

PROSPECTIVE ADOPTIVE PARENTS APPLICATION

Please complete the following application. When returning this application packet, please enclose everything listed below. Also, enclose your application fee in the amount of \$1,800.00 to cover the cost of a homestudy and the processing of your application. The application fee is the same for in-state and out-of-state families. If you have a current homestudy that is less than 6 months old, you may deduct \$400.00 from your application fee. Please call us if you are unsure or have any questions. The application fee is not refundable, and is a separate fee and is in addition to the adoption fee. The adoption fee is subject to change at anytime. Please do not send any documentation which needs to be returned to you. We ask that you complete the questionnaire as a couple. This information will assist in a homestudy evaluation.

For your convenience, below is complete list of attachments that will need to be sent along with your application.

PLEASE DO NOT SEND THE APPLICATION BACK INCOMPLETE.

1. One photo album and two color copy of the album, including family pictures (color copies do not have to include the full album)
2. Check in the amount of \$1,800.00 or \$1,400.00 as applicable.
3. Marriage Certificate
4. If applicable Divorce Decree or Death Certificate
5. First page of most recent tax return
6. Three Personal References (send one of the enclosed Personal Reference forms to each of your references)
7. Physical Examinations for everyone in the household; (must be less than 1 yr since last visit)
8. Both Adoptive Parents autobiographies (one for each parent). Please write your own individual autobiography.
9. Birth Certificates for each Adoptive Parent
10. Complete copy of homestudy if available, phone # and name of person or agency that conducted the homestudy, including the date completed.

If you need additional room to answer a question, please mark "See Attached" and add to the end of application.

I. PERSONAL

	Husband	Wife (Maiden Name)
Full Legal Name:	_____	_____
Date of Birth:	_____	_____
Place of Birth:	_____	_____
D. License #:	_____	_____
SS#:	_____	_____
Race:	_____	_____
Religion:	_____	_____
Height:	_____	_____
Weight:	_____	_____
Hair:	_____	_____
Eyes:	_____	_____
Complexion:	_____	_____

II. RESIDENCE

Address _____

County _____

Phone _____

Hm E-mail _____

Hm Fax _____

Please list any additional ph #'s, pagers, etc.

Give a brief description of your residence, including the number of bedrooms, baths, and living area, yard facilities.

III. EMPLOYMENT

Present Income (please attach a copy of the first page of your most recent tax return and if applicable, list other assets on a separate sheet)

Husband \$ _____ Wife \$ _____

Husband

Wife

Name	_____	_____
Address	_____	_____
	_____	_____
Phone	_____	_____
Fax	_____	_____
E-Mail	_____	_____
Occupation	_____	_____

What are your long term employment goals?

His: _____

Hers: _____

WORK HISTORY (last ten years)

His: Name	_____	Supervisor	_____	Reason for Leaving	_____
	Name	_____	Supervisor	_____	Reason for Leaving
	Name	_____	Supervisor	_____	Reason for Leaving
Her: Name	_____	Supervisor	_____	Reason for Leaving	_____
	Name	_____	Supervisor	_____	Reason for Leaving
	Name	_____	Supervisor	_____	Reason for Leaving

If both of you are working outside of the home, what will be your child care plans?

IV. LIABILITIES

Account	Payment	Loan	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. STATUS

Date of Marriage:

Place of Marriage:

If either of you have had previous marriages, please briefly explain the reason for divorce, date of marriage, date of termination (i.e. death, divorce), attaching a copy of Divorce Decree or Death Certificate.

VI. REFERENCES

Please give the name and address of three references whom we may contact, with whom you are well acquainted, including zip code and telephone number. **Please do not include any family members.**

Name: 1 _____ 2 _____

Address: _____

Phone: _____

Name: 3 _____

Address: _____

Phone: _____

Who referred you, or from what source did you come to this agency?

Ph book _____ Internet _____ Friend _____

Other _____

VII. CHARACTER (these sections can be completed on a separate page)

- 1. Describe your personalities (introvert, extrovert, quiet, cheerful, serious; etc.).

