

Alliance for Children Domestic Application

Please return this application with a nonrefundable fee of \$250 and two recent photos of applicant(s) to: **Alliance for Children**, Domestic Adoption Program, 464 Hillside Avenue, Suite 300, Needham, MA 02494. After receiving your application, we will send you a confirmation letter and a full application package.

First Applicant: _____
(Last) (First) (Middle / Maiden)

Second Applicant: _____
(Last) (First) (Middle / Maiden)

Address: _____
(No. / Street) (Town / City) (County) (State) (Zip)

What kind of domestic adoption services are seeking?
Pre-Identified Full Service

Contact Information

First Applicant:
Home#: (____) _____ Work #: (____) _____

Email Address: _____ Fax #: (____) _____

Second Applicant:
Home#: (____) _____ Work #: (____) _____

Email Address: _____ Fax #: (____) _____

Background Information

Date and Place of Marriage (if applicable):

Please List All Children in Your Home (if applicable):

Name	Date of Birth	Date of Adoption
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please List Any Other Persons *Over the Age of 18* Residing in Your Home (if applicable):

Name	Date of Birth	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Housing

Type of Housing (house, apt., condominium) _____
Style _____ Number of rooms _____ Number of bedrooms _____

FIRST APPLICANT

Date of Birth _____
Place of Birth _____
Height & Weight _____
Do you have a Will? _____
Hair Color / Eye Color _____
Names of Parents (Indicate if Deceased)
 (Mother) _____
 (Father) _____
Ethnic Background _____
Citizenship _____
Religion (Optional) _____
Social Security # _____
Passport # _____
High School Name _____
Graduation _____
College Name _____
Graduation Date/ Degree _____
Occupation _____
Employer _____
Date Employed _____
Annual Salary _____
Previous Employment (Names and Dates)
1. _____
2. _____
3. _____
Other Income
 Savings _____
 Investments _____
 Value of Home _____
Mortgage / Rent Payments _____
Debts over \$1,000 _____
Health Insurance Co. _____
Do you have Life Insurance? _____
 If Yes, list amount: _____
Previous Marriages/ Date: _____
Termination Date: _____
Are you currently in counseling? _____
Do you have any health issues/take medication?

Have you ever been hospitalized? _____

(Please include hospitalization for a mental condition)

Have you ever been arrested? _____

If Yes,
explain: _____

(Including ALL arrests, even where charges were dismissed, continued without a finding, and records that have been expunged.)

Do you have a history of substance/alcohol abuse? _____

Do you have a history of domestic violence?

(Including incidents where no arrest did not occur)

Have you ever been physically or sexually abusive to a child? _____

Has a child abuse/neglect report ever been filed against you? _____

Have you ever applied to adopt a child before?

[] Yes [] No

If Yes, but you did not adopt, briefly explain:

Is there a situation you'd prefer to discuss directly with a social worker?

Please check here []

*If you have any special circumstances, please contact the office to request a copy of the Agency's home study policies.

SECOND APPLICANT

Date of Birth _____
 Place of Birth _____
 Height & Weight _____
 Do you have a Will? _____
 Hair Color / Eye Color _____
 Names of Parents (Indicate if Deceased)
 (Mother) _____
 (Father) _____
 Ethnic Background _____
 Citizenship _____
 Religion (Optional) _____
 Social Security # _____
 Passport # _____
 High School Name _____
 Graduation _____
 College Name _____
 Graduation Date/ Degree _____
 Occupation _____
 Employer _____
 Date Employed _____
 Annual Salary _____
 Previous Employment (Names and Dates)
 1. _____
 2. _____
 3. _____
 Other Income
 Savings _____
 Investments _____
 Value of Home _____
 Mortgage / Rent Payments _____
 Debts over \$1,000 _____
 Health Insurance Co. _____
 Do you have Life Insurance? _____
 If Yes, list amount: _____
 Previous Marriages/ Date: _____
 Termination Date: _____
 Are you currently in counseling? _____
 Do you have any health issues/take medication?

Have you ever been hospitalized? _____

 (Please include hospitalization for a mental condition)

Have you ever been arrested? _____

If Yes,
 explain: _____

 (Including ALL arrests, even where charges were dismissed, continued without a finding, and records that have been expunged.)

Do you have a history of substance/alcohol abuse? _____

Do you have a history of domestic violence?

 (Including incidents where no arrest did not occur)

Have you ever been physically or sexually abusive to a child? _____

 Has a child abuse/neglect report ever been filed against you? _____

 Have you ever applied to adopt a child before?

[] Yes [] No

If Yes, but you did not adopt, briefly explain:

Is there a situation you'd prefer to discuss directly with a social worker?

Please check here []

 *If you have any special circumstances, please contact the office to request a copy of the Agency's home study policies.

Applicants' References

Name/ Address/ Phone Number

Friend _____

Friend _____

Friend _____

Note: In NJ, one reference must be a neighbor and one must know the applicants for 5 years.

Child Preferences

Please describe the child you would like to adopt:

Age Range _____

Would you consider a child with special needs/medical condition? Yes No

Would you consider a sibling group? Yes No Possibly

How did you hear about Alliance for Children? _____

Did you attend an informational meeting? Yes No

If Yes, please provide date/location _____

I have answered all questions truthfully and to the best of my ability. I understand that falsifying information or not responding to these questions honestly may affect the outcome of my adoption. I further understand that I will need to provide notarized copies of any and all court records that I have, and that these records will be considered part of the approval process.

First Applicant

Date

Second Applicant

Date

Agency Representative

Date

