



ADOPTION HOME STUDY APPLICATION

Application Fee: \$250.00 Non-Refundable
Rush Fee (\$525) due with Application Fee (If applicable)

Father Applicant: (First, Middle, Last) *Aliases: (maiden, religious and/or former married names)

*SSN: *FBI Arrest # (if known) *Armed Forces # (if applicable):

Mother Applicant: (First, Middle, Last) *Aliases: (maiden, religious and/or former married names)

*SSN: *FBI Arrest # (if known) *Armed Forces # (if applicable):

Mailing Address:

City, State: Zip: +

Phone: Home: Business: (father) (mother) Cell/Mobile: (father) (mother)

Email Address: (father) (mother)

Referral Source:

A. IDENTIFYING INFORMATION [All information refers to potential adoptive parent(s)]

Mother

Father

*Birth date:

*Birth date:

*Birth place: (City/County/State)

*Birth place: (City/County/State)

*Race:

*Race:

*(Per FBI requirements - we must conform only to their race categories when completing a National Criminal Background Search - Please use: American Indian/Alaskan Native = I; Asian/Pacific Islander = A; Black = B; White = W and please choose which most closely describes your racial identity)

*US Citizen? Yes No (if No, list country)

*US Citizen? Yes No (if No, list country)

B. PHYSICAL DESCRIPTION

Mother

Father

*Height *Weight

*Height *Weight

*Eyes *Hair

*Eyes *Hair

Please use FBI codes for hair & eye color: EYE: Black BLK; Blue BLU; Brown BRO; Green GRN; Gray GRY; Hazel HAZ; Multi-colored MUL; Pink PNK HAIR: Bald BAL; Blond BLN; Brown BRO; Gray GRY; Black BLK; White WHI; Red RED; Purple PLE

C. HEALTH

List medical conditions or mental health issues for which you have needed treatment and the names and addresses of attending physicians/therapists.

Mother

Father

Three horizontal lines for Mother's health information.

Three horizontal lines for Father's health information.

* Required to comply & conform to required FBI codes and/or information needed for a national fingerprint criminal history search

D. EDUCATION

Mother
Highest Grade Completed: _____
Name/Location of School: _____

Father
Highest Grade Completed: _____
Name/Location of School: _____

E. HOBBIES, SPECIAL INTERESTS, COMMUNITY ACTIVITIES

Mother

Father

F. CURRENT MARRIAGE (if applicable) Date: _____ Place: _____
(City/County & State)

G. PREVIOUS MARRIAGE(s) (if applicable)

Name of Former Spouse: _____
Date/place marriage _____
Date/place of Divorce: _____

Name of Former Spouse: _____
Date/place marriage _____
Date/place of Divorce: _____

H. OTHER HOUSEHOLD MEMBERS – Other than yourself, list those residing in your home

List all **CHILDREN** *under the age of 14* living in your home.

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all **CHILDREN** *14 or older* living in your home (they will have to complete a CPS Registry Search)

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all **CHILDREN** *not* living in the home:

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Grade</u>	<u>Where do they reside?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all other **ADULT** household members (they will have to complete a CPS Registry Search & Criminal History Record search)

*Name: _____ *Aliases: _____
 (First, Middle, Last) (maiden, religious and/or former married names)
 *SSN: ____ - ____ - _____ *FBI Arrest # (if known) _____ *Armed Forces # (if applicable): _____
 *Birth date: _____ *Birth place: _____
 (City/County/State) (City/County/State)
 *Race: _____ *US Citizen? ___ Yes ___ No (if No, list country _____)
 (Use FBI Code from pg.1)
 *Height _____ *Weight _____ *Hair _____ *Eyes _____
 (Use FBI Codes from pg. 1)

*Name: _____ *Aliases: _____
 (First, Middle, Last) (maiden, religious and/or former married names)
 *SSN: ____ - ____ - _____ *FBI Arrest # (if known) _____ *Armed Forces # (if applicable): _____
 *Birth date: _____ *Birth place: _____
 (City/County/State) (City/County/State)
 *Race: _____ *US Citizen? ___ Yes ___ No (if No, list country _____)
 (Use FBI Code from pg.1)
 *Height _____ *Weight _____ *Hair _____ *Eyes _____
 (Use FBI Codes from pg. 1)

~ If necessary, use additional paper to list additional household members~

I. EMPLOYMENT

Mother

Father

Name/Address of Employer

Name/Address of Employer

Zip _____

Zip _____

Position: _____

Position: _____

Date Started: _____

Date Started: _____

J. REFERENCES (List **three** people who are not related to you but have known you well for several years. Then list **one** family member. We will contact references directly.)

Name: _____ Address: _____

City/State _____ Zip _____ Telephone #: _____

Relationship to Applicant(s) _____

Name: _____ Address: _____

City/State _____ Zip _____ Telephone #: _____

Relationship to Applicant(s) _____

Name: _____ Address: _____

City/State _____ Zip _____ Telephone #: _____

Relationship to Applicant(s) _____

Relative Name: _____ Address: _____

City/State _____ Zip _____ Telephone #: _____

Relationship to Applicant(s) _____

K. PREFERRED TYPE OF ADOPTION

_____ Waiting Children: _____ 9 years of age or older _____ Other – please specify: _____

_____ Sibling Group of 2 or more

If you have identified a specific child, please complete the following:

Name: _____ Age: _____

_____ Infant - Parental Placement (Open Adoption):

Are you currently working with an expectant parent? Yes _____ No _____

_____ Infant – Out of State Agency: Name/Location of Agency: _____

_____ Intercountry (6 months of age and older):

_____ China Or _____ Guatemala

Do you plan to use C2's Dossier program? ___Y___N

If no, please list the agency you plan to work with in addition to C2: _____

_____ Other Countries (Please indicate country: _____)

(Home study and Supervision services only – Dossier and Referral services will need to occur thru another agency)

L. ARE YOU CURRENTLY A CLIENT WITH ANOTHER ADOPTION/ PLACEMENT/REFERRAL AGENCY IN THIS STATE OR IN THE U.S.?

____ No ____ Yes (If Yes, _____)
Name And Location Of Agency
coordinators²inc will need to contact the agency

M. HAVE YOU EVER APPLIED TO ANOTHER AGENCY TO ADOPT A CHILD?

____ No ____ Yes (If Yes, _____)
Name And Location Of Agency
coordinators²inc will need to contact the agency

N. HAVE YOU EVER BEEN THE SUBJECT OF AN UNFAVORABLE HOME STUDY?

____ No ____ Yes (If Yes, _____)
Name And Location Of Agency
coordinators²inc will need to contact that agency for details of this home study

O. I HAVE READ AND CONCUR WITH THE FEE SCHEDULE AND POLICY.

(Please initial) ____ Father Applicant ____ Mother Applicant

P. RELEASE OF INFORMATION

We/I give **coordinators²inc** permission to request information for Criminal History Record Request(s). We/I understand that both a state and national criminal background search is required for home study approval per the Code of Virginia and in compliance with VDSS Policy and Licensing Standards. We/I understand that in order to comply, we will be asked to complete fingerprint cards and forms in compliance with FBI standards for completion of the background search.

_____	_____
Signature of Father Applicant	Date
_____	_____
Signature of Mother Applicant	Date

PLEASE ENCLOSE YOUR \$250 (NON-REFUNDABLE) APPLICATION FEE WITH APPLICATION RUSH FEE (\$525) DUE WITH APPLICATION FEE (IF APPLICABLE)

~THANK YOU~

Coordinators²inc complies with all Federal and State statutes relating to non-discrimination.