

|  |
| --- |
|  |
| Prospective adoptive parent |
| Full Name: | SSN: |
| Address: | Date and Place of Birth: |
| Cell Phone Number: | Email: |
| Present Height: | Present Weight: |
| Citizenship: | Race: |
| How did you hear about our agency? |
| Last grade completed and the degree or specialty obtained? |
| Have you ever been reported to the Child Abuse and Neglect Unit/Hotlined?  |
| Do you have Chronic illnesses? Medical or Mental Health Conditions? Medications? (If yes, please detail): |
| Have you been arrested or convicted of a crime? |
| Have you lived in Illinois the last 5 years? |  |
| Have you pursued adoption previously and/or had a home study completed, put on hold, or rejected? |
| prospective adoptive Parent

|  |  |
| --- | --- |
| Full Name: | SSN: |
| Address: | Date and Place of Birth: |
| Cell Phone Number: | Email: |
| Present Height: | Present Weight: |
| Citizenship: | Race: |
| Last grade completed and the degree or specialty obtained? |
| Have you ever been reported to the Child Abuse and Neglect Unit/Hotlined?  |
| Do you have Chronic illnesses? Medical or Mental Health Conditions? Medications? (If yes, please detail): |
| Have you been arrested or convicted of a crime (if yes, please explain)? |
| Have you lived in Illinois the last 5 years and if not, which states? |
| Have you pursued adoption previously and/or had a home study completed, put on hold, or rejected (If yes, please explain)? |

 |
| CHILDREN:

|  |  |  |  |
| --- | --- | --- | --- |
| 1.Full Name:  | Living in the home?  | Adopted or biological? | Sex: |
| DOB: | Any special needs or health concerns: | U.S. Citizen: |

 |
| 2. Full Name: | Living in the home? | Adopted or biological? | Sex: |
| DOB:  | Any special needs or health concerns: | U.S. Citizen: |
| 3. Full Name: | Living in the home? Adopted or biological? | Sex: |
| DOB: | Any special needs or health concerns: | U.S. Citizen |
|  |
| MARRIAGE |
| **Prospective Adoptive Parent** | **Prospective Adoptive Parent** |
| Present Marriage Date:  |
| Place of Marriage: |
| Previous Marriage Date: | Previous Marriage Date: |
| Date of Divorce or Death: | Date of Divorce or Death: |
| EMPLOYMENT |
|  Occupation:  | Occupation: |
|  Place Employed:  | Placed Employed: |
|  Business Address:  | Business Address: |
|  Work Telephone: | Work Telephone: |
| Type of adoption: |
| Type of adoption (please circle): Caritas Agency, Other agency/independent, Relative or Step-parent, Intercountry (please give details if pertinent): |
| Age preference: |
| Races you would consider: |
| Openness you would consider: |
| Birth parent fees you would consider: |
| FINANCIAL INFORMATION-VALUE OF ASSETS |
| **Prospective Adoptive Parent** | **Prospective Adoptive Parent** |
| Salary: | Salary: |
| Commission/Bonus: | Commission/Bonus: |
| Other: | Other: |
| Checking: | Checking: |
| Savings: | Savings: |
| Bonds/stocks: | Bonds/stocks: |
| Retirement: | Retirement: |
| Farm or Property (other than residence): | Farm or Property (other than residence): |
| Child Support Received: | Child Support Received: |
| FINANCIAL INFORMATION-INSURANCE |
| Life Insurance Amount/Type: | Life Insurance Amount/Type: |
| Company: | Company: |
| Medical Insurance Co.: | Medical Insurance Co.: |
| Auto insurance: |  | Type of coverage: |  |
| Home Owners Company and type of coverage: |
| FINANCIAL INFORMATION-Residence |
| Home – Owned: | Home – Rented: |
| Date Purchased: | Date Rented: |
| Monthly Payment: | Monthly Payment: |
| Home’s market value: Amount Owed: |
| FINANCIAL INFORMATION-VEHICLES |
| Car #1 - Make/Model/Year: | Car #2 – Make/Model/Year |
| Purchase Price: | Purchase Price: |
| Monthly Payment: | Monthly Payment: |
| Balance Due: | Balance Due: |
| FINANCIAL INFORMATION-(Other debt including student loans) |
| Creditor: | Balance: Monthly Payment: |
| Creditor: | Balance: Monthly Payment: |
| Creditor: | Balance: Monthly Payment: |
| Creditor: | Balance: Monthly Payment:  |
| Creditor: | Balance: Monthly Payment: |
| Any other Debts: Child Support Paid Monthly: |
| MISCELLANEOUS FINANCIAL INFORMATION |
| Are your assets and liabilities in joint ownership? Explain. |
| Have you ever declared bankruptcy? If so, date/s? |
| Do you have medical coverage that would cover the child at placement? |
| CHURCH (if applicable) |
| Church Name: | Religion: |
| Address: | Name of Pastor: |
| PERSONAL REFERENCES  |
| **1. Name**: | Address: |
| City/State/Zip: | Occupation: |
| Phone: | Email Address: |
| **2. Name:** | Address: |
| City/State/Zip: | Relationship: |
| Phone: | Email Address: |
| **3. Name:** | Address: |
| City/State/Zip: | Relationship: |
| Phone: | Email Address: |
| family references  |
| **1. Name:** | Address: |
| City/State/Zip: | Relationship: |
| Phone: | Email Address: |
| **2. Name:** | Address: |
| City/State/Zip: | Relationship: |
| Phone: | Email Address: |
| EMPLOYER REFERENCES |
| **Prospective Adoptive Parent** | **Prospective Adoptive Parent** |
| Employer: | Employer |
| Address: | Address: |
| Contact Person: | Contact Person: |
| Email: | Email: |
| OTHERS LIVING IN HOME |
| 1. Name: | Name: |
| Relationship: | Age: | Relationship: | Age: |
| Occupation: | Time in Home: | Occupation: | Time in Home: |
| MILITARY EXPERIENCE (IF APPLICABLE) |
| Active or a veteran in the military? | Length & Branch of Service: |
| Type of Discharge: | Disability: |
| Amount: | Reason for Discharge: |
| **WE (I) UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT OBLIGATE THE AGENCY TO PROVIDE ADOPTION SERVICES IF, IN ITS JUDGEMENT, IT IS NO LONGER APPROPRIATE.** Caritas Family Solutions requires all applicants provide us with all information regarding interactions with DCFS, law enforcement, arrests, convictions and any other incident(s). This must include interactions that resulted in charges being dropped or expunged from your permanent record. We require that you inform us of the original charge(s) against you, as well as the final disposition of the charge(s). Failure to disclose information could lead to disqualification of the program. Please state, in narrative form on a separate sheet, a summary of the incident, date of occurrence, place of occurrence, what the charges were, disposition of the charges and penalties applied.I/We understand the importance of providing full, complete and accurate information. I/We understand the importance of keeping the agency advised of changes in our family as we pursue adoption, included but not limited to changes in residence, jobs, the addition of other family members, including the caring of children through foster care, arrests, changes in the family such as a major illness/marriage dissolution, and the use of another agency/attorney for adoption.I/We understand all references (personal, family and employer) will be sent out by Caritas when the application is approved).We agree \_\_\_ or do not agree \_\_\_ information may be exchanged via email. I/We understand Caritas cannot guarantee the security of information exchanged via email communication. |
| SIGNATURES |
| XProspective Adoptive Parent | Date: |
| XProspective Adoptive Parent | Date: |
| XManager of Adoption Program | Date: |