

ADOPTION OPTIONS
13900 E. HARVARD AVE. SUITE 200
AURORA, CO 80014
PHONE: (303) 695-1601
Web Site: www.adoption-options.com
Email: info@adoption-options.com

FOR OFFICE USE ONLY: INITIAL: _____
DATE MAILED: _____ DATE RECEIVED: _____
PROGRAM: _____ IAP _____ DAP _____
_____ INTL. _____ DAP I _____ DAP L _____ FF _____
APPLICATION FEE RECEIVED _____ CK# _____

APPLICATION FOR ADOPTION

NOTE: This form must be submitted with the \$300.00 Application Fee, a copy of your latest 1040 Tax Form and a recent photo.

NAME: APPLICANT 1: _____
(Last) (First) (Middle) (Nickname)

APPLICANT 2: _____
(Last) (First) (Middle) (Nickname)

ADDRESS: _____
(Street) (City) (County) (State) (Zip)

HM PHONE:() _____ **CELL PHONE Applicant 1:**() _____

CELL PHONE Applicant 2: () _____ **OTHER:** _____

EMAIL ADDRESS: Applicant 1: _____

EMAIL ADDRESS: Applicant 2: _____

SCHOOL DISTRICT: _____

IDENTIFYING INFORMATION:	APPLICANT 1	APPLICANT 2
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AGE: _____

BIRTH DATE: _____

BIRTH PLACE: City/County: _____

State: _____

SOCIAL SECURITY #: _____

HERITAGE: (English, Italian, etc.) _____

EDUCATION: _____

OCCUPATION: _____

Job Title/Position: _____

SPECIAL INTERESTS: _____

OTHER LANGUAGES and TALENTS: _____

PHYSICAL DESCRIPTIONS:

Height/Weight: _____

Eye Color: _____

Hair Color: _____

Complexion: _____

CHURCH AFFILIATION: (if any) _____

OTHERS IN HOUSEHOLD: (Please indicate if child is adopted)

Name: _____

Age: _____

Birthdate: _____

Relationship: _____

Marriage Date: (if applicable) _____

Previous Marriages: (include date of marriage, date and reason for divorce)

Applicant 1: _____

Applicant 2: _____

Children of previous marriage(s): Give name(s), age(s), who has custody, with whom child(ren) reside, and detail child support payment(s).

EMPLOYMENT HISTORY:

<u>Employer</u>	<u>Address</u>	<u>Position Dates</u>	<u>Annual Income</u>	<u>Phone</u>
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Applicant 1:

Present Employment: _____

Previous Employment: _____

Applicant 2:

Present Employment: _____

Previous Employment: _____

ASSETS/LIABILITIES: List CD's, savings, investments, personal property, equipment, other real estate, and other sources of income. Indicate the estimated values along with debtors, amounts outstanding and monthly payments (if applicable) including auto and/or student loans and credit cards. Please attach additional sheet if necessary.

<u>Description</u>	<u>Estimated Value</u>	<u>Debtor</u>	<u>Balance/Monthly Payment</u>
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Home: Owned _____
Rented _____

Source of water supply to home (city or well): _____

INSURANCE:	Company	Value	Who's Covered
Life:	_____	_____	_____
Health:	_____	_____	_____
Auto:	_____	_____	_____

REFERENCES: (References should not be related to you and at least one should reside in your home state.)
Please ask your three references to respond promptly!

<u>Name</u>	<u>Address</u>	<u>Zip</u>	<u>Phone</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

RELATIVES OUTSIDE THE HOME:

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>Occupation</u>	<u>Marital Status/ Domestic Partnership</u>
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Applicant 1:

Parent 1: _____
Parent 2: _____
Siblings: _____

Applicant 2:

Parent 1: _____
Parent 2: _____
Siblings: _____

Have you previously adopted a child? ___ Yes ___ No Agency: _____ Date: _____

Have you applied to another agency? ___ Yes ___ No Agency: _____ Date: _____

If yes, what was the outcome? _____

Have either of you had fertility testing? ___ Yes ___ No If no, please give details: _____

Have you had an unsuccessful pregnancy or loss of a child? ___ Yes ___ No If so, briefly explain: _____

Do you smoke? ____ Yes ____ No

We support the idea of counseling as a tool for family growth. Have you or any member of your immediate family been in counseling? ____ Yes ____ No If so, give brief details: _____

Conviction of a crime will not necessarily disqualify you from adopting, depending on the nature of the offense. Have you ever been arrested, convicted, or charged with a misdemeanor or felony crime? ____ Yes ____ No If yes, give details:

Have you ever been involved in any situation where a child has been injured? ____ Yes ____ No

Give details: _____

Have you been involved in a civil suit over the past five years? ____ Yes ____ No. Give details: _____

For which Adoption Options program are you applying? _____

What type of child(ren) are you interested in? Please describe the kind of child you feel you can parent. Be as flexible as possible (including age, race, etc.).

Please describe special needs which you can accept. _____

I/We confirm the above information is true to the best of my/our knowledge. If the agency later confirms any of the above information to be incorrect, I/we are aware it may be grounds for disapproval of the application.

I/We understand that signing this application places no commitment upon either the applicant(s) or the agency. Enclosed are required copies of: a) tax form, b) photo, and c) application fee (which is nonrefundable).

Date of application: _____

Signatures:

Applicant 1: _____

Applicant 2: _____