

ADOPTION INFORMATION/APPLICATION FOR A CHILD'S DREAM

A \$500.00 application fee made out to A Child's Dream must accompany this application along with a copy of your approved home study and the Interstate Compact on Placement of Children: Rules and Regulations. If your application is not complete, it will not be processed.

(All information will remain confidential unless your permission is granted, in writing, to release part or parts of it.)

Date: _____

Applicant #1 full name: _____

Applicant #2 full name (including maiden): _____

For court papers/legal documents which your full name, do you sign with your middle name or your maiden name? _____

Home address: _____

Home telephone number: (____) _____

Applicant #1 cell/mobile number: (____) _____ Pager (____) _____

Applicant #2 cell/mobile number: (____) _____ Pager (____) _____

Home fax number: (____) _____

E-mail address: _____

Date and place of marriage: _____

Names and birth dates of children of this marriage. State whether adopted or biological.

Who referred you to us? _____

PERSONAL INFORMATION

Please provide pictures in the blocks below:

Picture of yourselves	Picture of your home
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APPLICANT #1: Age and date of birth: _____
Social Security No.: _____ Driver's License No. _____
Race/Nationality: _____
Weight & Height: _____
Education: _____
Occupation: _____
Employer: _____
How long? _____
Office address: _____
Office telephone: _____ Fax _____
Office e-mail: _____
Annual income: _____
Religious preference: _____
Dates of previous marriages and divorces: _____
Children by previous marriages: (ages and custody status) _____

APPLICANT #2: Age and date of birth: _____
Social Security No.: _____ Driver's License No. _____
Race/Nationality: _____
Weight & Height: _____
Education: _____
Occupation: _____
Employer: _____
How long? _____
Office address: _____
Office telephone: _____ Fax _____
E-mail: _____
Annual income: _____
Religious preference: _____
Dates of previous marriages and divorces: _____
Children by previous marriages: (ages and custody status) _____

Are either of you enrolled or eligible for enrollment in any Indian Tribe? What Tribe?

FAMILY BACKGROUND

APPLICANT #1: Father's name: _____
Address: _____
Phone number: _____
Age and occupation: _____

Mother's name: _____
Address: _____
Phone number: _____
Age and occupation: _____

Brothers and/or sisters: Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

APPLICANT #2: Father's name: _____
Address: _____
Phone number: _____
Age and occupation: _____

Mother's name: _____
Address: _____
Phone number: _____
Age and occupation: _____

Brothers and/or sisters: Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

Name: _____
Address: _____
Phone number: _____
Age and occupation: _____
Marital status and spouse's name: _____
Names and ages of children: _____

MEDICAL PROBLEMS

Past or present

Applicant #1: _____

Applicant #2: _____

REFERENCES

Please list three references (we require a total of five) that have written letters on your behalf. Please also enclose all five letters. It is the policy of our agency to call these references to verify that the individual(s) actually wrote the letters.

Name: _____
Address: _____
Phone number: _____

Name: _____
Address: _____
Phone number: _____

Name: _____
Address: _____
Phone number: _____

What other methods are you using to try and adopt? _____

How long have you been trying to adopt? _____

Have either of you ever had psychiatric problems or problems with alcohol or drug abuse? Please explain. _____

Have you applied for a child elsewhere? If so, when and where? What were the results? _____

INFORMATION ON CHILD YOU WISH TO ADOPT

Nationality you would accept:

Caucasian:	_____	Marshall Islands:	_____
Hispanic:	_____	Hispanic mix:	_____
African American:	_____	African American mix:	_____
Asian/Oriental:	_____	Asian/Oriental mix:	_____
Hawaiian	_____	Hawaiian mix	_____
Other:	_____		

Would you accept:

An older child? _____

To what age? _____

More than one older child if siblings? _____

A child with a correctable medical condition? _____

A child with a cleft lip/cleft palate? _____

A child with a non-correctable medical condition? _____

If yes, please explain any limitations: _____

Would you accept a child whose biological parent(s):

Were drug addicted? _____

Had previously used drugs? _____

Had previously been drug addicted? _____

Were presently using alcohol? _____

Were alcohol addicted? _____

Had previously been alcohol addicted? _____

Had not finished high school? _____

Had not finished college? _____

Had criminal convictions? _____

Had mental illness? _____

Would you accept an open adoption, where the birth parent(s) know your names and possibly meet with you periodically after the birth of the baby? _____

Would you accept a semi-open adoption? _____

Our agency requires you to send pictures of the child, through our office, on a yearly basis. Are you willing to do so? _____. Would you be willing to send pictures and/or letters more often? _____

YOUR HOME

Do you own or rent your home? _____
If own, value of home: _____
Mortgage left on home: _____
Rent or house payment: _____

FINANCES

List your assets: _____

Liabilities: _____

Do you have health insurance? _____
Life insurance? How much? _____

GENERAL QUESTIONS

How much are you willing and able to spend on an adoption? _____

Why do you wish to adopt a child? _____

Have you ever been convicted of a felony? If so, please explain: _____

Any other comments or information you would like to add: _____

A Child's Dream places children with both single professionals and couples. Couples must be legally married for two years. If married and either applicant have been divorced, the agency prefers they be married for five years. Priority is given to the religious preferences of the birth parent(s) in selecting an adoptive family.

SIGNATURES:

Applicant

Date

Applicant

Date

A Child's Dream

A Licensed Child-Placing Agency

Mailing Address:
P.O. Box 680
Poulsbo, WA 98370

e-mail: amadoptions@comcast.net
OFF: 360-598-6533
FAX: 360-598-3454

Interstate Compact on Placement of Children: Rules and Regulations.

After the birth parent(s) rights are relinquished, the Agency will receive legal custody of the child (ren). Upon placement of the child (ren) and delivery of the temporary custody order to you, the ICPC process will begin.

The Agency (where the child is born) files all proper documents with the Interstate Compact Office, via Priority Mail, The Interstate Compact Office will then approve the adoption and your packet will be sent, via Priority Mail, to your state's Compact office. Your state Compact office legally has thirty days in which to act on approving your adoption and allowing you to return to your home state. In most cases, this will be done within seven to ten business days (not including weekends or holidays); however, there is NO guarantee that you will be home within that period of time. Each adoption file is unique. Each State Compact Office is different, and some states take longer to process the paperwork than others.

When your state Compact office contacts the sending state Compact office with approval for you to travel, the Compact Officer will call our office. We, in turn will call you **immediately**. Be sure and leave your hotel information or points of contact with our office staff, along with your direct telephone number, cell phone, pager, etc., if you have one.

ICPC offices and officers request that the Agency and the adoptive parent(s) DO NOT contact them for status reports. Please note that this request will be strictly adhered to and therefore the Agency **will not call** your Compact office and ask for confirmation regarding the status for you to go into your state. We all must wait on the state entities to process the documentation and respond accordingly. Also, please keep in mind that if you do not obey the terms of the Interstate Compact law (i.e. leaving the state before approval), you could be subject to prosecution.

If have any questions regarding Interstate Compact, please do not hesitate to call our office at (360) 598-6533.

Please acknowledge the above mentioned by signing and returning this document along with your application. If this document is not returned with your application, the agency will not process your application.

DATED this _____ day of _____ 20_____

Adoptive Applicant

Adoptive Applicant