



ADOPTION APPLICATION

Date: _____

Circle One: SWAN Private

Identifying Information:

Parent 1: _____
Last Name (Maiden) First Name Middle Name

Parent 2: _____
Last Name (Maiden) First Name Middle Name

Parent 1 Date of Birth: _____ Parent 1 SSN: _____

Parent 2 Date of Birth: _____ Parent 2 SSN: _____

Physical Address: _____
Street City

County State Zip Code

Mailing Address (if different from physical address): _____

How long have you lived at your current address? _____

Prior Addresses (past 10 years): _____

Contact Information:

Home Phone: (____) _____ Emergency: (____) _____

Parent 1 Cell: (____) _____ Parent 1 Work: (____) _____

Parent 2 Cell: (____) _____ Parent 2 Work: (____) _____

Parent 1 E-mail: _____ Parent 2 E-mail: _____

Emergency Contact Person: _____ Relationship: _____

Other contact information (e.g., pager, fax, work e-mail, work cell, etc.): _____

(Private Only) Agency or Attorney With Whom You Are Working: _____

Phone Number: (____) _____ E-mail: _____

Contact Person: _____

Residence:

Household Members

Full Name	Relationship	Date of Birth	SSN

Description of the home where a placed child will reside (Check Appropriate Boxes):

Type of Residence:

- Apartment
- Single Family Home
- Row House
- Duplex
- Other: _____

Primary Materials:

- Brick
- Stone
- Stucco
- Concrete Block
- Wood Frame

How many floors (stories) does your home have? _____

Type of heating in your home (Circle One): Gas Oil Coal Electric Other

Do you use supplemental space heaters? Yes No

How many bathrooms do you have in your home? Full _____ Half _____

How many bedrooms do you have in your home? _____

Approximate Size of Bedroom	Number of Beds	Number of Occupants

Please note that any bedroom the adoptive child occupies must have a doorway leading directly to a hallway. The adoptive child's bedroom must be used as a bedroom only and for no other purpose, such as a family room, living room, etc.

Please provide a description of the inside of your home: _____

How many smoke detectors do you have in your home? _____

Please describe where your smoke detectors are located: _____

Do you have fire extinguishers in your home? Yes No

Please describe where your fire extinguisher(s) are located: _____

Please describe any additional safety system features inside of your home (fire escape ladders, security system, carbon monoxide detectors, etc.):

Would your home be accessible to a person in a wheelchair? Yes No

Which applies to your home (Circle One):

I own it. I rent it. I am buying it.

If renting, list the lease expiration date and monthly rent: _____

What is the name, address, and phone number of your landlord? _____

Please provide directions to your home: _____

Please note that a home safety inspection is a requirement for becoming a certified adoptive family.

Finances

If you are buying your home, what bank or financial institution holds your mortgage? _____

List the monthly mortgage payment and the remaining amount owed on your home: _____

Please furnish the following financial information:

Monthly Household Income

Employment (monthly take-home): \$ _____

Alternate Employment: \$ _____

Alternate Employment: \$ _____

Other Income (specify source such as social security, retirement, rental income, etc.):

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL INCOME PER MONTH: \$ _____

Checking Balance: \$ _____

Monthly Household Expenses

Rent/Mortgage: \$ _____

Utilities: \$ _____

Home/Rental Insurance: \$ _____

Vehicle Payments: \$ _____

Vehicle Insurance: \$ _____

Loan Payments: \$ _____

Credit/Charge Accounts: \$ _____

Health Insurance: \$ _____

Life Insurance: \$ _____

Supplemental/Other Ins.: \$ _____

Savings Balance: \$ _____

Investments Balance: \$ _____

401K/Retirement Balance: \$ _____

Other Assets (specify type and value):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Have you ever or are you currently in bankruptcy? If so, please provide details: _____

Please note that documentation verifying financial information and proof of insurance will be required.

School Information:

School District in which you reside: _____

Elementary School child(ren) will attend: _____

Middle School child(ren) will attend: _____

High School child(ren) will attend: _____

Other: _____

Personal History:

Parent 1

Parent 2

Place of Birth: _____

Place of Birth: _____

Race: _____

Race: _____

National Descent (Ancestry): _____

National Descent (Ancestry): _____

Are you a U.S. Citizen?: _____

Are you a U.S. Citizen?: _____

If naturalized, give date and place: _____

If naturalized, give date and place: _____

Height: _____

Height: _____

Weight: _____

Weight: _____

Hair Color: _____

Hair Color: _____

Eye Color: _____

Eye Color: _____

Skin Color: _____

Skin Color: _____

Religion/Denomination: _____

Religion/Denomination: _____

Place of Worship: _____

Place of Worship: _____

Worship Leader: _____

Worship Leader: _____

Elementary School: _____

Elementary School: _____

Middle School: _____

Middle School: _____

High School: _____

High School: _____

College/Training (Include graduation year): _____

College/Training (Include graduation year): _____

Occupation: _____

Occupation: _____

Present Employer: _____

Present Employer: _____

Address:_____

Salary/Annual Income:_____

Other sources of Income (name and amount):

