



# Nathanson

Adoption Services

The Homestudy Agency

Amie Bouchat, Agency Director

## APPLICATION FOR ADOPTION SERVICES

Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_  
street city zip

Email Address \_\_\_\_\_

Directions to your home from the nearest interstate \_\_\_\_\_

If you need more space to answer a question, please attach a separate sheet of paper.

How did you hear about us? \_\_\_\_\_

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### Adoptive Parent 1

Name \_\_\_\_\_

SS# \_\_\_\_\_

Birth date \_\_\_\_\_ Place \_\_\_\_\_

US Citizen? \_\_\_\_\_

Ethnic Origin \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Color of: \_\_\_\_\_

Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Complexion \_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_  
Last Year Completed / Degree

Colleges Attended and Dates: \_\_\_\_\_

\_\_\_\_\_  
Occupation

Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_

Salary \_\_\_\_\_ Other Income \_\_\_\_\_

\_\_\_\_\_  
States of residence for the past 5 years:

### Adoptive Parent 2

Name \_\_\_\_\_

SS# \_\_\_\_\_

Birth date \_\_\_\_\_ Place \_\_\_\_\_

US Citizen? \_\_\_\_\_

Ethnic Origin \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Color of: \_\_\_\_\_

Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Complexion \_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_  
Last Year Completed / Degree

Colleges Attended and Dates: \_\_\_\_\_

\_\_\_\_\_  
Occupation

Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_

Salary \_\_\_\_\_ Other Income \_\_\_\_\_

\_\_\_\_\_  
States of residence for the past 5 years:

Date and Location of Marriage \_\_\_\_\_

If previously married, list name(s) of previous spouse(s), date(s) of marriage(s), and date(s) of divorce or death of spouse. List all children from previous marriages/relationships.

\_\_\_\_\_  
\_\_\_\_\_

Adoptive Parent 1's Health (include any medical problems in the last ten years)

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Adoptive Parent 2's Health (include any medical problems in the last ten years)

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Have either of you been treated for substance abuse and/or have either of you been treated by a mental health professional? (If yes, describe circumstances)

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Do you plan to immunize your child? Yes  No

Type of Adoption (circle one): Domestic International Country selected? \_\_\_\_\_

Name/address of Adoption Agency/Attorney \_\_\_\_\_

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Are you adopting from DSS/Foster Care? Yes  No

Insurance	Kind	Amount	Beneficiary
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Assets	Kind (Bank Accounts, Stock Portfolio, etc.)	Total
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Home – Apartment or House? \_\_\_\_\_ Rent or Mortgage Monthly Payment \_\_\_\_\_

Approximate Value of Property \_\_\_\_\_ Amount Left on Mortgage \_\_\_\_\_

Current Debts: Item Amount

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Have you ever declared bankruptcy? If yes, please explain \_\_\_\_\_

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List all members of your household, including children, and their birth dates \_\_\_\_\_

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Have either of you been arrested? If yes, please explain \_\_\_\_\_

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Have either of you been denied approval of a pre-placement assessment? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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Have either of you ever been the subject of an investigation by Child Protective Services? \_\_\_\_\_

If yes, explain (additional homestudy fees apply) \_\_\_\_\_

We hereby certify that the information furnished in this application is true and accurate. We agree to notify Nathanson Adoption Services if we become the subject of any Child Protective Services Assessment prior to the entry of the Final Decree of Adoption.

\_\_\_\_\_  
Adoptive Parent 1 (Date)

\_\_\_\_\_  
Adoptive Parent 2 (Date)