

APPLICATION (FL, MA, RI & SC)

Please return this application with a nonrefundable fee of \$225 and two recent photos of applicant(s). Florida residents send to Alliance For Children, Inc., 1451 W. Cypress Creek Road, Suite 300, Fort Lauderdale, FL 33309. (954-958-0318). Residents of MA, RI, and SC send to Alliance for Children, 55 William Street, Suite G-10, Wellesley, Massachusetts 02481. (781-431-7148). Upon our receipt of your application, you will receive a letter confirming receipt and a social worker will contact you within two weeks to schedule a meeting.

Attach two recent photographs of yourself/ves and children (if any). Indicate your full legal name.

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

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

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

Contact Info: (____) _____ (____) _____ (____) _____
Home # Work # / Male Applicant Work # / Female Applicant

E-Mail Address (____) _____
Fax #

Date and Place of Marriage (if applicable) _____

Children:

Name	Date of Birth:	Country of Birth	Date of Adoption (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Persons in Your Home:

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

Directions from the Alliance office to your home:

Type of Housing _____ Number of rooms _____ Number of bedrooms _____

MALE APPLICANT

FEMALE APPLICANT

Date of Birth _____

Date of Birth _____

Place of Birth _____

Place of Birth _____

Height & Weight _____

Height & Weight _____

Hair Color / Eye Color _____

Hair Color / Eye Color _____

Names of Parents (Indicate if Deceased)

Names of Parents (Indicate if Deceased)

(Mother) _____ (Father) _____

(Mother) _____ (Father) _____

Ethnic Background _____

Ethnic Background _____

Citizenship _____

Citizenship _____

Religion (Optional) _____

Religion (Optional) _____

Social Security # _____

Social Security # _____

Passport # _____

Passport # _____

High School Name _____

High School Name _____

Graduation _____

Graduation _____

College Name _____

College Name _____

Graduation Date /Degree _____

Graduation Date/ Degree _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Annual Salary _____

Annual Salary _____

Date Employed _____

Date Employed _____

Previous Marriages/ Date _____

Previous Marriages/ Date _____

Termination Date: _____

Termination Date: _____

Are you currently in counseling? _____

Are you currently in counseling? _____

Do you have any health issues/take medication?

Do you have any health issues/take medication?

Have you ever been hospitalized? _____

Have you ever been hospitalized? _____

Do you have a will? _____

Do you have a will? _____

Have you ever been arrested? _____

Have you ever been arrested? _____

*NOTE: this includes ALL arrests, even where charges were dismissed, continued without a finding, and records that have been expunged.

Have you ever been turned down or rejected for adoption? _____

Have you ever been turned down or rejected for adoption? _____

Do you have a history of substance/alcohol abuse?

Do you have a history of substance/alcohol abuse?