How long employed?_____

Place and dates of previous employment (past 10 years):

Special Training or Certificates:_____

Did, or do, you serve in the Military? _____

Branch:_____

Dates:_____

Type of Military Discharge:_____

Diagnosis and percentage of any service connected disability:

Address:_____

Salary/Annual Income:_____

Other sources of Income (name and amount):

How long employed?_____

Place and dates of previous employment (past 10 years):

Special Training or Certificates:_____

Did, or do, you serve in the Military? _____

Branch:_____

Dates:_____

Type of Military Discharge:_____

Diagnosis and percentage of any service connected disability:

Please list and explain any illness, injury, or mental health diagnosis you have had or for which you are currently receiving treatment:

Please list any prescription medications you are currently taking, and reason for the prescription:

Name of Physician: _____

Address: _____

Date of last physical exam: _____

Date and place of any PREVIOUS marriage:

Date, place, and cause of termination of the marriage:

Please list and explain any illness, injury, or mental health diagnosis you have had or for which you are currently receiving treatment:

Please list any prescription medications you are currently taking, and reason for the prescription:

Name of Physician: _____

Address: _____

Date of last physical exam: _____

Date and place of any PREVIOUS marriage:

Date, place, and cause of termination of the marriage:

Names, birth dates, birth places, and present location of children by former marriages/relationships:

Name of Father: _____

Address, if living: _____

Name of Mother (include maiden name): _____

Address, if living: _____

Number of Siblings: _____

1. Name: _____

2. Brother Sister

3. Address: _____

4. Married? Yes No

5. Children (Please list names and date of birth):

Names, birth dates, birth places, and present location of children by former marriages/relationships:

Name of Father: _____

Address, if living: _____

Name of Mother (include maiden name): _____

Address, if living: _____

Number of Siblings: _____

1. Name: _____

2. Brother Sister

3. Address: _____

4. Married? Yes No

5. Children (Please list names and date of birth):

1. Name: _____

2. Brother Sister

3. Address: _____

4. Married? Yes No

5. Children (Please list names and date of birth):

1. Name: _____

2. Brother Sister

3. Address: _____

4. Married? Yes No

5. Children (Please list names and date of birth):

Have you ever been charged with a crime (even if you were not convicted)?

Have you ever been convicted of a crime?

If Yes for either, please explain: _____

1. Name: _____

2. Brother Sister

3. Address: _____

4. Married? Yes No

5. Children (Please list names and date of birth):

1. Name: _____

2. Brother Sister

3. Address: _____

4. Married? Yes No

5. Children (Please list names and date of birth):

Have you ever been charged with a crime (even if you were not convicted)?

Have you ever been convicted of a crime?

If Yes for either, please explain: _____

Please note that all prospective adoptive parents are required by law to have FBI fingerprint screening, Criminal Background Check, and Child Abuse Clearances completed as part of the application process.

Please provide the following information for each additional household member:

Physician's Name	Address	Phone	Family Member seen by the Doctor	Family Member diagnosis/medical condition(s)	Family Member current medications

Name and Address of Pediatrician/Family Doctor to be utilized by adoptive child: _____

Date of present marriage/relationship: _____

Place of present marriage: _____

Name, birth dates, location, and social security numbers of children from current marriage/relationship:

Please describe any hobbies, pastimes, recreational activities, civic involvement, religious activities, sports, coaching involvement, scouting history, etc.

Please state the main reason(s) for your interest in becoming an adoptive parent. If infertility is a factor, please describe.

Have you ever applied for a foster care license? If so, explain. _____

Have you ever applied for a day care license? If so, explain. _____

Have you ever applied to become an adoptive resource prior to now? If so, explain. _____

List any and all agencies (and dates) you have been affiliated with for the above applications/licenses:

Have you ever received an unfavorable home study in the past? If so, when, and for what reason?

Do you have any roomers or boarders for pay in your home? If so, explain. _____

Is any member of your household currently an inmate of a penal or correctional institution or on parole or probation? If so, explain.

Has any member of your household ever been convicted of a crime other than a minor traffic violation? If so, explain.

Has any member of your household ever taken advantage of a professional counseling situation, for example, a marriage counselor, child or adult psychiatrist, etc. If so, explain.

Has any member of your household ever received psychiatric treatment on an inpatient or outpatient basis? If so, explain.

Is any member of your household currently a resident of a facility for the mentally ill or on a convalescent status from such a facility? If so, explain.

Have you ever had any previous contact with this agency regarding application for adoption, foster parenting, or any other reason? If so, when, and under what circumstances?

Please name an individual other than yourself who will most likely be able to provide care for the child(ren) in your absence:

Short-term babysitter services: _____

Long-term alternate parenting: _____

References

Please give the following information for a minimum of 3 unrelated personal references. A letter will be sent asking them to respond to a few questions. Their responses will be needed before approval can be made.