2. In your opinions, what are your positive and negative character qualities?
3. What do you do for entertainment together, and individually?
4. State your religious preference; and briefly, its place in your life (i.e., how frequently you attend church, the influence it has on your lives).
5. What has been each of your most rewarding experiences?
6. What has been each of your most disappointing or tragic experiences?
7. Do either or both of you drink alcohol or use recreational drugs? If so, please provide the amount and type of drinking you engage in. If you have been or are involved in AA or NA, please indicate your length of sobriety.

VIII. HEALTH

1. Do either of you have any physical or health problems? If so, explain on a separate sheet, providing current medical status and dates of illnesses or disabilities?

2. If you cannot, or choose not to have a child through the biological process, explain why.

3. Feeling on own history of abuse, neglect and resolution to experience.

IX. HOUSEHOLD

Give the following information on any other persons living with you:

Name	DOB	Sex M / F	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Give the names, date of birth, and date of death if applicable, of any children either of you have not living with you at the present time.

_____	_____	_____	_____
_____	_____	_____	_____

Do you have any pets? If so, what kind?

X. CHILD

1. Why do you want to adopt a child?

2. Whose decision is it to adopt a child?

3. When did your interest in adoption begin and why?

4. Describe your attitude towards adoption, and people who choose to place their children up for adoption.

5. Type of child desired:

6. What are your education expectations for this child?
7. Do you have goals in mind that you wish this child to achieve, and if so explain?
8. Are there any physical, medical, or social factors you do not wish to accept in an adoptive child? If so, please explain:
9. What qualities or physical conditions do you feel you absolutely could not accept in a child?
10. Do you want only a newborn, or would you consider an older child?
11. Describe the type of child to whom you have the least positive feelings or responses.
12. How do your parents and families feel about your decision to adopt?
13. Could you turn down or reject your newborn adoptive child if you feel uneasy about him or her?
14. How do you express affection toward a child?
15. What are your basic concerns or fears about adopting a child?
16. Could you live comfortably with a child who did not respond as you expected to learning, affection, and discipline?
17. How would you handle conflict in your home?
18. How would you expect to deal with your child's feeling of anger, sadness, insecurity, rebellion, etc.?
19. How do you plan to discipline your child?

20. How would you deal with your adopted child's inquiries as to his or her biological parents or where he or she came from?
21. What do you think a good parent / child relationship is?
22. What should a mother be expected to do?
23. What should a father be expected to do?
24. Define a good sibling relationship.
25. Define the meaning of "Trust" as spouses and between parent and child.

XI COMMUNICATION: Please complete the attached Adoption Expectations form.

XII. LIFE INSURANCE

Husband	Wife
Name _____	_____
Address _____ _____	_____ _____
Phone _____	_____
Beneficiary _____	_____
Amount _____	_____

XII Medical and Health

Husband	Wife
Name _____	_____
Address _____	_____
Phone _____	_____
Extent of Coverage _____	_____
Amount of Deductible _____	_____
Hospital _____	_____
Who is covered _____	_____

CRIMINAL HISTORY / CHILD ABUSE & NEGLECT SCREEN CHECK
CENTRAL REGISTRY CHECK

By signing this application, you are agreeing to submit your names for a criminal history check and Child Abuse and Neglect Screen check Texas licensing standards require that this be done and you should be aware that these checks will provide information dating back at least 20 years. Have either of you ever been arrested or convicted of a crime? If so, please explain and know that each offense is considered on an individual basis and proof of rehabilitation will be required.

FULL NAME, including First, Middle, Last and any other name or aliases used.

HIS Name: _____
DOB: _____ SEX _____ RACE _____

List of cities lived in:

HER Name: _____
DOB _____ SEX _____ RACE _____

List of cities lived in _____

***Please make a copy of this form for any other adult and or person over 14 years of age, living in the home or regularly at the home & have it signed by that person. ***

We authorize A BABY TO LOVE ADOPTION AGENCY to use the above and foregoing information in making a study of our application. We authorize A BABY TO LOVE ADOPTION AGENCY to discuss our file with any agency or adoption consultant involved in our case. (APPLICATION FORM MUST BE SIGNED BY BOTH PARTIES TO BE VALID).

