|  |  |
| --- | --- |
|  | Catholic Charities Diocese of ArlingtonPregnancy & Adoption Support3251 Old Lee Highway Suite 402Fairfax, VA 22030 |
| $500 Non-Refundable Application Fee Must Accompany this Application |

# Adoptive Family Application

Type of home study requested: Choose an item.

Date Click here to enter a date.

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant 1** Full Name: |  |  |  |   |  |
|  | *Last* | First | M.I. | DOB |  | D |
| Cell Phone: |  | Email | **f** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SSN: |  | Ethnic Descent: |  | Citizenship: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant 2** Full Name: |  |  |  |  |  |
|  | *Last* | *First* | *M.I.* | *DOB* |  | D |
| Cell Phone: |  | Email | **f** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SSN: |  | Ethnic Descent: |  | Citizenship: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  |  |  | Street Address Apt # |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | City | State | ZIP Code | Home Phone # |

How did you hear about us? Choose an item.

## Marriage

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Current Marriage: |  | Place: |  |

Please list the dates of any previous marriages and dates of divorce below:

## Household Members

As part of the home study process, heath statements, CPS checks for all household members 14 and older, and FBI criminal background checks for household members 18 and older will be required.

|  |  |  |  |
| --- | --- | --- | --- |
| Child Name |   | Gender |  |
| Place of Birth |  | DOB |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child Name |   | Gender |  |
| Place of Birth |  | DOB |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child Name |   | Gender |  |
| Place of Birth |  | DOB |  |

|  |  |
| --- | --- |
| Other Household Member Name |    |
| Relationship |  |
| Occupation |  |

**Please list any additional children or household members and attach to the application.**

## Eligibility

Check all that apply:

|  |  |
| --- | --- |
| [ ]  | Applicant(s) reside in Virginia |
| [ ]  | If married, applicants have been married for at least two years |
| [ ]  | Applicant(s) are in good mental health |
| [ ]  | Applicant(s) are in good physical health with normal life expectancy |
| [ ]  | Applicant(s) are good financial planners |
| [ ]  | Applicant(s) make enough income to adequately meet the costs associated with adoption |
| [ ]  | Applicant(s) make enough income to meet the needs of our adopted child(ren)\*For CCDA Pool Program only: applicants must be ages 21-48**Criminal History Policy:**  |
|  | Has either applicant ever been convicted of a crime? Yes [ ]  No [ ]  |
|  | Has either applicant plead guilty or no contest to a crime? Yes [ ]  No [ ] If yes, please explain: **\*Applicants who have been arrested and convicted of a crime in the past 10 years *will not* be considered,** **including DUI and DWI.**  |

## Finances

Assets

|  |  |  |  |
| --- | --- | --- | --- |
| Home Value | **$** | [ ]  Own Home  |  |
| Car(s) Value | **$** | [ ]  Rent Home |  |
| Additional Property Value | **$** | Amount in Checking Account | **$** |
| Other:  | **$** | Amount in Savings Account | **$** |
| Other:  | **$** | Other | **$** |

Debts

|  |  |  |  |
| --- | --- | --- | --- |
| Credit Card Debt | **$** | Student Loans | **$** |
| Other (debt) | **$** | Other (debt) | **$** |

Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| Monthly Mortgage | **$** | Monthly Rent | **$** |
| Car(s) Payment | **$** | Utilities  | **$** |

Has either applicant declared bankruptcy and/or had a foreclosure?

|  |  |
| --- | --- |
| If so, in what year?  |  |

## Medical Information

Does either applicant have any current condition needing medical attention? Yes [ ]  No [ ]

If so, please explain the diagnosis, treatment plan and how it currently impacts your lifestyle:

Has either applicant had any surgeries or medical conditions in the past that required on-going treatment (not including conditions which were short-term and resolved with treatment)? Yes [ ]  No [ ]

If so, please describe, giving dates, treatment, and how it continues to impact your lifestyle:

Is either applicant taking any medications? Yes [ ]  No [ ]

If so, please describe:

## Employment & Education

Applicant 1

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Length of Employment |  |
| Position: |  | Salary | $ |

|  |  |
| --- | --- |
| Highest Education Obtained |  |
| School/University  |  |
| Year Graduated  |  |

Applicant 2

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Length of Employment |  |
| Position: |  | Salary | $ |

|  |  |
| --- | --- |
| Highest Education Obtained |  |
| School/University  |  |
| Year Graduated  |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

## References

Personal References

Please list three persons well acquainted with you other than relatives, employers or clergy

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Email: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Email: |  | Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Email: |  | Phone: |  |

Employer References

Applicant 1

|  |  |
| --- | --- |
| Full Name: |  |
| Email: |  |

Applicant 2

|  |  |
| --- | --- |
| Full Name: |  |
| Email: |  |

Pastor Reference

If you are actively practicing your faith within your church or religious institution, we will request a reference from the pastor of your church. If you do not know your pastor personally, we recommend scheduling an appointment to discuss your decision to adopt and give the pastor a chance to get to know you.

