ADOPTIVE HOME APPLICATION

FAMILY LIFE SERVICES

P.O. BOX 4199
LYNCHBURG VA 24502
(Please use black ink or type)

Purpose of Application: Please select as many as apply.

____ Domestic Infant Adoption Program
____ Domestic Home Study
____ Private or Parental Placement Home Study
____ International Home Study
____ Post Placement Services
____ Other Please Specify: _____

1. Family

Husband's Full Name:_____
Date of Birth: _____Cell Telephone: _____
E-Mail Address: _____
Wife's Full Name: _____
Date of Birth: _____Cell Telephone: _____
E-Mail Address: _____
Mailing Address: _____
Home Telephone: _____Fax Number: _____

Other Family Members in the Home:

Name of Person: _____ Relationship: _____
Date of Birth: _____Age: _____
Special Health Needs: _____

***Use a separate sheet of paper if more than one child is in the home or for any children not living in the home and provide the same information if there are any non-family members living in the home.*

2. Marriage

Date of Marriage: _____City/State: _____

Is this your first marriage?
Husband: _____ Yes _____ No Wife: _____ Yes: _____ No

*** If no, please attach a copy of Divorce Decree(s) and explain the circumstances on a separate sheet of paper.*

Has there been any infidelity in your marriage?
Husband: _____Yes _____No Wife: _____Yes _____No

***If yes, please attach a separate statement explaining the incident(s) that occurred and the resolution of this issue.*

3. Health

Husband's Health Condition: _____
Physical or Psychological Diagnosis (past or present):_____
_____
If yes, please explain: _____
_____
Have you ever received treatment for?
_____ Alcoholism** Date of Treatment: _____
_____ Drug Addiction** Date of Treatment: _____
_____ Psychiatric Difficulties** Date of Treatment: _____

*** If you have a history of alcoholism, previous drug addiction, or psychiatric difficulties, please describe in detail on a separate sheet of paper.*

Describe your current use of alcohol or tobacco products: _____

Wife's Health Condition:_____
Physical or Psychological Diagnosis (past or present):_____
_____
If yes, please explain: _____
_____

Have you ever received treatment for?
_____ Alcoholism** Date of Treatment: _____
_____ Drug Addiction** Date of Treatment: _____
_____ Psychiatric Difficulties ** Date of Treatment: _____

*** If you have a history of alcoholism, previous drug addiction, or psychiatric difficulties, please describe in detail on a separate sheet of paper.*

Describe your current use of alcohol or tobacco products: _____

Husband and Wife:
Have you experienced infertility? _____ Yes _____ No If "No", skip to next section.

What is your infertility diagnosis? _____
_____

For what duration of time have you tried to conceive? _____

What medical steps have you taken to resolve your infertility?

Do you plan to continue infertility treatments? _____

4. Education

Husband:
Circle last year completed:
High School 9 10 11 12 College 1 2 3 4 Graduate 1 2 3 4 Post Graduate 1 2 3 4
Name of College: _____
Degree Earned: _____ Year Earned: _____
Graduate School: _____
Degree Earned: _____ Year Earned: _____
Post Graduate School: _____
Degree Earned: _____ Year Earned: _____
Other Degrees/Certifications: _____

Wife:
Circle last year completed:
High School 9 10 11 12 College 1 2 3 4 Graduate 1 2 3 4 Post Graduate 1 2 3 4
Name of College: _____
Degree Earned: _____ Year Earned: _____
Graduate School: _____
Degree Earned: _____ Year Earned: _____
Post Graduate School: _____
Degree Earned: _____ Year Earned: _____
Other Degrees/Certifications: _____

5. Employment

Husband's Present Employment:

Name of Company: _____
Address: _____
Dates of Employment: From _____ To _____
Position Held: _____ Annual Salary: _____
Responsibilities: _____
Business Telephone: _____ Hours Worked: _____

Wife's Present Employment:

Name of Company: _____
Address: _____
Dates of Employment: From _____ To _____
Position Held: _____ Annual Salary: _____
Responsibilities: _____
Business Telephone: _____ Hours Worked: _____

6. Finances

ASSETS		**LIABILITIES**	
Real Estate	_____	Mortgage	_____
Personal Property	_____	Car Loan	_____
Savings	_____	Credit Card Debt	_____
Retirement	_____	Student Loans	_____
Other Investments	_____	Other Liabilities	_____
Total Assets:	_____	Total Liabilities:	_____

Have either of you ever filed for bankruptcy? _____ Yes _____ No

Do you have homeowner's insurance? _____ Yes _____ No

Name of Company: _____ Amount of Coverage: _____

Do you have life insurance? _____ Yes _____ No

Name of Company: _____Amount of Coverage: _____

Will your health insurance cover an adopted child? _____ Yes _____ No

Name of Company: _____

7. Religion (This section is optional for home study applicants.)

Do you consider yourselves to be Christians?

Husband:	_____ Yes	_____ No	_____ Undecided
Wife:	_____ Yes	_____ No	_____ Undecided

Church: _____
Address: _____Telephone: _____
Pastor: _____
How long have you each been a member? _____
How regularly do you attend? _____

Please describe any responsibilities or volunteer positions, within the church:

Husband: _____
_____

Wife: _____
_____

8. Adoption

How did you hear about our program? _____

_____

How long have you considered adoption? _____

Why do you wish to adopt?

Have you ever filled out an application to another adoption agency? _____ Yes _____ No

If yes, please indicate the other adoption agencies with which you have been or are currently involved. (This will, in no way, affect your ability to work with our agency). Include a statement of what has been completed by each agency, including completed home studies. _____

We would be open to the consideration of the adoption of a child from the following racial or mixed racial backgrounds:

_____ Caucasian
_____ African American
_____ Hispanic/Caucasian
_____ African American/Caucasian
_____ Asian
_____ Hispanic
_____ Asian/Caucasian
_____ Other

Would you consider adopting a child with a physical or developmental disability?

_____ Yes _____ No

What are your fears about adoption?

9. Recreational Interests

List family activities:

List personal interests (hobbies, crafts, sports, etc.):

Husband:

Wife:

10. General Information

Do you have a criminal record?

Husband: _____ Yes _____ No If yes, please specify, including dates:

_____

Wife: _____ Yes _____ No If yes, please specify, including dates:

_____

Have you ever been arrested even if it did not result in a conviction?

Husband: _____ Yes _____ No If yes, please specify, including dates:

_____

Wife: _____ Yes _____ No If yes, please specify, including dates:

_____

Do you have any traffic violations?

Husband: _____ Yes _____ No If yes, please specify, including dates:

_____

Wife: _____ Yes _____ No If yes, please specify, including dates:

_____

Please submit the $150.00 non-refundable application fee with your application. This fee is payable by check, cash, or credit card.

If you wish to pay be credit card, please call our main office at 434-845-5334.

Please include a recent picture of your family with your application.

The application and picture may be submitted by
Mail: Family Life Services, PO Box 4199, Lynchburg, VA 24502
Fax: 434-845-3486

For families applying to the Family Life Services Infant Domestic Adoption Program: Family Life Services is committed to making a determination regarding this application within thirty days of the receipt of this application. During the course of review, the agency may request additional information. The approval decision is contingent upon the ruling of the Executive Committee of the Board of Directors. Our signatures indicate our understanding of this procedure.

For families applying for home study or post placement services a caseworker will contact you as soon as possible, but no longer than two weeks from the date of receipt.

The information contained in this application is a true, complete, and accurate representation of our family. We understand that failure to disclose background information may result in our application being denied.

_____ _____
Signature (Husband) Date

_____ _____
Signature (Wife) Date