

JEWISH SOCIAL SERVICE AGENCY/ADOPTION OPTIONS

APPLICATION – MARRIED APPLICANTS

DATE OF APPLICATION: _____

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APPLICANT# 1 FULL NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

PASSPORT NO: _____
(NEEDED IF THIS IS AN INTERNATIONAL ADOPTION)

APPLICANT # 2 FULL NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

PASSPORT NO: _____
(NEEDED IF THIS IS AN INTERNATIONAL ADOPTION)

HOME ADDRESS

COUNTY: _____

PHONES

HOME: _____

BUSINESS APPLICANT #1: _____

CELL APPLICANT #1: _____

EMAIL APPLICANT #1: _____

BUSINESS APPLICANT #2: _____

CELL APPLICANT #2: _____

EMAIL APPLICANT #2: _____

IS THIS A DOMESTIC OR INTERNATIONAL ADOPTION

YES _____ NO _____

IF YES, FROM WHICH COUNTRY: _____

DO YOU HAVE A PLACING AGENCY

YES _____ NO _____

IF YES, WHAT IS THE NAME OF PLACING AGENCY: _____?

ADDRESS:

PHONE: _____ **FAX:** _____

EMAIL: _____

CONTACT PERSON: _____

MARRIAGE

DATE OF MARRIAGE: _____

PLACE: (CITY, COUNTY, STATE)

HAS EITHER HAD A PREVIOUS MARRIAGE?

#1 _____ #2 _____

IF SO, GIVE FULL NAME OF PREVIOUS SPOUSE, DATE AND PLACE OF MARRIAGE, DATE AND PLACE OF TERMINATION, HOW TERMINATED: PLEASE PROVIDE A COPY OF YOUR DIVORCE DECREE FOR THE RECORD.

DESCRIPTION OF APPLICANTS

APPLICANT #1

APPLICANT #2

BIRTH DATE: _____

BIRTH PLACE: _____
(CITY, COUNTY, STATE)

ARE YOU A U.S. CITIZEN? (IF NATURALIZED, GIVE PLACE, DATE, CERTIFICATE #) _____

RELIGION: _____

RACE: _____

NATIONALITY/DESCENT: _____

HEIGHT: _____

WEIGHT: _____

HAIR: _____

EYES: _____

COMPLEXION: _____

HEALTH

LIST NAMES AND ADDRESSES OF ATTENDING PHYSICIANS:

APPLICANT #1:

APPLICANT #2:

FAMILY PHYSICIAN:

LIST ANY SIGNIFICANT MEDICAL AND/OR PSYCHIATRIC PROBLEMS FOR WHICH YOU HAVE RECEIVED TREATMENT. LIST NAMES AND ADDRESSES OF ATTENDING

PHYSICIANS:

APPLICANT #1:

APPLICANT #2:

PHYSICIAN TREATING INFERTILITY:

EDUCATION

	<u>APPLICANT #1</u>	<u>APPLICANT #2</u>
LIST SCHOOLS, DATES ATTENDED, DEGREES BEGINNING WITH HIGH SCHOOL:	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>

EMPLOYMENT

**NAME AND ADDRESS OF
CURRENT EMPLOYER:
GIVE COMPLETE
ADDRESS**

_____	_____
_____	_____
_____	_____

TITLE/POSITION:

_____	_____
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DATE JOB STARTED:

_____	_____
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ANNUAL SALARY:

_____	_____
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WORK HISTORY LAST TEN YEARS. BEGIN WITH MOST RECENT EMPLOYMENT: (USE ADDITIONAL SHEET IF NECESSARY OR SUBMIT RESUME.)

**NAME/ADDRESS OF
EMPLOYER:**

_____	_____
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TYPE OF WORK:

_____	_____
-------	-------

DATES OF EMPLOYMENT:

_____	_____
-------	-------

**NAME/ADDRESS OF
EMPLOYER:**

_____	_____
-------	-------

TYPE OF WORK:

_____	_____
-------	-------

DATES OF EMPLOYMENT:

_____	_____
-------	-------

**NAME/ADDRESS OF
EMPLOYER:**

_____	_____
-------	-------

TYPE OF WORK:

_____	_____
-------	-------

DATES OF EMPLOYMENT:

_____	_____
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CHILDREN

PLEASE LIST ALL CHILDREN INCLUDING THOSE FROM THIS OR ANOTHER MARRIAGE:

<u>NAME</u>	<u>SEX</u>	<u>BIRTHDATE</u>	<u>ADOPTED</u>	<u>CUSTODY</u>	<u>IF DECEASED</u> <u>DATE AND CAUSE</u>
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HOME

DESCRIBE YOUR HOME:

DO YOU:

OWN () RENT ()

WATER/SEWER SYSTEM: PUBLIC () PRIVATE ()

IF PRIVATE, DESCRIBE: _____

INSURANCE

	<u>APPLICANT #1</u>	<u>APPLICANT #2</u>
COMPANY/AMOUNT OF LIFE INSURANCE:	_____	_____
	_____	_____
	_____	_____
BENEFICIARY:	_____	_____
HEALTH INSURANCE:	_____	_____
	_____	_____
WILL AN ADOPTED CHILD BE COVERED AT TIME OF PLACEMENT?	_____	_____

