

Application for Adoption**Leave Blank**

Date Received

Worker

I. Identifying Information

Applicant 1

Applicant 2

Street address or RFD

City

Zip

County

Telephone
()

Directions to home

II. Out-of-State Resident Address Past Five Years

Include applicant and any other adult living in the home.

Name	State	County

III. Children Available for Adoption

The Department of Human Services seeks families who are able to parent children with special needs. Those children may have physical, mental, emotional/behavior disabilities; may be a Caucasian child age eight years or over; may be a minority or biracial child; or may be a member of a sibling group of three or more or a member of a sibling group of two, if one has an additional special need, who need to be placed in a family together. Applicants who wish to apply for an infant will be referred to licensed private child placing agencies.

IV. Type of Child I (We) Can Best Parent

Please indicate the type of child whose need you feel you can best meet as a permanent member of your family.

Sex	Age range	Number of siblings
Physical conditions <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> At risk	Mental retardation <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> At risk	Emotional/behavior problems <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> At risk
Other comments		

V. Factual Information

	Applicant 1				Applicant 2			
Birth date								
Birthplace								
U. S. citizenship	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Physical descriptions	Height		Weight		Height		Weight	
	Eyes		Hair		Eyes		Hair	
Education (last grade completed)								
Race or ethnic background								
Religion								
Marriage	Present				Date			
	Previous marriages				Date			
					Place			
					Place			
Occupation								
Employer								
Work telephone								
Other members in household (adults)	Name				Relationship			
Children (identify relationship)	Name		Birth date		School grade		Biological, foster or adopted	

VI. Acknowledgment

I understand it is my responsibility to notify the Department of any change of address or if I am no longer interested in adoption. I also understand that neither this application nor the completion of the home study guarantees placement of a child.

My signature certifies that I have not been convicted of a crime or have a founded abuse report in any other state and I do not have knowledge that any other adult living in my home has been convicted of a crime or have a founded abuse report in any other state.

Date	Date
Applicant 1 Signature	Applicant 2 Signature
Social Security Number	Social Security Number