



A CHOSEN CHILD, INC. APPLICATION

Please fill out the information below and return the original, signed, Application and your non-refundable application fee of \$500 to cover the processing of your application. Upon receipt, you may be considered by A Chosen Child, Inc. (ACC) for placement of a child. Answer questions on additional sheets of paper if there is not enough room and attach hereto. If any significant personal information has been withheld or misrepresented, and we should learn of it at a subsequent date, ACC reserves the right to discontinue processing your application and/or home study and/or revoke approval thereof, if applicable. If your application is revoked, all fees paid as of the date of written revocation are non-refundable. You should discuss any unusual information with us at the earliest opportunity, so that we can determine if the information will in any way interfere with your family goals.

* Please include a photo of your family with this application so we can identify you more easily *

GENERAL INFORMATION:

DATE: _____

Street City County State Zip

Home Phone: _____ Blog/Facebook/Twitter address: _____

Work (Prospective Father): _____ Work (Prospective Mother): _____

Cell (Prospective Father): _____ Cell (Prospective Mother): _____

Email (Prospective Father): _____ Email (Prospective Mother): _____

Emergency Contact Person & Telephone Number(s) (in the event we are unable to reach you at above numbers):

Name: _____ Relationship: _____

Telephone No(s): _____

How did you hear about A Chosen Child? _____

Prospective Adoptive Parent 1

Full Legal Name: _____

DOB: _____ SSN: _____ Birth Place: _____

Race: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ U.S. Citizen? YES _____ NO _____

If naturalized, give place, date and certificate number: _____

Education: (Highest level achieved) _____ Date of Degree/Diploma: _____

Employer: _____ Position: _____

Annual Income: _____ Date(s) of Employment: _____

Present Marriage Date: _____ City/State: _____

Total # of Previous Marriages: _____ Date(s) previously married: _____

Previous Marriage: Former Wife's Name: _____

City/State/County Terminated: _____

Date & reason for the end of the marriage, i.e., divorce or death: _____

Religion/Denomination: _____ Church/Temple Affiliation: _____

Prospective Adoptive Parent 2

Full Legal Name: _____

Full Maiden Name: _____

Previous Married Name: _____

DOB: _____ SSN: _____ Birth Place: _____

Race: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ U.S. Citizen? YES _____ NO _____

If naturalized, give place, date and certificate number: _____

Education: (Highest level achieved) _____ Date of Degree /Diploma: _____

Employer: _____ Position: _____
Annual Income: _____ Date(s) of Employment: _____
Total # of Previous Marriages: _____ Date(s) previously married: _____
Previous Marriage: Former Husband's Name: _____
City/State/County Terminated: _____
Date & reason for the end of the marriage, i.e., divorce or death: _____
Religion/Denomination: _____ Church/Temple Affiliation: _____

In what religion do you intend to raise the child? _____

FAMILY (List all other persons living in your home, include children, relatives, boarders, roommates and employees.)

Name	Age	Sex	Race/Ethnicity	Relationship	School Grade/Occupation	Biological/Adopted

Other Children (not living in the home, including adult children):

Name	Age	Sex	Race/Ethnicity	Relationship	School Grade/Occupation	Biological/Adopted

RESIDENCES

Please list all residences for the last five years and the time period you resided at each address listed:

HOME STUDY

Have you ever been denied an approval of a home study? Yes _____ No _____ If *yes*, please attach explanation.
Do you currently have a home study or are you in the process of having your home study prepared by another Agency/Home Study Provider? Yes ____ No _____. If you answered *Yes*, please complete the following:

Home Study Agency/Provider

Name: _____
Address: _____
Phone: _____ Fax: _____ Contact name: _____
Date of Home Study(s): _____

CHILD REQUESTS/PREFERENCES

Would you be willing to travel to another state to receive a child? Yes: _____ No: _____

Gender of Child: _____ Age of Child: _____ Would you be interested in twins? _____
(Male, Female, Either) (infant - age) (yes/no)

Please check any of the following race/ethnicity of the child you would consider adopting:

____ Caucasian _____ Hispanic _____ African American (AA) _____ Asian
____ Caucasian/Hispanic _____ Hispanic/AA _____ AA/Asian _____ Caucasian/Asian
____ Caucasian/AA _____ Hispanic/Asian _____ Native American _____ Multi-racial

Please indicate which of the following you are open to - please don't leave any blank:

Correctable special needs (medical condition requiring treatment) Yes _____ No _____ case by case _____

Serious or permanent special needs Yes _____ No _____ case by case _____

Birth Mother Substance use:

Cigarettes Yes _____ No _____ limited use _____ regular use _____ heavy use _____ case by case _____
Alcohol Yes _____ No _____ limited use _____ regular use _____ heavy use _____ case by case _____
Marijuana Yes _____ No _____ limited use _____ regular use _____ heavy use _____ case by case _____
Cocaine Yes _____ No _____ limited use _____ regular use _____ heavy use _____ case by case _____
Crack cocaine Yes _____ No _____ limited use _____ regular use _____ heavy use _____ case by case _____
Heroin Yes _____ No _____ limited use _____ regular use _____ heavy use _____ case by case _____
Crystal Meth Yes _____ No _____ limited use _____ regular use _____ heavy use _____ case by case _____
Methadone Yes _____ No _____ limited use _____ regular use _____ heavy use _____ case by case _____

Prescription Medications:

Anti Depressants Yes _____ No _____ case by case _____
Anti Anxiety Yes _____ No _____ case by case _____
Pain Medications Yes _____ No _____ case by case _____

Diagnosed Mental Health issues with the Birth Parents, if known:

Depression Yes _____ No _____ case by case _____
Bipolar Yes _____ No _____ case by case _____
Schizophrenia Yes _____ No _____ case by case _____
Other Yes _____ No _____ case by case _____

Medical Issues with the Birth Parents, if known:

Hepatitis C Yes _____ No _____ case by case _____
STD's Yes _____ No _____ case by case _____
Sickle Cell Trait Yes _____ No _____ case by case _____
HIV Yes _____ No _____ case by case _____
Epilepsy Yes _____ No _____ case by case _____

OTHER INFORMATION

If you answer Yes to any of the following three questions, please explain circumstances on a separate sheet of paper.

Have either of you ever been arrested? Yes _____ No _____

Has a complaint ever been filed against either of you for child abuse or neglect? Yes _____ No _____

Are you working with any other agencies/attorneys: Yes _____ No _____

If Yes, which one(s)? _____

Do you prefer the adoptive situation to be: Closed _____ Open _____ Partially Open/Closed _____

Do you have a medical health insurance plan that will also include the adopted child? Yes _____ No _____

How much have you set aside for your TOTAL Adoption? \$ _____

Do you have other financial resources to assist you with your plan to adopt? _____

I/WE ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Prospective Adoptive Parent's Signature

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