|  |  |
| --- | --- |
| Name of Church |  |
| Denomination |  |
| Name of Pastor |  |
| Email (preferred) |  |
| Mailing Address |  |

## Placing Agency for International or Interstate Adoptions

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Name:  |  | Phone: |  |
| Address: |  | Worker: |  |

\***Please note that if you are pursuing international adoption, an identified placing agency is recommended prior to beginning the home study.**

**\*Please note other states, countries and adoption agencies have various eligibility requirements. It is the responsibility of the applicants to ensure they meet the requirements of their placing agency, if using one.**

|  |  |  |
| --- | --- | --- |
| Have you ever been involved in the home study process with another agency?  | YES[ ]  | NO[ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of previous agency:  |  | Year |  |
| Was your home study approved?  | YES[ ]  | NO[ ]  |  |
| May we contact them for a reference?  | YES[ ]  | NO[ ]  |  |

## Motivation to Adopt

|  |  |
| --- | --- |
| Tell us a bit about why you are pursuing adoption:  |  |

## Adoption Considerations for all Programs

The responses to the following questions help to determine your appropriateness for our programs. Below are circumstances to consider as you begin your adoption journey.

|  |  |  |  |
| --- | --- | --- | --- |
| **I/We are open to thinking about and discussing the following:**  | YES | POSSIBLY | PROBOBLY NOT |
| No Pre-natal care | [ ]  | [ ]  | [ ]  |
| History of drug and/or alcohol use/abuse during pregnancy | [ ]  | [ ]  | [ ]  |
| Physical limitations such as missing limb, hearing loss, etc. | [ ]  | [ ]  | [ ]  |
| Mental illness in background | [ ]  | [ ]  | [ ]  |
| A child who is age 1-5 | [ ]  | [ ]  | [ ]  |
| A child who is age 5-10 | [ ]  | [ ]  | [ ]  |
| A child who is over the age of 10 | [ ]  | [ ]  | [ ]  |
| A child who has experienced abuse or neglect | [ ]  | [ ]  | [ ]  |
| A sibling set | [ ]  | [ ]  | [ ]  |
| Catholic Charities needs adoptive families for children of different backgrounds, races and cultures. I/We would consider a child whose background is: |
| African-American/Black/African | [ ]  | [ ]  | [ ]  |
| Asian | [ ]  | [ ]  | [ ]  |
| Caucasian | [ ]  | [ ]  | [ ]  |
| East Indian | [ ]  | [ ]  | [ ]  |
| Hispanic | [ ]  | [ ]  | [ ]  |
| Middle Eastern | [ ]  | [ ]  | [ ]  |
| Most of the birthparent’s that we work with are interested in an open adoption, which means exchanging information with the birth family, providing updates on the child and maintaining a mutually agreed upon relationship and contact with one another. This will be discussed in great length as part of your training.*If you are not open to this type of adoption, please request to meet with a worker for an adoption consultation.* Yes Possibly Probably Not |
| Willing to provide updates and pictures to the birth family | [ ]  | [ ]  | [ ]  |
| Willing to meet with the birth family prior to placement | [ ]  | [ ]  | [ ]  |
| Willing to consider ongoing visits and contact with the birth family | [ ]  | [ ]  | [ ]  |

## Disclaimer and Signature

My signature below serves as my consent for Catholic Charities to request a pastor's reference, employer's references, personal references, and information/references from all other agencies to which I have submitted an application. If married, both applicants must sign and date. It also indicates that I have provided truthful information on this application. By the submission and acceptance of this application, and the undertaking of the home study process, I understand that Catholic Charities is not obligated, nor am I obligated, to complete the adoption process. I understand that Catholic Charities may discontinue the process at any time prior to the actual placement of a child in my home without obligation or liability. I also understand that I may choose to discontinue the process at any time during or after completion of the home study. I agree to pay Catholic Charities in accordance with the fee schedule and the services rendered. I understand that no one connected with Catholic Charities can guarantee any applicant a child**. I also understand that the omission of requested information on this application or providing information that is not truthful will be the basis for immediate termination of the home study and placement process.** It is the policy of Catholic Charities that the agency neither solicits or accepts contributions from adoptive applicants during the period of application or before an adoption has been finalized.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant 1 Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant 2 Signature:  |  | Date: |  |

Catholic Charities encourages all applicants to carefully think through the decision to pursue adoption. If you or your spouse is uncertain about moving forward with adoption or about anything contained in this application, please call 703-425-0100 or email adoptinfo@ccda.net to schedule a consultation with an adoption worker. Adoption Readiness Consultations or general consultations are $50 per session.