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A licensed, non-profit adoption agency

Application for Adoption Services

To be submitted with non-refundable Application Fee of \$200

Full Name of Applicant: _____

Full Name of Co-Applicant (if any): _____

Address: _____

Home Phone: _____

Applicant Cell phone number: _____

Co-Applicant Cell phone number: _____

Applicant Email Address: _____

Co-Applicant Email Address: _____

Are Applicant and Co-Applicant married or registered domestic partners? _____

Date of marriage or registration of domestic partnership: _____

Place of marriage or registration of domestic partnership: _____

Additional Information Regarding Applicant:

Age and Birthdate: _____

Birthplace: _____

Gender: _____

Citizenship: _____

Religion: _____

Highest Degree Achieved and from where: _____

Employer/Occupation: _____

Annual Income: _____

Have you been married or in a registered domestic partnership before (other than present marriage or domestic partnership)? yes no.

If yes, list the dates and places of each marriage or registered domestic partnership, and state the way in which each marriage ended or registered domestic partnership (divorce, death) and the date and place of the end of each marriage or registered domestic partnership: _____

The following information helps us when doing backgrounds checks:

Height/Weight: _____

Eye Color: _____

Race: _____

All other names ever used (including maiden names, former married names, nicknames): _____

Please tell us the cities and states that you have lived since the age of 18: (attached additional page if necessary)

Address: _____ From: _____ To: _____

Address: _____ From: _____ To: _____

Address: _____ From: _____ To: _____

Additional Information Regarding Co-Applicant:

Age and Birthdate: _____

Birthplace: _____

Gender: _____

Citizenship: _____

Religion: _____

Highest Degree Achieved and from where: _____

Employer/Occupation: _____

Annual Income: _____

Have you been married or in a registered domestic partnership before (other than present marriage or domestic partnership)? yes no.

If yes, list the dates and places of each marriage or registered domestic partnership, and state the way in which each marriage ended or registered domestic partnership (divorce, death) and the date and place of the end of each marriage or registered domestic partnership: _____

The following information helps us when doing backgrounds checks:

Height/Weight: _____

Eye Color: _____

Race: _____

All other names ever used (including maiden names, former married names, nicknames):
Please tell us the cities and states that you have lived since the age of 18: (attached additional page if necessary)

Address: _____ From: _____ To: _____

Address: _____ From: _____ To: _____

Address: _____ From: _____ To: _____

Other Information We Need

Information Regarding Children You Have:

Provide the names, birthdays, and genders of each child of the Applicant and Co-Applicant. For each child, indicate who are the parents of the child, whether the child was born to you or adopted, and if adopted from what country and using what agency. Also, for each child, describe any custody, visitation and child support arrangements which may apply: _____

Information About Other Adults in Your Home:

If there are other adults living in your home, tell us their names, ages, gender and relationship to you: _____

Background questions:

Please tell us whether you or anyone else in your household has a history of substance abuse, or any significant medical, mental or physical illness. If so, please tell us about any treatment you have received and/or continue to receive:

Please tell us whether anyone in your home ever been arrested, accused of any crime or of child abuse or neglect or domestic violence, or charged with any crime or with child abuse or neglect or domestic violence? If so, please tell about the charge or accusation in detail, including dates and jurisdictions, and the resolution, if any:

Has anyone in your household ever received a homestudy report recommending that adoption not be allowed, or worked with a homestudy provider or adoption agency who has indicated to you verbally or in writing that they would not approve you for adoption? If so, please give us a copy of the homestudy, or if no homestudy was completed, please explain the reasons given for your not being approved for adoption:

You should also feel free to provide any explanation that you feel is pertinent, including an explanation as to how circumstances have changed in your life or household since you received the previous homestudy report or since you were rejected for adoption:

Information About the Child or Children You Hope to Adopt

What race or races of child would you consider adopting? (Please list, for example, full Caucasian, full Hispanic, full African American, full Asian American, etc.; mixed race Caucasian and Hispanic, Caucasian and African American, etc.; or any race or mix of races, etc.)

Do you want to be able to specify the gender of the child you will adopt? _____

What age of child are you interested in adopting:

Are you interested in adopting more than one child at a time? _____

Have you considered, or do you wish to consider, adopting a child with known special medical or emotional needs? _____

What are your feelings about having some amount of on-going contact with your child's birth mother or birth parents?

Have you decided whether to seek a placement through a particular adoption agency or attorney, and if so, which one?

Miscellaneous

How did you hear about our agency? _____

We certify that the information provided in this Application for Adoption Services is true and complete.

Applicant Signature Date

Co-Applicant (if any) Signature Date