Signature of Husband

Signature of Wife

Dated

Dated

XIV. ADOPTION READINESS

_____ Books _____ Workshops _____ Support Groups _____
Other(explain) _____

ADOPTIVE PARENT / FAMILY TRAINING

Prior to placement, the agency adoption counselor will maintain at least quarterly contact with adoptive applicants to provide education and training in regards to: Bonding with adoptive children, Parenting issues and concerns with adoptive children and or their other children. Special needs children are not addressed here as the agency children to be placed are to be healthy newborns under the age of 6 months of age. Before placing an adoptive child in the adoptive home the adoption counselor will discuss infant basic care and safety issues with the adoptive parents to ensure that the home provides an environment safe for the placement of a newborn infant. Some of the care and safety issues to be covered are, never propping bottles, never placing baby face down in crib or play pen, checking for proper fitting of crib sheets, or other bedding, etc., that might fall on baby's face or hinder it's breathing, and never leaving baby unattended on an unprotected surface or in the bath. Also stressed will be the need for parents of other children to understand that it is not appropriate to expect a child to be responsible for the care of an infant, even for a short while. Firearm and water safety, basic home health and fire safety will be covered and discussed thoroughly.

Adoptive parents will receive recommendations for educational materials at the time of the homestudy. These will include both general adoption topics and specific materials as determined necessary and appropriate to further prepare the applicants for becoming a family through adoption. Adoptive parents outside of the area will receive this information following a review of their homestudy. When needed they will be provided with names and phone numbers of area agencies to assist them in getting the training they need in preparation for placement. **Any training provided by the agency will be at agency expense. Any outside training is to be paid for by the adoptive parents.** Adoptive parents may be required to obtain additional training in preparing for a placement as a recommendation for approval in the homestudy. This will be clearly defined as to the issues to be addressed and the means to accomplish this. This might include, counseling to determine resolution of grief over the loss of a biological child.

Parenting and basic care of an infant, bonding with an adoptive child, child proofing a home, infant CPR training will be provided to adoptive parents directly through the agency and at agency expense. Information on workshops, seminars and support groups in the community as well as organizations on the local and national level will be provided to adoptive parents but they must pay for their own classes and or memberships.

The Agency requires that adoptive parents exhibit sufficient knowledge of adoption issues in preparation for placement. Requirements for approval may include any of the above modalities to increase knowledge and understanding of adoption issues. Quarterly contact with adoptive parents will be maintained in regard to their education and readiness, i.e. bonding and parenting issues, and will be documented in their adoptive parent service plan.

OUTLINE FOR ADOPTIVE PARENTS' AUTOBIOGRAPHIES

In order to establish background material, an autobiography is needed from both adoptive parents. We would like for each of you to write your own autobiography, not sharing it with your spouse. Please write in narrative form rather than short sentences. We realize it is difficult for some people to express themselves in writing; therefore, please do not concern yourselves with correct grammar or spelling, as it is the content that we are interested in.

Please include the following information in your autobiography:

Your Childhood, Place of Birth, and Date

What is the ethnic origin of your family?

Describe your parents and your relationship with them. Tell about your parent's employment and level of education. What were your parents' occupations during your childhood years? How many brothers and sisters did you have? What position were you in the family (oldest, middle, youngest)?

Who disciplined you the most, what form of discipline was used, and for what misbehavior was it used?

Describe some unpleasant childhood memories.

What memories do you have about school?

Did you have any relatives with whom your family spent a lot of time, such as holidays, etc.? Describe any favorite relatives you had.

What values did your mother and father try most to impress upon you?

Your Teen Years

Describe your school experiences activities, interests, accomplishments, classes, etc.

Describe your relationship with your parents during this time. How were you disciplined and for what types of behaviors?

What do you wish your parents had done differently?

Describe your dating habits. At what age were you allowed to date? What activities did you enjoy?

What responsibilities did you have at home?

How important is education to your parents? How important is education to you?

Did you complete high school? College? Vocational training? Were you ever in the military? What were your likes and dislikes about this period of your life?

Did you join any clubs, groups, or other organizations?

What significant experiences did you have during these years which you feel affected you later on? How did they (it) affect you?

Did you feel the discipline your parents used was appropriate? What would you do differently?

