

AGENCY APPLICATION



| | | | |
|--|-------------------|--|---------------|
| Adoptive Applicant #1: | | | |
| Name: | | | |
| <i>Last</i> | <i>First</i> | <i>Middle</i> | |
| Cell Number: | | Work Number: | |
| Adoptive Applicant #2: | | | |
| Name: | | | |
| <i>Last</i> | <i>First</i> | <i>Middle</i> | <i>Maiden</i> |
| Cell Number: | | Work Number: | |
| Adoptive Applicant Contact Information: | | | |
| Address: | | | |
| <i>Street</i> | <i>City/State</i> | <i>County</i> | <i>Zip</i> |
| <i>Primary Telephone:</i> | | <i>Primary Email: (for agency use)</i> | |
| <i>Fax Number:</i> | | <i>Date of Marriage:</i> | |
| <i>Emergency Contact Name:</i> | | <i>Emergency Contact Telephone Number:</i> | |
| Adoptive Applicant #1: | | Adoptive Applicant #2: | |
| <i>Date of Birth:</i> | | <i>Date of Birth:</i> | |
| <i>Age:</i> | | <i>Age:</i> | |
| <i>Social Security #</i> | | <i>Social Security #:</i> | |
| <i>Driver's License#</i> | | <i>Driver's License#</i> | |
| <i>Race:</i> | | <i>Race:</i> | |
| <i>Ethnic Background:</i> | | <i>Ethnic Background:</i> | |
| <i>School Grade Completed:</i> | | <i>School Grade Completed:</i> | |
| <i>Place of Employment:</i> | | <i>Place of Employment:</i> | |
| <i>Occupation:</i> | | <i>Occupation:</i> | |
| <i>Date Started:</i> | | <i>Date Started:</i> | |
| <i>Days/hours a week:</i> | | <i>Days/hours a week:</i> | |
| <i>Gross Annual Income:</i> | | <i>Gross Annual Income:</i> | |
| | | | |

AGENCY APPLICATION



| APPLICANT #1 | APPLICANT #2 |
|--------------|--------------|
|--------------|--------------|

*Have you ever received any type of counseling?
When/How long/Reason YES NO
If yes, please explain: _____*

*Do you have a history of or been treated for
substance abuse? YES NO
If yes, please explain: _____*

*Do you have a history of mental illness or emotional
disorder? YES NO
If yes, please explain: _____*

*Have you ever received any type of counseling?
When/How long/Reason YES NO
If yes, please explain: _____*

*Do you have a history of or been treated for
substance abuse? YES NO
If yes, please explain: _____*

*Do you have a history of mental illness or emotional
disorder? YES NO
If yes, please explain: _____*

| OTHER HOUSEHOLD MEMBERS: | | | |
|------------------------------------|--|------------------------------------|--|
| <i>Full Name:</i> | | <i>Full Name:</i> | |
| <i>Date of Birth:</i> | | <i>Date of Birth:</i> | |
| <i>Social Security:</i> | | <i>Social Security:</i> | |
| <i>Relationship to Applicants:</i> | | <i>Relationship to Applicants:</i> | |
| <i>Full Name:</i> | | <i>Full Name:</i> | |
| <i>Date of Birth:</i> | | <i>Date of Birth:</i> | |
| <i>Social Security:</i> | | <i>Social Security:</i> | |
| <i>Relationship to Applicants:</i> | | <i>Relationship to Applicants:</i> | |

ADOPTION BACKGROUND INFORMATION:

Have you ever had an open case with Children Services? Yes NO
County _____ Year _____

Have you had a Homestudy conducted? Yes No If yes, please provide the name of agency, court or social worker/assessor's name, address, telephone number and date of homestudy approval:

AGENCY APPLICATION



If you have an adopted child living in your home, what is his/her name _____, date of birth _____, date of placement _____ and date of finalization _____.