FAMILY

APPLICANT #1:

NAME OF FATHER: _____

AGE/YEAR OF BIRTH: _____

LOCATION: _____

EMPLOYMENT/RETIRED: _____

EDUCATION: INCLUDE DEGREE AND MAJOR: _____

NAME OF MOTHER: _____

AGE/YEAR OF BIRTH: _____

LOCATION: _____

EMPLOYMENT/RETIRED: _____

EDUCATION: INCLUDING DEGREE AND MAJOR: _____

SISTERS AND BROTHERS:

NAME: _____

AGE/YEAR OF BIRTH: _____

LOCATION: _____

MARRIED/DIVORCED/SINGLE: _____

LEVEL OF EDUCATION AND DEGREE: _____

OF CHILDREN AND AGES: _____

TYPE OF EMPLOYMENT: _____

SISTERS AND BROTHERS:

NAME: _____

AGE/YEAR OF BIRTH: _____

LOCATION: _____

MARRIED/DIVORCED/SINGLE: _____

LEVEL OF EDUCATION AND DEGREE: _____

OF CHILDREN AND AGES: _____

TYPE OF EMPLOYMENT: _____

SISTERS AND BROTHERS:

NAME: _____

AGE/YEAR OF BIRTH: _____

LOCATION: _____

MARRIED/DIVORCED/SINGLE: _____

LEVEL OF EDUCATION AND DEGREE: _____

OF CHILDREN AND AGES: _____

TYPE OF EMPLOYMENT: _____

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SHEET OF PAPER TO THE APPLICATION

APPLICANT #2:

NAME OF FATHER: _____

AGE/YEAR OF BIRTH: _____

LOCATION: _____

EMPLOYMENT/RETIRED: _____

EDUCATION: INCLUDE DEGREE AND MAJOR: _____

NAME OF MOTHER: _____

AGE/YEAR OF BIRTH: _____

LOCATION: _____

EMPLOYMENT/RETIRED: _____

EDUCATION: INCLUDING DEGREE AND MAJOR: _____

SISTERS AND BROTHERS:

NAME: _____

AGE/YEAR OF BIRTH: _____

LOCATION: _____

MARRIED/DIVORCED/SINGLE: _____

LEVEL OF EDUCATION AND DEGREE: _____

OF CHILDREN AND AGES: _____

TYPE OF EMPLOYMENT: _____

SISTERS AND BROTHERS:

NAME: _____

AGE/YEAR OF BIRTH: _____

LOCATION: _____

MARRIED/DIVORCED/SINGLE: _____

LEVEL OF EDUCATION AND DEGREE: _____

OF CHILDREN AND AGES: _____

TYPE OF EMPLOYMENT: _____

SISTERS AND BROTHERS:

NAME: _____

AGE/YEAR OF BIRTH: _____

LOCATION: _____

MARRIED/DIVORCED/SINGLE: _____

LEVEL OF EDUCATION AND DEGREE: _____

OF CHILDREN AND AGES: _____

TYPE OF EMPLOYMENT: _____

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SHEET OF PAPER TO THE APPLICATION

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REFERENCES

LIST FOUR PERSONAL REFERENCES. DO NOT INCLUDE PHYSICIAN, RABBI, OR RELATIVES: (PLEASE PRINT CLEARLY, SUPPLY FULL MAILING ADDRESS AND ZIP CODE, PHONE AND EMAIL ADDRESS. PLEASE SELECT AT LEAST ONE LOCAL REFERENCE WHO WOULD BE AVAILABLE TO MEET IN-PERSON WITH THE CASEWORKER AT EITHER JSSAS MARYLAND OR VIRGINIA OFFICE. MARK WITH AN (*).

NAME

ADDRESS AND ZIP CODE

1. _____

PHONE # & EMAIL ADDRESS: _____

2. _____

PHONE # & EMAIL ADDRESS: _____

3. _____

PHONE # & EMAIL ADDRESS: _____

4. _____

PHONE # & EMAIL ADDRESS: _____

HAVE EITHER OF YOU EVER BEEN ARRESTED? IF SO, EXPLAIN:

HAVE YOU EVER APPLIED ELSEWHERE TO ADOPT A CHILD?

YES _____ NO _____

WHEN: _____

FROM WHOM: _____

STATUS OF APPLICATION: _____

CHILD CARE

FOR HOW LONG DO EITHER OF YOU PLAN TO STAY HOME WITH THE CHILD?

GUARDIANSHIP

PLEASE NAME A GUARDIAN FOR YOUR CHILD. THIS IS REQUIRED IN MARYLAND AND VIRGINIA. GIVE THE NAME, ADDRESS, PHONE, AGE AND RELATIONSHIP OF THIS PERSON TO YOU. * SEE FORM IN THE PACKET*

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION

SIGNATURE PAGE

WE CERTIFY THAT ALL ANSWERS ARE TRUE

APPLICANT #1: _____

NAME PRINTED: _____

DATE APPLICATION SIGNED: _____

APPLICANT # 2: _____

NAME PRINTED: - _____

DATE APPLICATION SIGNED: _____

DIRECTIONS TO YOUR HOME:
