



APPLICATION - INTERNATIONAL ADOPTION SERVICES

Please check the program you are applying for:

Home Study Home Study Update

APPLICANT A

LEGAL Name _____
Last First

Birth Date _____ Gender _____

Place of Birth _____

Age _____ Religion _____

Race _____ Ethnicity _____

Social Security # _____

Immigration Status: U.S. Citizen? Y / N Other? _____

APPLICANT B

LEGAL Name _____
Last First

Birth Date _____ Gender _____

Place of Birth _____

Age _____ Religion _____

Race _____ Ethnicity _____

Social Security # _____

Immigration Status: U.S. Citizen? Y / N Other? _____

Have either of you... Been arrested? Y / N Been convicted? Y / N Received other than an honorable discharge from the military? Y / N
Been turned down by an adoption agency? Y / N Been accused of child neglect or abuse? Y / N Had a founded case of child neglect or abuse? Y / N

YOUR CONTACT INFORMATION

Email _____

Cell Phone _____

Email _____

Cell Phone _____

RESIDENCE

Address _____

Own Rent

Date purchased or rented _____

Monthly payment _____ Monthly Utility _____

County _____ Telephone _____

Value of home _____

Have you lived in any other states in the last five years? YES NO

If yes, include attachment with complete addresses for previous residences.

EMPLOYMENT

Employer _____

Employer _____

Your Title _____

Your Title _____

Telephone _____

Telephone _____

Salary _____ Dates of Employment _____

Salary _____ Dates of Employment _____

Life insurance amount _____

Life insurance amount _____

Other income _____

Other income _____

MARRIAGE

Current Marital Status: Married Single

Current Marital Status: Married Single

If married: Date of Marriage: _____

If married: Date of Marriage: _____

Previous Marriages? No Yes

Previous Marriages? No Yes

If yes, previous marriages/dates: _____

If yes, previous marriages/dates: _____

Child Support? No Yes, amount: _____

Child Support? No Yes, amount: _____

MAIN OFFICE

WYNNWOOD, PA
30-31 Hampstead Circle
Wynnewood, PA 19096
610.642.7200

BRANCH OFFICES

ALLENTOWN, PA
2212 Union Blvd
Allentown, PA 18109
610.432.2384

CENTRAL PA
1525 Oregon Pike, Suite 402
Lancaster, PA 17601
717.399.7766
717.232.1787

PITTSBURGH, PA
1225 South Main Street
Suite 207
Greensburg, PA 15601
724.853.6533

NEW JERSEY
451 Woodland Avenue
Cherry Hill, NJ 08002
856.665.5655
732.335.8883

DELAWARE
18-A Trolley Square
Wilmington, DE 19806
302.658.8883

VIRGINIA
1407 Stephanie Way, Suite H
Chesapeake, VA 23320
757.361.0008
804.218.2569

CONNECTICUT
703 Hebron Ave, 1st floor
Glastonbury, CT 06033
860.657.2626

NEW YORK
800.355.5500

Services are provided to clients without regard to race, color, religion, ancestry, sex, marital status, disability, sexual orientation, gender identity, gender expression, age or limited English proficiency.

ADOPTIVE PARENT CONTACTS

Please list three relatives and friends who may be contacted if we are unable to reach you and need to contact you quickly. These relative contacts are also required by some state regulations. We need to have them complete. Thank you for your time.

APPLICANT A: Relatives and Friends

Name _____

Relationship _____ Home Phone () _____ Work Phone () _____

Address _____ State _____ Zip _____

Name _____

Relationship _____ Home Phone () _____ Work Phone () _____

Address _____ State _____ Zip _____

Name _____

Relationship _____ Home Phone () _____ Work Phone () _____

Address _____ State _____ Zip _____

APPLICANT B: Relatives and Friends

Name _____

Relationship _____ Home Phone () _____ Work Phone () _____

Address _____ State _____ Zip _____

Name _____

Relationship _____ Home Phone () _____ Work Phone () _____

Address _____ State _____ Zip _____

Name _____

Relationship _____ Home Phone () _____ Work Phone () _____

Address _____ State _____ Zip _____

Adoptions From The Heart is a non-profit organization which counts on community support. We would like to use your references and relatives listed here as part of our fund raising. While support is appreciated, it in no way affects your adoption. Please check here if this is not acceptable. _____

EDUCATION

APPLICANT A

Name of High School _____ Year Graduated _____

Name of College _____

Date _____ Degree Earned _____

Name of College _____

Date _____ Degree Earned _____

Other education _____

APPLICANT B

Name of High School _____ Year Graduated _____

Name of College _____

Date _____ Degree Earned _____

Name of College _____

Date _____ Degree Earned _____

Other education _____

CHILDREN

Name	Date of Birth	Health	Biological or Adopted	Do they reside with you?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHERS RESIDING IN YOUR HOME

Name	Relationship	Age	Do you financially support them?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Please list five references (not relatives) who have observed you with children or in situations that would indicate your capacity to parent. If you are a New Jersey resident, one reference must be from a neighbor, one from someone who has known you for over five years and one from your current employer, supervisor, former employer, teacher, etc.

Name	Email	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

REFERRAL SOURCE

Please tell us how you heard about Adoptions From The Heart:

- | | | |
|--|---|--|
| <input type="checkbox"/> Verizon Superpages (internet) | <input type="checkbox"/> Newspaper: _____ | <input type="checkbox"/> Radio Advertisement |
| <input type="checkbox"/> Verizon Superpages (Yellow Pages) | <input type="checkbox"/> Magazine: _____ | <input type="checkbox"/> TV Advertisement |
| <input type="checkbox"/> Rainbowkids Website | <input type="checkbox"/> Doctor or Clinic | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> AFTH Website | <input type="checkbox"/> Friend | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Other Internet: _____ | <input type="checkbox"/> Family Member | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Past AFTH Client | <input type="checkbox"/> Attorney | |

PREVIOUS ADDRESSES

To meet Act 160 of 2004 (an amendment relating to 23 Pa. C.S. Chapter 63 of the Child Protective Services Law) requirements, all prospective adoptive families are required to provide previous addresses within the last ten years. New Jersey residents need to provide addresses since age 18. Please list below all addresses where you have lived in the last ten years (since age 18 for NJ residents) and the dates you lived there.

APPLICANT A

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

APPLICANT B

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

I/We certify that the above information is true and correct to the best of my/our knowledge. By signing below I/we are giving Adoptions From The Heart consent to obtain certification from any statewide child abuse and neglect registry.

Signature

Date

Signature

Date

Please send completed paperwork to Adoptions From The Heart:

___ completed application

___ contract

along with...

1. Your non-refundable Application Fee of \$ _____

2. Your non-refundable Home Study Fee of _____ (see current fee schedule for appropriate amount)

Method of Payment:

Checks made payable to **Adoptions From The Heart**.

ACH Bank Transfer (an invoice will be sent via email)