Name	Address	Relationship

When and how did you learn about our program? _____

The information on this application is true to the best of my knowledge.

Parent 1 Signature

Date

Parent 2 Signature

Date

Thank you for considering becoming an adoptive parent with Children’s Service Center of Wyoming Valley, Inc. We appreciate all the time and effort you have put into this application and will be in contact with you as soon as possible. If you have any questions, please feel free to contact Shari L. Menichello, Program Supervisor of Adoption, at 570-825-6425 x653.

SWAN Applicants, please continue...

The following information is intended to aid us in determining the type of child that is the best fit for your family. Please answer as honestly as possible.

Check all special needs you are willing to provide:

- Abuse History
- Alcohol Exposed
- Drug Exposed Infant
- Emotional Disability
- HIV
- Intellectual Disability
- MH Diagnosis

- Multiple Placement History
- Neglect History
- Physical Disability
- Runaway History
- Sexual Abuse History
- Siblings: # _____

- Special Education Student
- Special Medical Care
- Other: _____

Check all acceptable race/ethnicities:

- American Indian
- Alaskan Native
- Black/African American
- Native Hawaiian
- Other Pacific Islander
- Asian
- White/Caucasian
- Unable to Determine
- Hispanic
- Non-Hispanic

Check gender preference:

- Male
- Female
- Either

Age Range: Between _____ and _____ years.

- Number of Children: Single child Siblings – maximum number: _____

Please choose from the characteristics listed to tell us the type of child your family wants to adopt. Place an X in the most appropriate box for each characteristic.

HEALTH			
Characteristic:	Acceptable	Will Consider	Unacceptable
1. No significant health problems			
2. Allergies or asthma (may require treatment)			
3. Hyperactivity (may require treatment)			
4. Speech problems (may require treatment)			
5. Hearing problems (may require treatment)			
6. Legally deaf			
7. Vision problems (may require treatment)			
8. Legally blind			
9. Dental problems (may require treatment)			
10. Orthopedic problems (special shoes, brace, etc.)			
11. Seizure disorder			
EDUCATION			
Characteristic:	Acceptable	Will Consider	Unacceptable

12. High achiever			
13. Achieves on grade level in regular classes			
14. Achieves below grade level in regular classes			
15. Needs special education classes			
16. Needs learning disability classes (LD)			
17. Needs classes for the emotionally or behaviorally handicapped			
18. Needs tutoring in one or more subjects			
19. Has serious behavior problems at school			

CHARACTERISTICS AND BEHAVIORS

Characteristic:	Acceptable	Will Consider	Unacceptable
20. Generally quiet and shy			
21. Generally outgoing and noisy			
22. Emotional issues require ongoing therapy			
23. Tends to reject father figures			
24. Tends to reject mother figures			
25. Difficulty making friends and relating to other children			
26. Frequently wets the bed			
27. Frequently wets during the day			
28. Frequently soils him/herself			
29. Masturbates frequently or openly			
30. Poor social skills			
31. Problem with lying			
32. Problem with stealing			
33. Frequently starts physical fights with other children			
34. Tends to abuse animals			
35. Tends to be destructive of clothing, toys, etc.			
36. Frequently uses foul or bad language			
37. Frequent temper tantrums			
38. Difficulty accepting and obeying rules			
39. History of inappropriate sexual behavior			
40. History of running away			
41. History of playing with matches, setting fires			

FAMILY CONNECTEDNESS AND HISTORY

Characteristic:	Acceptable	Will Consider	Unacceptable
42. Strong ties to birth family			
43. Strong ties to foster family			
44. Needs continued contact with siblings			
45. Previous adoptive disruption			
46. Sexually abused			
47. Exposed to promiscuous sexual behavior			
48. Conceived by rape			
49. Conceived as a result of prostitution			
50. One or both parents addicted to alcohol			
51. One or both parents chemically dependent, other than alcohol			
52. One or both parents has criminal record			
53. One or both parents intellectually disabled			

54. One or both parents has mental illness			
55. No information about one or more parent			
RESOURCE FAMILY'S FEELINGS ABOUT OPENNESS WITH BIRTH FAMILY			
Characteristic:	Acceptable	Will Consider	Unacceptable
56. Meet with birth parents			
57. Contact with birth parents through agency or intermediary			
58. Sent letters to birth parents			
59. Receive letters from birth parents			
60. Send videos to birth parents			
61. Receive videos from birth parents			
62. Have phone contact between adults			
63. Child continues visits with siblings			
64. Child continues visits with extended relatives in birth family			
65. Child continues visits with birth parents			
66. Receive birth parents' name, address, phone number, etc.			
67. Adoptive parents willing to give first name to birth parents			
68. Adoptive parents willing to give identifying info to birth parents			

Please list any further comments or preferences on what type of child(ren) you would like to care for in your home:

THANK YOU!