

JEWISH SOCIAL SERVICE AGENCY - ADOPTION OPTIONS

SINGLE APPLICANT - ADOPTION APPLICATION

Date of this Application: _____

Applicant's Full Name; Include Maiden Name:

Social Security Number: ____ - ____ - ____ **Date of Birth:** _____

Passport Number: _____
(Needed for International Adoptions)

Address: _____

County: _____

Telephone

Home: _____ **Business:** _____

Cell: _____ **Fax:** _____

Email _____

Is this a Domestic or International Adoption: _____

From Which Country: _____

Name of Placing Agency: _____

Address: _____

Phone: _____ **Email:** _____ **Fax:** _____

Contact Person: _____

Marriage

Date of Marriage: _____ **Place:** _____
(If applicable) (City, County, State)

GIVE FULL NAME OF PREVIOUS SPOUSE, DATE OF MARRIAGE, DATE OF TERMINATION, THE PLACE OF TERMINATION; HOW TERMINATED AND PROVIDE A COPY OF DIVORCE DECREE.

Description of Applicant

Birth Date: _____

Birth Place: _____
(City, County, State)

Are You A Citizen? _____

(If Naturalized- Give Place, Date, Certificate #)

Religion: _____

Race: _____

**Nationality/
Descent:** _____

Height: _____

Weight: _____

Hair: _____

Eyes: _____

Complexion: _____

Health

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

Family Physician: _____

Address/Phone:

Education

LIST SCHOOLS, DATES ATTENDED, DEGREES BEGINNING WITH HIGH SCHOOL:

Employment

NAME AND ADDRESS OF CURRENT EMPLOYER. PLEASE OBTAIN AN EMPLOYMENT VERIFICATION LETTER FROM YOUR EMPLOYER.

Company Name: _____

Address: _____

Title/Position: _____

Date Job Started: _____

Annual Salary: _____

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

**Name/Address of
Employer:**

Type of Work:

Dates of Employment:

**Name/Address of
Employer:**

Type of Work:

Dates of Employment:

Children

List All Children:

<u>Name</u>	<u>Sex</u>	<u>Birth Date</u>	<u>Adopted</u>	<u>Custody</u>	<u>If Deceased Date & Cause</u>
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**IT IS A REQUIREMENT THAT ANY SCHOOL AGE CHILD MUST HAVE A REFERENCE FROM A
TEACHER. PLEASE PROVIDE NAME OF TEACHER, SCHOOL ADDRESS AND PHONE
NUMBER.**

Home

Describe Your Home: _____

Do you: Own () Rent ()

Water/Sewer System: Public () Private ()

If Private, Describe: _____

Insurance

Company/Amount of Life Insurance: _____

Beneficiary: _____

Health Insurance: _____

Will an Adopted Child be Covered Upon Placement? _____

Family

Name of Father: _____

Age: _____

Year of Birth: _____

Location: _____

Father's Employment: _____

Education Level Achieved, Include Degree and Major:

Name of Mother: _____

Age: _____

Year of Birth: _____

Location: _____

Father's Employment: _____

Education Level Achieved, Include Degree and Major:

Sisters and Brothers

Name: _____ **Year of Birth:** _____

Location: _____ **Married:** _____

Level of Education/Degree: _____

Children: _____

Type of Employment: _____

Sisters and Brothers

Name: _____ **Year of Birth:** _____

Location: _____ **Married:** _____

Level of education and degree: _____

Children: _____

Type of Employment: _____

Sisters and Brothers

Name: _____ **Year of Birth:** _____

Location: _____ **Married:** _____

Level of Education and Degree: _____

Children: _____

Type of Employment:

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

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Personal References

LIST FOUR PERSONAL REFERENCES. LIST ONE LOCAL REFERENCE WHO CAN ALSO BE USED AS AN IN-PERSON REFERENCE. DO NOT INCLUDE YOUR PHYSICIAN, RABBI, OR RELATIVES: (PLEASE PRINT CLEARLY, SUPPLY FULL MAILING ADDRESS, ZIP CODE, PHONE AND EMAIL ADDRESS.)

Name **Address with Zip Code**

#1 _____

Phone & Email Address _____

#2 _____

Phone & Email Address _____

#3 _____

Phone & Email Address _____

#4 _____

Phone & Email Address _____

Have You Ever Been Arrested? If So, Explain: _____

Have you Ever Applied Elsewhere for a Child: _____

When: _____

From Whom: _____

Status of Application: _____

Guardian

HOME STUDIES REQUIRE THE NAMING OF A PERSON TO BE THE GUARDIAN OF YOUR CHILD IN CASE OF YOUR DEMISE. PLEASE GIVE NAME, ADDRESS AND RELATIONSHIP OF THE PERSON YOU WILL NAME AS GUARDIAN. SEE FORM INCLUDED IN HOME STUDY PACKAGE:

Child Care

How Long Do You Plan to Stay Home with the Child:

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I CERTIFY THAT ALL ANSWERS ARE TRUE. I UNDERSTAND THAT IN MAKING THIS APPLICATION THERE IS NO FINAL COMMITMENT ON EITHER SIDE

Signature: _____

Name Printed: _____

Date: _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION

Directions To Your Home:
