

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

Post Placement Services

Private or Parental Placement Home Study

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

Real Estate _____
Personal Property _____
Savings _____
Retirement _____
Other Investments _____
Total Assets: _____

LIABILITIES

Mortgage _____
Car Loan _____
Credit Card Debt _____
Student Loans _____
Other Liabilities _____
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 | _____ Asian |
| _____ African American | _____ Hispanic |
| _____ Hispanic/Caucasian | _____ Asian/Caucasian |
| _____ African American/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 by 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