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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | |  | | | |
| 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: | | | | | | | |
|  | |  | | |  | |
| 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 | | | |
|  | | |  | | | |
| **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** | | | | | | |