



SWAN ADOPTION APPLICATION

Date: _____

Identifying Information:

Parental figure 1: _____
Last First Middle

Parental figure 2: _____
Last First Middle

Address: _____
Street City

County State Zip Code

How long have you lived at current address? _____

Prior Addresses (past 10 years): _____

Phone Numbers:

Home: () _____
Cellular: () _____
Work: () _____
Emergency: () _____

Contact Person: _____

Relationship: _____

Residence:

If renting, amount of monthly rent: _____

If you own, amount of monthly mortgage: _____

Please provide directions to your home: _____

Please provide description of the inside of your home: _____

Please provide a description of your bedrooms (where will the children sleep?)*: _____

***Please note:** Any bedroom the adopted child occupies must have a doorway leading directly to a hallway. The adopted 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 safety system inside of your home (smoke detectors, van guard system, fire escapes, fire extinguishers, etc.):

School Information:

School District your home is located in: _____

Name of elementary school children will attend: _____

Name of junior high school children will attend: _____

Name of high school children will attend: _____

Other: _____

Prospective Parent No. 1

Birth Education (List grades and schools attended and last grade completed)
 Social Security number: ____ / ____ / ____ Elementary School: _____
 Date of Birth: _____ Middle School: _____
 Place of Birth: _____ High School: _____
 Race: _____ College/Training: (Include graduation year)
 National Descent (Ancestry): _____
 Are you a U.S. Citizen? Yes No
 (If naturalized, give date and place) _____

Physical Characteristics

Height: _____
 Weight: _____
 Hair color: _____
 Eye color: _____
 Skin color: _____

Religion

Denomination: _____
 Name of Church: _____
 Pastor: _____
 Address: _____

Employment

Occupation: _____
 Present employer: _____

 Address: _____

Training (List any training or certificates you have. Ex: medical, First Aid, etc.)

Annual Income

Salary: _____
 Other sources (Please list name and amount):

 How long employed? _____
 Place and dates of previous employment
 (past 10 years): _____

Military

Did, or do, you serve in the Military?
 Yes No
 Branch: _____
 Dates: _____
 Type of Military Discharge: _____

 Diagnosis & percentage of any service
 connected disability: _____

Health

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 personal Physician: _____

Address: _____

When was your last Physical examination? _____

Marriage

Date and place of any previous marriage: _____

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

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

Family of Origin

Name of father: _____ Date of Birth: _____ Place of Birth: _____

Address, if living: _____

Name of mother (include maiden name): _____ Date of Birth: _____

Place of Birth: _____

Address, if living: _____

Names and Addresses of Siblings

1) Name: _____ Brother Sister DOB: _____

Address: _____

Married? Yes No

Children: (Please list names and date of birth)

2) Name: _____ Brother Sister DOB: _____

Address: _____

Married? Yes No

Children: (Please list names and date of birth)

3) Name: _____ Brother Sister DOB: _____

Address: _____

Married? Yes No

Children: (Please list names and date of birth)

4) Name: _____ Brother Sister DOB: _____

Address: _____

Married? Yes No

Children: (Please list names and date of birth)

5) Name: _____ Brother Sister DOB: _____

Address: _____

Married? Yes No

Children: (Please list names and date of birth)

Criminal Background *(All prospective foster parents are required by law to have a Criminal Background check and a Child Abuse Clearance completed as part of the application process)*

Have you ever been charged with a crime (even if you were not convicted)? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Prospective Parent No. 2

Birth Education (List grades and schools attended and last grade completed)
 Social Security number: ____ / ____ / ____ Elementary School: _____
 Date of Birth: _____ Middle School: _____
 Place of Birth: _____ High School: _____
 Race: _____ College/Training: (Include graduation year)
 National Descent (Ancestry): _____
 Are you a U.S. Citizen? Yes No
 (If naturalized, give date and place) _____

Physical Characteristics

Height: _____
 Weight: _____
 Hair color: _____
 Eye color: _____
 Skin color: _____

Religion

Denomination: _____
 Name of Church: _____
 Pastor: _____
 Address: _____

Employment

Occupation: _____
 Present employer: _____

 Address: _____

Training (List any training or certificates you have. Ex: medical, First Aid, etc.)

