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| **PRELIMINARY APPLICATION FORM** |
| Family Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Alternate phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **Applicant 1** |  **Applicant 2** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Date of Marriage: | Number of previous marriages for each applicant:  |  |  |
| Number of children: \_\_\_\_\_\_\_\_\_ | Ages of children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of adopted children:\_\_\_\_\_\_\_\_\_ |
| Do you or your spouse have any current health concerns or history of health issues? \_\_\_\_\_\_\_\_ |
| If yes, please explain: |
| Have you or your spouse ever been treated for depression or mental illness? |
| If yes, please explain: |
| Have you or your spouse been arrested, charged and/or convicted of any criminal offense? |
| If yes, please explain: |
| Have you or your spouse ever been involved with illegal drug use?  |
| If yes, please explain: |
| Have you had a home study done before?  |
| If yes, provide the name and address of previous home study agency: |
| Do you have any previous adoption experience? If yes, provide the date. |
| Have you ever experienced an unsuccessful adoption? If yes, please explain: |
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| What type of child are you interested in adopting? |
| Boy | Girl | Either |
| Age: |
| Siblings? | Yes | No |
| Waiting child? | Yes | No |
| Please share your reasons for adoption: |
| Will your insurance cover the child upon arrival? | Yes | No |
| Will any pre-existing conditions be covered? | Yes | No |
| How did you hear about our agency? |
| **STATEMENT OF UNDERSTANDING** |
| To the best of my/our knowledge, the attached information is true. |
| I/We understand that the application fee of $25.00 is non-refundable, and that it does not  |
| guarantee the receipt of a formal application. |
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|  Applicant #1 Signature and Date |  Applicant #2 Signature and Date |
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| **In order to receive information about waiting children, please return your application and $25.00 fee to: A Family in Bloom Adoption, 5426 Ptarmigan Circle, Boulder, CO 80301** |