



**APPLICATION FOR SERVICES**

**APPLICANT:**

**NAME:** \_\_\_\_\_ **DOB** \_\_\_\_\_  
**NAME:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**NOTE: IF A MARRIED OR COHABITATING, BOTH INDIVIDUALS NEED TO ANSWER QUESTIONS.**

- 1) What country are you located ? \_\_\_\_\_
- 2) Do you have an Adoption Attorney/Placement agency? \_\_\_\_\_
- 3) Occupation and work schedule (previous occupation if stay at home parent)
- \_\_\_\_\_
- \_\_\_\_\_

- 4) Aside from you and the co-applicant what other household members and DOB?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 5) How many are 18 years old or older?
- \_\_\_\_\_
- \_\_\_\_\_

- 6) What elementary, high school trade and college did you (both) attend? List enrollment year

Name (You/Co-applicant)	Elementary/year	High School/year	Trade/college/year

7) Residences for past 10 years

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8) How many bedrooms and who sleeps in which rooms (current residence)

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9) What type of car, make and model and year

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10) Who is your car insurance carrier, your home owners insurance carrier? If you have life insurance, who is that carrier. (Give your worker copies of all insurance policy and expiration dates)

Auto(s) \_\_\_\_\_

Home or apartment \_\_\_\_\_

Insurance carrier for Life Insurance \_\_\_\_\_

Your medical care insurer(s) \_\_\_\_\_

11) How much do you receive per month for each child in your home? (*Foster Care Only*)

<u>CHILD</u>	<u>AMOUNT</u>

12) Have you ever filed bankruptcy? \_\_\_\_\_

13)

	<u>Adoptive Parent 1</u>	<u>Adoptive Parent 2</u>
<b>Birth Place</b>		
<b>US Citizen Status</b>		
<b>Highest Level of Education</b>		
<b>Degree</b>		
<b>Height</b>		
<b>Weight</b>		
<b>Religious Affiliation</b>		
<b>Race &amp; Ethnicity</b>		
<b>Current Employer/Start Date/Position Held</b>		
<b>Gross Annual Income</b>		
<b>Information Regarding Previous Marriage (If Applicable)</b> <b>Dates:</b> <b>Previous Spouse's Name:</b> <b>Reason:</b>		
<b>Have you ever been treated by a psychologist/therapist/counselor, etc?</b>		
<b>Have you ever been prescribed medication for anxiety or depression?</b>		
<b>Have you ever been treated for substance abuse?</b>		
<b>Do you have any physical limitations or communication needs?</b>		
<b>Do you have an arrest history?</b>		
<b>Have you ever been involved, either as a victim or perpetrator, with child abuse, neglect, or domestic violence?</b>		

If your answer to any of the above questions is "Yes" please explain circumstances on a separate sheet of paper attached to this application, or in an e-mail sent to [nberry@jofcfs.com](mailto:nberry@jofcfs.com).



14) Where does your family receive their medical care/name address contact number?

Family Member Name	Medical Facility	Address and number	Date of last physical

15) Do you have a record of each family member's most recent medical, including yours? Yes\_\_\_\_ No\_\_\_\_

16) If you answered No, please call your and your family medical provider and receive a copy of each person's medical within a week. Let your adoption worker know when you have completed this.

17) Agency where you receive training?

\_\_\_\_\_

18) Do you have, or can you acquire your training certificates or list? Yes\_\_\_\_\_ Not sure\_\_\_\_\_

I verify that the information provided in this document is true and correct. I understand that this document is to be used for information gathering purposes only and will not be used to discriminate against my family in anyway.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**