



## Adoption Application

**FAMILY NAME:**

**DATE:**

Husband Full Name:

Wife Full Name:

Maiden Name:

Address:

STREET

CITY

POSTAL CODE

COUNTRY

Home Phone:

Email:

Home Fax:

Work Phone:

HUSBAND

WIFE

Cell Phone:

HUSBAND

WIFE

Date of Birth:

HUSBAND

WIFE

### CHILD PREFERENCE

Please indicate your preferences regarding an adopted child. While we make every reasonable effort to identify children that match your preferences, placement time can vary greatly depending on availability. Keep in mind that flexibility is the key to an expedited placement. You may mark more than one box if necessary.

Age at Time of Adoption:

12-24 months

24-36 months

36-48 months

Gender Preference:

Male

Female

Either

Would You Consider:

Siblings (must specify in homestudy)

Yes

No

Will Consider

Special Needs

Yes

No

Will Consider

Asian or Eurasian Child

Yes

No

Will Consider

Comments:

**BIOGRAPHICAL INFORMATION:**

HUSBAND:

WIFE:

Place of Birth

Citizenship

Ethnic Background

Religious Affiliation

Height / Weight (approximate)

Highest Level of Education

Military Service

Date of Present Marriage

Total Number of Divorces

Name, Age & Gender of Children  
from Previous Marriages, not  
Residing with You

Present Place of Employment

Annual Earnings

May We Contact You at Work?

Work Fax Number (optional)

E-mail (if different from home)

Please list all other persons residing in your home:

If an Adopted Child:

Name

Date of Birth

Relationship

Country of Origin / Agency

Date of Adoption

Child Care Plan (Provide a brief statement regarding your child care plan after the adoption):



**PROCEDURAL INFORMATION**

Is your Homestudy completed? \_\_\_\_\_

Name of Homestudy Agency \_\_\_\_\_ Date Completed (or Expected) \_\_\_\_\_

Address of Agency \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Worker Name \_\_\_\_\_ Fax Number \_\_\_\_\_

A draft of your homestudy should be submitted prior to finalization.

Do you have passports that are valid for at least one year from the date of this application?

Husband:  No  Yes Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Wife:  No  Yes Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**CONTACT INFORMATION**

Please provide emergency contact information below

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**TRACKING INFORMATION**

Please check the method by which you were referred to REEAA

Internet / Website  Yellow Pages  Information Meeting  Friend / Relative (name) \_\_\_\_\_

Homestudy Agency (name and location) \_\_\_\_\_

Conference (name and location) \_\_\_\_\_  Other \_\_\_\_\_

**APPLICANT AUTHORIZATION**

By signing below we verify that the aforementioned information is true and accurate. Our / my signature on this application also authorizes REEAA to contact any of the individuals listed on this application, including but not limited to medical, medical personnel, homestudy agency, and contact persons. Further we understand that falsification or omission of information could result in the termination of adoption services at the time the falsification is discovered and forfeiture of any fees paid to that date.

Signature of Prospective Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Prospective Parent \_\_\_\_\_ Date \_\_\_\_\_