Feelings about own history of abuse, neglect and resolution to experience.

Adulthood

Describe yourself (Your personality, interests and physical description.)

How do you feel about your vocation? (Your likes, dislikes.)

What are some of your individual interests?

What are some of your interests as a couple?

If you could change anything about your current situation what would it be?

Are you a member of any civic groups? If so, what are they, and what is the extent of your involvement?

What is your current state of health? Have you ever had any serious illnesses or operations? Do you have any handicaps?

Have you ever received any counseling or therapy?

What did you gain from it?

How do you feel you have changed over the years of marriage?

How has your spouse changed?

If you have any children:

1. When and where were they born?
2. Are they adopted?
3. Are they in school? What grade? How do they do in school?
4. Describe them briefly: their personalities and interests.
5. What form of discipline is used most often, and which parent is the disciplinarian?

Previous Marriage

Were there children by your previous marriage? If so, where are they now?

Who has custody?

Do you visit them or pay child support?

Why did you and your previous spouse divorce?

ADOPTION EXPECTATIONS

These expectations are used to assist in matching and are considered to be the most important issues in accepting or denying a match.

Applicants' Names: _____

GENDER: A Baby To Love Adoption Agency does not request sonograms for the sole purpose of determining gender. Sonograms are performed for Medical Reasons only!

PLEASE DO ASK FOR A SONOGRAM TO DETERMINE GENDER.

Gender determination by a sonogram is NOT always accurate. Requests for a specific gender will extend your wait time.

_____ Open _____ Male _____ Female

We do not want you to turn down a child at the hospital because of the wrong sex.

BABY'S AGE: RANGE

_____ **Newborn only** _____ **0 - 3 months**

_____ **3 - 6 months**

RACE / ETHNICITY:

- _____ Caucasian
- _____ Caucasian / Hispanic *
- _____ Hispanic
- _____ Caucasian / Asian
- _____ Asian
- _____ Caucasian / African-American Bi-racial
- _____ Other African American Bi-racial
- _____ African American
- _____ Other
- _____ Completely Open To Any Child

*** If you check this box, will you be comfortable with a child that looks more Hispanic than Caucasian?**

HEALTH ISSUES:

If you have any concerns about any conditions, diseases, handicaps or learning disabilities, please consult your physician.

- _____ Healthy ONLY
- _____ Minor correctable handicaps
- _____ Chronic minor handicaps

PREMATURE

- _____ Okay
- _____ Depends
- _____ NO
- _____ Need more time to decide
- _____ Up to 34 weeks gestation okay
- _____ Beyond 34 weeks gestation okay

MULTIPLES

TWINS _____ Would Consider _____ Would Not Consider

RELATIONSHIP WITH BIRTH PARENTS

Semi-open: All of the following contacts will be facilitated through A Baby To Love Adoption Agency.

Prior to placement: _____ Written communication okay
_____ Conference calls with counselor
_____ Face-to-face meetings okay
_____ Willing to attend labor and delivery
_____ Willing to care for baby in hospital

After placement: _____ Agreed to Agency photo requirement
of 6 pictures & letter, 2 times a year
for 5 years
_____ Willing to write letters and send
pictures for _____ years
_____ Phone calls okay
_____ Face-to-face meetings okay
_____ Will accept birthday, Christmas gifts,
etc.

Today many birth mothers will ask for up to 18 years of pictures and letters. You will have more potential matches the longer you are willing to send pictures and letters.

Completely Open Adoptions: Full disclosure of names, addresses and phone number from both parties, no anonymity. **DO NOT CHECK THIS IF YOU ARE NOT 100 % SURE.**

_____ Open Adoption

MOTHER’S SUBSTANCE USE

If you have any concerns about drug or alcohol exposure during pregnancy, please consult your physician.

	Would Consider	Would Not Consider
Smoking	_____	_____
Alcohol	_____	_____
Amphetamines	_____	_____
Marijuana	_____	_____
Cocaine	_____	_____
Heroin	_____	_____

BIRTH FATHER SITUATION

Would Consider

Would Not Consider

Unknown Birth Father _____

This means the Birth Mother may only know his first name and hopefully a Physical description.

