

Adoptions Plus



ADOPTION APPLICATION

[Please Type or Print your information in the spaces below]

Name Of Family: _____

House Address: _____

City: _____ State: _____ Postal Code: _____

Mailing address if different from above _____

If in New Mexico give brief directions from major cross streets: _____

Phone Home (____) _____ Fax #(____) _____ Email address _____

Date and place of current marriage: _____

How long have you been together? ____ Have either of you filed for divorce, separation or annulment to this marriage? ____ If yes,

Explain when and why: _____

Wife

Full Legal Name _____

Please address me as _____

Mobile phone _____

E-mail _____

DOB _____ Age _____

Birthplace _____

Religion _____

Degree(s) _____ Major _____ Dates _____

School(s)/College(s) _____

Hair/Eye color _____ Complexion _____

Height _____ Weight _____ Build _____

Heritage, Race, Ethnicity _____

Language(s) spoken _____

Husband

Full Legal Name _____

Please address me as _____

Mobile phone _____

E-mail _____

DOB _____ Age _____

Birthplace _____

Religion _____

Degree(s) _____ Major _____ Dates _____

School(s)/College(s) _____

Hair/Eye color _____ Complexion _____

Height _____ Weight _____ Build _____

Heritage, Race, Ethnicity _____

Language(s) spoken _____

Wife

Employer _____

Address _____

Position/Occupation _____

Dates _____ Approx. Annual Income _____

Previous or other employer _____

Name of ex/late-spouse(s) _____

Date of marriage _____

What do you like to do for leisure? Include special interests, hobbies and talents _____

Describe your social support system (people, events, etc.)

Describe prescription medication use, present and within the last year:

Within the last five years have you had inpatient treatment for medical or psychiatric conditions _____

Outpatient counseling for personal, marital, psychiatric, emotional, addictive conditions? _____

If yes, briefly describe condition(s), treatment, dates, name and phone of Counselor/Physician: _____

What do you do on a regular basis that brings passion into your life?

Why do you choose to adopt at this time? _____

What obstacles do you anticipate in going through the adoption process?

Husband

Employer _____

Address _____

Position/Occupation _____

Dates _____ Approx. Annual Income _____

Previous or other employer _____

Name of ex/late-spouse(s) _____

Date of marriage _____

What do you like to do for leisure? Include special interests, hobbies and talents _____

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What do you do on a regular basis that brings passion into your life?

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OTHERS LIVING IN THE HOME

Name	DOB	Relationship to parents	Ethnicity

Have you talked to your children and others in your home about your plans to adopt? _____ If no, why not? If yes, what are their feelings?

Briefly describe dates, offenses, outcomes of any arrests, pending legal involvement that could possibly show up on a police report. Briefly describe any suspicions, investigations or charges of child abuse or neglect, or domestic violence. You will have the opportunity to further explain and records or documentation may be needed to complete the study. _____

Please describe how you learned of ADOPTIONS PLUS _____

If you are a NM resident, would you like information on being a foster family? _____ Housing a birthmother? _____

Are you interested in our Domestic Program? _____ Guatemala Program? _____ Homestudy Service _____

Interstate Services? _____ Coordination with other agencies? _____ Contract Services/Independent Adoptions? _____

If you are working with another agency for placement, please share name and address _____

Homestudy Status: Do you have a homestudy? _____ Date Completed: _____ The homestudy is attached _____

Our homestudy is being sent to you by: _____

If you are a New Mexico resident without a homestudy, when would you like to start your homestudy? _____

Have either of you been turned down by another agency? _____ If yes, when and by whom? _____

If you already have a child identified, briefly explain the child and situation. _____

Please consider the type of child you could raise, love and call your own. **Please fill out this section, even if you already identified a child.** Please feel free to add additional comments to any of your answers.

Age range: From _____ to _____ years of age. Number of weeks premature _____

Gender: No preference _____ First preference _____ Only consideration _____ If you will only consider a certain gender,

please explain why. _____

God's children come in all colors. Some of the most common races we see are listed. Please check what you would consider.

White ____ Latino (Spanish, South Central American, Hispanic, etc.) ____ African American ____ Asian ____ White/Latino ____

White/African American ____ White/Asian ____ Asian/Latino ____ Latino/African American ____ African American/Asian ____

Other (explain) _____

If you are considering international adoption, what countries are you considering _____

What cultural considerations do you have and can you offer? For example, you are bi-lingual, have lived in another culture, have close friends or family from other races, have a strong affinity to a certain place or race, etc. _____

Physical, Emotional, Mental, Psychiatric Issues: What issues do you feel you can or cannot deal with at this time? Education and training are provided and you will be given a more in-depth checklist of issues to consider. _____

Please share whatever else you need regarding the type of child you want to parent. _____

REFERENCES Please list at least 5 references who we may contact (name, address, zip, and phone)

Name	Address	Telephone

We certify that the information of this application is true and correct to the best of our knowledge. If any information is determined as willfully incorrectly stated, we acknowledge that ADOPTIONS PLUS has the right to disqualify us from further consideration.

We understand that signing and submitting this application places no commitment upon ourselves to take a child for adoption or for ADOPTIONS PLUS to provide us with a child.

We understand that we will be asked to complete criminal records checks; provide documentation regarding our health, employment, finances, and family; and provide personal information about ourselves.

We understand that there will be further documentation, contracts, and fees required depending upon the adoption program of our choice. We have enclosed \$350.00 as a registration and processing fee, which is not refundable. This application is effective for one year after date signed.

Signature

Date

Signature

Date