APPLICATION FOR ADOPTION OF A CHILD

I. IDENTIFYING INFORMATION

APPLICANT 1

Last Name	First Name	Middle Name	Date of Birth	Gender	Race/Ethnicity

Maiden Name	AKA's	Place of Birth

Driver License Number	Social Security Number	Level of Education	Marital Status:
		☐ 8th Grade	☐ Married ☐ Domestic Partnership ☐ Legally Separated
Occupation	Employer's Name and Address	☐ High School Graduate	☐ Single ☐ Widowed ☐ Divorced
		☐ GED Graduate	Annual Income: $_____
		☐ Trade/Vocational Graduate	☐ Earnings ☐ Retirement
Work Telephone Number	Cell Telephone Number	☐ 2 Year College Graduate	☐ Public Assistance ☐ SSI/Social Security
( )	( )	☐ 4 Year College Graduate	☐ Support Payments ☐ Other Income:
Email Address		☐ Post Graduate	$_____

APPLICANT 2

Last Name	First Name	Middle Name	Date of Birth	Gender	Race/Ethnicity

Maiden Name	AKA's	Place of Birth

Driver License Number	Social Security Number	Level of Education	Marital Status:
		☐ 8th Grade	☐ Married ☐ Domestic Partnership ☐ Legally Separated
Occupation	Employer's Name and Address	☐ High School Graduate	☐ Single ☐ Widowed ☐ Divorced
		☐ GED Graduate	Annual Income: $_____
		☐ Trade/Vocational Graduate	☐ Earnings ☐ Retirement
Work Telephone Number	Cell Telephone Number	☐ 2 Year College Graduate	☐ Public Assistance ☐ SSI/Social Security
( )	( )	☐ 4 Year College Graduate	☐ Support Payments ☐ Other Income:
Email Address		☐ Post Graduate	$_____

APPLICANT(S) ADDRESS

Home Address	City	County	Zip Code	Home Telephone Number
				( )

Mailing Address	City	County	Zip Code

II. MARITAL HISTORY

Date of Current Marriage/Domestic Partnership	Place of Marriage/Domestic Partnership (City and State)	☐ Marriage ☐ Domestic Partnership

Former Marriages	Names of Former Spouses	Marriage Date & Place	Divorce Date & Place	Death Date & Place
Applicant 1				
Applicant 2				

III. CRIMINAL HISTORY

	Applicant 1	Applicant 2
A. Have you ever been arrested for an offense other than a minor traffic violation?	☐ Yes ☐ No	☐ Yes ☐ No
B. Have you ever been convicted of a crime in California? You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.	☐ Yes ☐ No	☐ Yes ☐ No
C. Have you ever been convicted of a crime in another state, federal court, military or a jurisdiction outside of the U.S.? Criminal convictions from another state or federal court are considered the same as criminal convictions in California.	☐ Yes ☐ No	☐ Yes ☐ No
D. Have you ever been reported to Children's Protective Services or Law Enforcement for alleged child abuse, neglect or abandonment?	☐ Yes ☐ No	☐ Yes ☐ No
E. Other states resided in within last five years.	_____	_____
	_____	_____

IV. CHILDREN OF APPLICANT(S)

MINOR CHILDREN OF APPLICANT(S)

Full Name	Date of Birth	Gender	Lives in Home **Yes/No**	Do you Financially Support Child **Yes/No**	Related to:	Adopted **Yes/No**
					☐ Applicant 1 ☐ Applicant 2	
					☐ Applicant 1 ☐ Applicant 2	
					☐ Applicant 1 ☐ Applicant 2	
					☐ Applicant 1 ☐ Applicant 2	
					☐ Applicant 1 ☐ Applicant 2	

ADULT CHILDREN OF APPLICANT(S)

Full Name	Date of Birth	Gender	Lives in Home **Yes/No**	Do you Financially Support Adult Child **Yes/No**	Related to:	Address/Phone Number	Adopted **Yes/No**
					☐ Applicant 1 ☐ Applicant 2		
					☐ Applicant 1 ☐ Applicant 2		
					☐ Applicant 1 ☐ Applicant 2		
					☐ Applicant 1 ☐ Applicant 2		
					☐ Applicant 1 ☐ Applicant 2		

V. OTHER PERSONS IN THE HOME ADULT(S) AND/OR MINOR(S)

Full Name	Date of Birth	Relationship to Applicant(s)

VI. FOSTER CARE/ADOPTION HISTORY

1. **Are you licensed for foster care?** ☐ Yes ☐ No
   If yes, check one: ☐ **County** ☐ **State/CCL**
2. **Are you certified for foster care with a Foster Family Agency (FFA)?** ☐ Yes ☐ No
   If yes, name of Agency(s):_____
3. **Were you previously licensed or certified for foster care?** ☐ Yes ☐ No
   If yes, name of Agency(s):_____
4. **Have you previously applied for adoption?** ☐ Yes ☐ No
   If yes, name of Agency(s): _____

VII. CHILD DESIRED

IF A CHILD HAS BEEN IDENTIFIED:

Is child currently in the home? ☐ Yes ☐ No

Full Name	Date of Birth	County of Dependency	Date of Placement or Future Date to be Placed	Relationship to Applicant(s)	Education (Name & Address of School & Grade)

IF CHILD HAS NOT BEEN IDENTIFIED, PLEASE INDICATE YOUR PREFERENCES:

Age(s)	Gender	Ethnicity	Sibling (Group of)	Check All Conditions that You are Willing to Accept	
☐ 0 to 3 yrs. ☐ 4 to 8 yrs. ☐ 9 to 12 yrs. ☐ 13 to 15 yrs. ☐ 16 to 18 yrs.	☐ Male Only ☐ Female Only ☐ No Preference	☐ Caucasian ☐ Hispanic ☐ African/Amer ☐ Asian ☐ Native American ☐ Other	☐ 2 ☐ 3 ☐ 4 ☐ 5 or more	☐ History of Physical Abuse/ Neglect ☐ History of Sexual Abuse ☐ History of Mental Illness ☐ Medically Fragile ☐ Physically Disabled ☐ Intellectually Challenged	☐ Learning Disabled ☐ Alcohol/Drug Exposed ☐ Oppositional/Defiant Behavior ☐ Adverse Parental Background ☐ Different Religious Faith ☐ Different Ethnic and/or Cultural Background

VIII. REFERENCES

Please list the name, address and telephone numbers of four individuals who have knowledge of your home environment, lifestyle and capability to be an adoptive parent. At least two of these must be unrelated to you.

Name	Telephone Number	Mailing Address/City/State/Zip

Provide Directions To Your Home:

I/We affirm that the information provided on this form is true and correct to the best of my/our knowledge.

In signing this application, I/we understand that the completion of routine forms will be required of my/our references, physician, and employer and that my/our financial and marital status will be verified and a criminal background check will be conducted.

SIGNATURE OF APPLICANT 1	DATE
SIGNATURE OF APPLICANT 2	DATE