Known/Unknown Whereabouts _____

Known Birth Father, but his whereabouts are unknown: she may or may not know him very well.

Known Birth Father _____

Birth Mother knows who Birth Father is and where he is.

KNOWN BIRTH FATHER DOES NOT GUARANTEE MEDICAL AND GENETIC INFORMATION IS KNOWN OR MAY NOT BE AVAILABLE FROM HIM.

PHYSICAL EXAMINATION

NAME: _____
Adoptive Parent

On the _____ day of _____, 20____, I personally examined and found him/her to be free of any communicable diseases.

It is my opinion that this person is in good general physical condition and his/her expected life span should be such that he/she may expect to see a child reach maturity.

Date

Signature of Attending Physician

Printed Name

Address

(_____) _____
A/C Phone #

PHYSICAL EXAMINATION

NAME: _____
Adoptive Parent

On the _____ day of _____, 20____, I personally examined and found him/her to be free of any communicable diseases.

It is my opinion that this person is in good general physical condition and his/her expected life span should be such that he/she may expect to see a child reach maturity.

Date

Signature of Attending Physician

Printed Name

Address

(_____) _____
A/C Phone #

**A BABY TO LOVE
ADOPTION AGENCY**

PHYSICAL EXAMINATION OF A CHILD

NAME: _____
Child's Full Name

On the _____ day of _____, 20____, I personally examined and found him/her to be free of any communicable diseases

It is my opinion that this person is in good general physical condition and his/her expected life span should be such that he/she may expect to see a child reach maturity.

Date

Signature of Attending Physician

Printed Name

Address

(____) _____
A/C Phone #

please make as many copies as needed for # of children in the home

please use this form for any adult or person over the age of 18 years (in the home)

1315 Brookfield Ln. Mansfield, Texas 76063 (817) 477-4347

**A BABY TO LOVE ADOPTION AGENCY
PERSONAL REFERENCE INFORMATION**

Adoptive Parent Name _____

We require 3 Personal References; these may not be filled out by family members.

If this is a second adoption, please call for a different reference form.

1. What is your relationship to this family?
2. How long have you known this family?
_____ Husband _____ Wife _____ As a couple?
3. How would you describe the character of the applicants as a couple and individually?
4. What are their primary interests and activities?
5. What experience have they had with children?
6. If you have children, have you ever left them/would you ever leave them in the care of the above named family? Why or why not?
7. How would you describe their marriage?
Average _____ Exceptional _____ Unhappy _____
Any additional comments:
8. Do you feel that either person has any instability such as drinking, drugs, gambling, poor health, financial, legal or emotional problems?
9. Describe the skills that this family possesses that will be helpful in raising a child by adoption?
10. How would you feel about placing a child in this home if you were responsible his/her future?

This can be answered on a separate sheet and please feel free to add any additional comments.

Signature

Date

Address

Phone #

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Date

Address

Phone #

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Interstate Compact Acknowledgement

We understand that our adoption will be governed by the requirements of the Interstate Compact on the Placement of Children. The Interstate Compact (ICPC) restricts the ability of Texas (the sending state) from placing a child, or authorizing the placement of a child, in any other state (the receiving state,) until Texas has received approval from the ICPC office of the receiving state. These requirements prevent any person, or licensed child-placing agency, from removing a child, or authorizing the removal of a child, from Texas, or any state, without the approval of the receiving state. We understand that when the child is born, we will be required by law to stay in Texas for 7 to 10 working days, excluding weekends and holidays, until approval is granted from the ICPC offices in both states. We understand we need to provide the agency with a number where we can be reached in Texas. After having possession of our child for 72 hours, we understand we can call the agency once a day after 2:00 p. m. to check on ICPC approval. We also understand the agency has no control over delays in ICPC approval. Processing problems in the receiving state, several placement requests received in one day, or even bad weather, may precipitate delays.

We understand that failure to comply with the requirements ICPC will result in criminal and civil remedies being levied against this agency and us. We understand that we have no choice but to follow these regulations.

We, the Adoptive Parents have read, understand and agree to the above information.

Adoptive Parent

Adoptive Parent

Date

Date

INITIALED FOR IDENTIFICATION _____