Please provide name of placing agency, address, telephone number and social worker name. _____
 _____ (if different than above)

**Please note: Adoption Circle is required to contact the agency, court and/or social worker for a reference.*

****Print this page out and complete box above if you have more than one adopted child living in your home.**

Have you ever been or are you currently certified as a foster caregiver in this state or any other state? Yes No

Have you had previous contact with a child welfare agency? Yes No
 If you answered yes to either of these questions, explain here, and identify the agency involved: _____

Does any family member smoke? Yes No Is smoking allowed in the house? Yes No
 Are there any pets in the home? Yes No If yes, list/describe: _____
 Do pets meet local safety requirements (Vaccinations, vicious animal restrictions, etc.)? Yes No

| CRIMINAL HISTORY: | | | | | | |
|--|-------------------|-----------------------|-------------------------|-------------------------------|--|--|
| Does any household member, including juveniles 12 - 18 years of age, have a criminal history? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| If yes, explain below: | | | | | | |
| Name | Offense | City and State | Conviction Date | Disposition | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Has any household member been arrested/convicted for driving while intoxicated (DWI) or driving under the influence (DUI)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below : | | | | | | |
| Name | Number of Arrests | Number of Convictions | Date of Last Conviction | City/State of Last Conviction | On Probation or Parole? | License Suspended or Revoked? |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TYPE OF CHILD WILL CONSIDER:

*Please tell us which child/ren you are interested in adopting. Check all that apply.
 If you are applying to adopt a specific child(ren), put his/her name(s) here _____
 Is this child related to you by blood or marriage? Yes No
 If applicable, specify relationship _____*

Age:

| | | |
|----------------|--|--|
| 0 -6 months | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| 6 months -1 yr | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |
| Over 1 yr | <input type="checkbox"/> Will Consider | <input type="checkbox"/> Will Not Consider |

AGENCY APPLICATION



Number of Children:

| | | |
|------------|---|---|
| <i>One</i> | <input type="checkbox"/> <i>Will Consider</i> | <input type="checkbox"/> <i>Will Not Consider</i> |
| <i>Two</i> | <input type="checkbox"/> <i>Will Consider</i> | <input type="checkbox"/> <i>Will Not Consider</i> |

Race:

| | | |
|--|---|---|
| Caucasian | <input type="checkbox"/> <i>Will Consider</i> | <input type="checkbox"/> <i>Will Not Consider</i> |
| Black/African American | <input type="checkbox"/> <i>Will Consider</i> | <input type="checkbox"/> <i>Will Not Consider</i> |
| Bi-racial (Caucasian/African American) | <input type="checkbox"/> <i>Will Consider</i> | <input type="checkbox"/> <i>Will Not Consider</i> |
| Hispanic/Latino | <input type="checkbox"/> <i>Will Consider</i> | <input type="checkbox"/> <i>Will Not Consider</i> |
| Asian | <input type="checkbox"/> <i>Will Consider</i> | <input type="checkbox"/> <i>Will Not Consider</i> |
| Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> <i>Will Consider</i> | <input type="checkbox"/> <i>Will Not Consider</i> |
| American Indian or Alaskan Native | <input type="checkbox"/> <i>Will Consider</i> | <input type="checkbox"/> <i>Will Not Consider</i> |

COMMENTS:

AGENCY APPLICATION



We appreciate your interest in ADOPTION CIRCLE.

If you are applying to the Domestic Infant Adoption Program, please return your completed Agency Application with the **NON-REFUNDABLE \$250.00 application fee**. If you are applying to any other program, there is no application fee. In order to assure our receipt of your application, you may wish to send it certified mail. Domestic Adoption applicants will be receiving an invitation to the next Orientation & Education Meeting which will initiate the adoption and homestudy process.

For all applications received, pursuant to the Ohio Revised Code 3107.10, your county Children's Services Agency shall be notified of your adoption homestudy and potential placement. Adoption Circle will also contact the Ohio Department of Job & Family Services (ODJFS) to conduct searches of the Statewide Automated Child Welfare Information System (SACWIS) and the Central Registry on Child Abuse and Neglect. Your signed application verifies your informed consent of the release of this information to the appropriate county Children's Services Agency and ODJFS SACWIS and Registry for Child Abuse and Neglect.

*Please save this application electronically for your records in the future.

Signature Adoptive Applicant #1

Date

Signature Adoptive Applicant #2

Date

| | | | |
|--|--|---|---|
| <i>How did you hear about ADOPTION CIRCLE?</i> | <input type="checkbox"/> Google <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Friend <input type="checkbox"/> Facebook | <input type="checkbox"/> TV <input type="checkbox"/> Website <input type="checkbox"/> Flyer <input type="checkbox"/> Other | <i>Other/Details:</i> _____ _____ _____ |
|--|--|---|---|