Annual Income

Salary: _____
 Other sources (Please list name and amount):

 How long employed? _____
 Place and dates of previous employment
 (past 10 years): _____

Military

Did, or do, you serve in the Military?
 Yes No
 Branch: _____
 Dates: _____
 Type of Military Discharge: _____

 Diagnosis & percentage of any service
 connected disability: _____

Health

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 personal Physician: _____

Address: _____

When was your last Physical examination? _____

Marriage

Date and place of any previous marriage: _____

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

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

Family of Origin

Name of father: _____ Date of Birth: _____ Place of Birth: _____

Address, if living: _____

Name of mother (include maiden name): _____ Date of Birth: _____

Place of Birth: _____

Address, if living: _____

Names and Addresses of Siblings

1) Name: _____ Brother Sister DOB: _____

Address: _____

Married? Yes No

Children: (Please list names and date of birth)

_____	_____
_____	_____
_____	_____

2) Name: _____ Brother Sister DOB: _____

Address: _____

Married? Yes No

Children: (Please list names and date of birth)

_____	_____
_____	_____
_____	_____

3) Name: _____ Brother Sister DOB: _____

Address: _____

Married? Yes No

Children: (Please list names and date of birth)

_____	_____
_____	_____
_____	_____

4) Name: _____ Brother Sister DOB: _____

Address: _____

Married? Yes No

Children: (Please list names and date of birth)

_____	_____
_____	_____
_____	_____

5) Name: _____ Brother Sister DOB: _____

Address: _____

Married? Yes No

Children: (Please list names and date of birth)

_____	_____
_____	_____
_____	_____

Criminal Background *(All prospective foster parents are required by law to have a Criminal Background check and a Child Abuse Clearance completed as part of the application process, this can be completed by Children's Service Center during the process)*

Have you ever been charged with a crime (even if you were not convicted)? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Marriage and Children

Date of present marriage/relationship: _____

Place of present marriage: _____

Names, birth dates and location of children from current marriage/relationship: _____

Others Living in the Home

Name	Age	Relationship

Medical

Name of family Physician: _____

Address: _____

Name of Pediatrician: _____

Address: _____

References

Please provide the name, address, and phone number of friends, neighbors or co-worker/employer (no relatives, please):

Name	Address	Relationship
Telephone No.:		
Telephone No.:		
Telephone No.:		
Telephone No.:		
Telephone No.:		
Telephone No.:		

Were you ever a foster parent? Yes No

If yes, when? _____
where? _____

Have you ever adopted a child from any source? Yes No

If yes, when? _____
where? _____

Have either of you ever had any previous contact with this agency regarding application for foster parenting, adoption or for any other reason? Yes No

If yes, when? _____
Under what circumstances? _____

Prospective Parent #1 Signature

Date

Prospective Parent #2 Signature

Date

This form is intended to aid us in determining your degree of flexibility regarding the type of child you could accept into your family.

Child

1. Gender

- Male
- Female
- Either

2. Age (ex. 0-18; 2-5)

3. Racial Background

- African-American (Black)
- White
- Asian
- Native American
- Biracial
- Hispanic

4. Number of children you wish to be considered for:

Will you accept siblings?

- Yes No

5. Learning Ability

- Average
- Below Average
- Above Average
- Developmental Delay
- Learning Disabled
- Mentally Retarded

Please indicate your willingness to work with the following physical conditions by checking either Yes, No or Depending on Severity:

Condition	Yes	No	Depending on Severity
Heart			
Orthopedic			
Dental			
Vision			
Hearing			
Respiratory			
Diabetes			
Seizure Disorder			
Digestive			
Allergies			
Spina Bifida			
Cerebral Palsy			
Cystic Fibrosis			
Neurological Impairments			
Cleft Palate			
Amputated Limbs			
Fetal Alcohol Syndrome			
Fetal Alcohol Exposed			
Cocaine Addiction			
Condition	Yes	No	Depending on Severity
Heroin Addiction			
HIV / AIDS			
Sexually Transmitted Disease			

Please indicate your willingness to work with the following emotional/behavioral conditions by checking Yes, No or Depending on Severity:

Condition	Yes	No	Depending on Severity
Aggressive Behavior			
Depression			
Hyperactivity			
Learning Disabilities			
Speech Problems			
Eating Problems			
Sleeping Problems			
Bedwetting			
Hygiene Problems			
Drug and/or Alcohol Use			
Smoking			
Truancy			
Running Away			
Stealing			
Fire Setting			
Delinquency			
Lying			
Suicidal Tendencies			
Sexually Abused			
Sexually Acting Out Behavior			

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