

COMPASSIONATE CARE

APPLICATION FOR ADOPTION

PLEASE PRINT OR TYPE

- DATE: _____
- **HUSBAND'S FULL NAME:** _____
- AGE: _____ DATE OF BIRTH: _____ SS#: _____
- CITIZENSHIP: _____ RACE: _____ PASSPORT #: _____
- **WIFE'S FULL NAME:** _____ MAIDEN: _____
- AGE: _____ DATE OF BIRTH: _____ SS#: _____
- CITIZENSHIP: _____ RACE: _____ PASSPORT #: _____
- ADDRESS: _____
- CITY: _____ STATE: _____ ZIP CODE: _____
- HOME PHONE # _____ FAX # _____
- WORK PHONE # **WIFE:** _____ **HUSBAND:** _____
- CELL PHONE # **WIFE:** _____ **HUSBAND:** _____
- E-MAIL ADDRESS: _____
- HOW DID YOU HEAR ABOUT US: _____
- HOME STUDY AGENCY* CHILD PLACING AGENCY* **If different from Compassionate Care*
- NAME OF AGENCY: _____
- ADDRESS: _____
- PHONE NUMBER: _____ FAX: _____

ABOUT YOU AND YOUR HOME

- SINGLE FAMILY APARTMENT MOBILE HOME OTHER _____
- DO YOU OWN YOUR HOME: YES NO IF YES, VALUE OF YOUR HOME \$ _____
- HOW LONG HAVE YOU LIVED IN YOUR HOME: _____
- NAME, AGE AND RELATIONSHIP OF OTHERS LIVING IN YOUR HOME:
- NAME: _____ RELATIONSHIP: _____ D.O.B: _____

NAME: _____ RELATIONSHIP: _____ D.O.B.: _____

NAME: _____ RELATIONSHIP: _____ D.O.B.: _____

➤ PLACE OF MARRIAGE: _____ DATE: _____

➤ DO YOU HAVE ANY PREVIOUS MARRIAGES: **HUSBAND:** YES NO **WIFE:** YES NO

IF YES, DATE OF MARRIAGE: **HUSBAND:** _____ **WIFE:** _____

DATE OF DIVORCE: **HUSBAND:** _____ **WIFE:** _____

DO YOU CURRENTLY HAVE ANY OTHER ADOPTED CHILDREN: YES NO

IF YES, PLEASE LIST THE COUNTRY OF ORIGIN FOR EACH CHILD: _____

➤ HAVE YOU EVER BEEN ARRESTED? **HUSBAND:** YES NO **WIFE:** YES NO

➤ HAVE A CRIMINAL HISTORY OF SEXUAL OR CHILD ABUSE? **HUSBAND:** YES NO **WIFE:** YES NO

➤ HAVE A CRIMINAL HISTORY OF DOMESTIC VIOLENCE? **HUSBAND:** YES NO **WIFE:** YES NO

➤ HAVE A HISTORY OF SUBSTANCE ABUSE? **HUSBAND:** YES NO **WIFE:** YES NO

➤ EVER BEEN REJECTED AS AN ADOPTIVE PARENT OR BEEN THE SUBJECT OF AN UNFAVORABLE HOME STUDY OR FAMILY ASSESSMENT? **HUSBAND:** YES NO **WIFE:** YES NO

IF ANSWER IS YES TO ANY QUESTION PLEASE EXPLAIN: _____

CHURCH

➤ CHURCH NAME: _____ DENOMINATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

➤ HOW LONG HAVE YOU ATTENDED THIS CHURCH: _____

➤ HOW ARE YOU INVOLVED IN YOUR CHURCH: _____

EDUCATION

➤ **Husband:**

High School: _____ YEAR: _____

College: _____ YEAR: _____

Degrees or Certifications: _____

➤ **Wife**

High School: _____ YEAR _____

College: _____ YEAR: _____

Degrees or Certifications: _____

WORK EXPERIENCE

➤ **HUSBAND:**

OCCUPATION: _____

EMPLOYER: _____ PHONE # _____

ADDRESS	CITY	STATE	ZIP
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ANNUAL INCOME: \$ _____ LENGTH OF EMPLOYMENT: _____

➤ **WIFE:**

OCCUPATION: _____

EMPLOYER: _____ PHONE # _____

ADDRESS	CITY	STATE	ZIP
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ANNUAL INCOME: \$ _____ LENGTH OF EMPLOYMENT: _____

REFERENCES

- IN ADDITION TO YOUR PASTOR AND PARENTS, PLEASE LIST THREE OTHER PEOPLE WHO HAVE KNOW YOU FOR AT LEAST 5 YEARS. WE NEED A REFERENCE LETTER FROM EACH STATING HOW LONG THEY HAVE KNOW YOU, IN WHAT CAPACITY AND WHY THEY THINK YOU WOULD BE A SUITABLE ADOPTIVE PARENT

PASTOR: _____

ADDRESS: _____

PARENTS (**HUSBAND**): _____

ADDRESS: _____

PARENTS (**WIFE**): _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

CHILD PREFERENCE

➤ AGE	BOY	GIRL
INFANT – <i>UNDER 1 YEAR</i>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD'S AGE ____ - ____	<input type="checkbox"/>	<input type="checkbox"/>

➤ RACE		
CAUCASIAN	<input type="checkbox"/>	<input type="checkbox"/>
AFRICAN AMERICAN	<input type="checkbox"/>	<input type="checkbox"/>
BI-RACIAL	<input type="checkbox"/>	<input type="checkbox"/>
HISPANIC	<input type="checkbox"/>	<input type="checkbox"/>
ASIAN	<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>

➤ COUNTRY	BOY	GIRL		BOY	GIRL
CHINA	<input type="checkbox"/>	<input type="checkbox"/>	KAZAKHSTAN	<input type="checkbox"/>	<input type="checkbox"/>
ESTONIA	<input type="checkbox"/>	<input type="checkbox"/>	MOLDOVA	<input type="checkbox"/>	<input type="checkbox"/>
GUATEMALA	<input type="checkbox"/>	<input type="checkbox"/>	RUSSIA	<input type="checkbox"/>	<input type="checkbox"/>
HAITI	<input type="checkbox"/>	<input type="checkbox"/>	UKRAINE	<input type="checkbox"/>	<input type="checkbox"/>

THE ABOVE INFORMATION WILL BE MAINTAINED AS STRICT & CONFIDENTIAL MATERIAL.

SIGNATURE OF HUSBAND: _____ DATE: _____

SIGNATURE OF WIFE: _____ DATE: _____

PLEASE RETURN ALL OF THE FOLLOWING:

- THIS APPLICATION
- APPLICATION FEE (\$300.00)
- INTERNATIONAL ADOPTION AGREEMENT
- A PHOTOGRAPH OF YOUR FAMILY

TO:

**COMPASSIONATE CARE
 WILDER CENTER HWY 64 WEST
 RR 3 BOX 12B
 OAKLAND CITY * IN * 47660**