Email for Applicant 1: \_\_\_\_\_

Email for Applicant 2: \_\_\_\_\_

# Applicant 1

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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

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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

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(please check) Married      Single

Date Married: \_\_\_\_\_

Place Married: \_\_\_\_\_

## Previous Marriages of Applicant 1

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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

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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?

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(please check)    Yes    No

Names: \_\_\_\_\_  
\_\_\_\_\_

Birthdates & Ages: \_\_\_\_\_

Sex: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Biological or Adopted: \_\_\_\_\_

Living in the home? \_\_\_\_\_

# Criminal Background

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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

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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

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(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

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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

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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

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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

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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

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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?