



ADOPTION PROGRAM APPLICATION

Please return this application, a nonrefundable fee of \$275, and two recent photos to:
Alliance for Children, Attn: Abby Schneider
17 Oak Street, Needham Ma 02492
(781-444-7148)

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

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

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

Contact Info: (____) _____ (____) _____ (____) _____
Home # Cell # / First Applicant Cell # / Second Applicant

(____) _____ (____) _____
Work # / First Applicant Work # / Second Applicant

_____ _____
Email / First Applicant Email / Second Applicant

Date and Place of Marriage (if applicable) _____

Children (if applicable):

Name	Date of Birth	Country of Birth	Date of Adoption (if applicable)	Lives in Home
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list others residing in your home:

Name: _____ Date of Birth: _____ Relationship to Applicant(s): _____

Housing: Rent [] Own [] Single Family [] Multiple Family [] # of rooms ____ # of bedrooms ____

FIRST APPLICANT

Name _____

Date of Birth _____

Place of Birth _____

Height / Weight _____

Hair Color / Eye Color _____

Names of Parents (Indicate if Deceased)

Ethnic Background _____

Citizenship _____

Religion (Optional) _____

Social Security # _____

Passport # _____

Name of High School _____

Graduation Date _____

Name of College _____

Graduation Date / Degree _____

Occupation _____

Employer _____

Annual Salary _____

Date Employed _____

Previous Marriages / Date _____

Termination Date: _____

Are you currently in counseling? [] Yes [] No

Do you have any health issues/take medication?
[] Yes [] No

Have you ever been hospitalized? [] Yes [] No

Have you ever been arrested? [] Yes [] No

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

Have you ever applied to adopt in the past, terminated an adoption process, been turned down or rejected for adoption? [] Yes [] No

SECOND APPLICANT

Name _____

Date of Birth _____

Place of Birth _____

Height / Weight _____

Hair Color / Eye Color _____

Names of Parents (Indicate if Deceased)

Ethnic Background _____

Citizenship _____

Religion (Optional) _____

Social Security # _____

Passport # _____

Name of High School _____

Graduation Date _____

Name of College _____

Graduation Date / Degree _____

Occupation _____

Employer _____

Annual Salary _____

Date Employed _____

Previous Marriages / Date _____

Termination Date: _____

Are you currently in counseling? [] Yes [] No

Do you have any health issues/take medication?
[] Yes [] No

Have you ever been hospitalized? [] Yes [] No

Have you ever been arrested? [] Yes [] No

Have you ever applied to adopt in the past, terminated an adoption process, been turned down or rejected for adoption? [] Yes [] No

Do you have a history of substance/alcohol abuse?
 Yes No

Do you have a history of substance/alcohol abuse?
 Yes No

Do you have a history of domestic violence, even
if an arrest did not occur? Yes No

Do you have a history of domestic violence, even
if an arrest did not occur? Yes No

Have you ever been physically or sexually abusive
to a child? Yes No

Have you ever been physically or sexually abusive
to a child? Yes No

Has a child abuse/neglect report ever been filed
against you? Yes No

Has a child abuse/neglect report ever been filed
against you? Yes No

*If you have any questions about qualifications/criteria/special circumstances,
please request a copy of the Agency's Adoption Home Study Policies.*

If you answered yes to any of the above questions, please explain.

Does anyone residing in your home have an arrest record, have a medical condition, have a history of substance/alcohol abuse, domestic violence (even if an arrest did not occur), been physically or sexually abusive to a child, applied to adopt, or been turned down or rejected for adoption? Yes No

If anyone residing in the home has answered "yes" to any of the above questions, please explain:

Please indicate the age(s) of the child you would like to adopt:

Newborn/Infant Toddler School Age

If you are working on an international adoption process and a domestic adoption opportunity should arise, would you like to be considered? Yes No Possibly

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

Would you consider twins? Yes No Possibly

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 Date/Location _____

References (Please list three non-relatives who know you well.)

Name	Address	Phone Number

Please list all of the states and countries in which you and other adults in the home have lived since age 18. Please circle the states in which you and other adults in the home have lived for the past five years.

First Applicant: _____

Second Applicant: _____

Other adults in the home: _____

Social Security #s for others in home: _____

Adoption Services

Domestic Adoption

International Adoption

If International please list Country/Countries: _____

Please indicate services requested:

Full Service: Alliance will perform home study and placement services, and post placement services.

Home Study and Post Placement Services: Alliance will complete home study and post placement services.

Have you ever had a home study completed in the past? Yes No

If yes, when was it completed and what agency did you work with: _____

Home Study Agency Information

If you are working with another agency to complete your home study, please complete the following section.

Agency: _____ Contact: _____

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

Phone: _____ Email: _____

Estimated date home study is to be finished: _____

Outside Placement Agency

If you are requesting home study and post placement services from Alliance for Children but working with another agency for placement, please complete the following section:

Agency: _____ Contact: _____

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

Phone: _____ Email: _____

Adoption Attorney Information

If you are working with an adoption attorney for placement, please complete the following section:

Attorney: _____

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

Phone: _____ Email: _____

I understand that programs are always changing and may open, close, or go on hold at any time. If I have any questions, I will contact the agency and discuss them prior to sending in my application.

I understand that I must submit a non-refundable application fee with this application. Once this application is received, I will be billed for services. I am aware of the fees for the services I am requesting. If I have any questions about fees, I will ask them before submitting my application.

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 will 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 sent to Immigration as part of its approval process.

Print Name
First Applicant Date

Print Name
Second Applicant Date

Sign Name
First Applicant Date

Sign Name
Second Applicant Date