

AAI
AUTUMN ADOPTIONS, INC.

Home Study Application

Please complete this application by clicking onto the highlighted sections and typing in your responses. Be sure to answer **ALL** questions and sign the application. **Incomplete applications will be returned.** Mail your application along with a family photo and the non-refundable application processing fee of \$100 payable to: AUTUMN ADOPTIONS, INC.

I. GENERAL INFORMATION:

Adoptive Father's full name: _____ SS# _____

Adoptive Mother's full name: _____ SS# _____

Maiden name: _____ Marital Status Select One _____

Home address: _____

Telephone Home _____ His (W) _____ Her (W) _____

Cell Phone: His: _____ Her: _____

Email Address: His: _____ Her: _____

Religious affiliation _____

ADOPTIVE FATHER

ADOPTIVE MOTHER

Birth date/Age _____ / _____

Birth date/Age _____ / _____

Birth place _____
City, State

Birth place _____
City, State

Race _____ US citizen? _____

Race _____ US citizen? _____

If naturalized, give place, date, and certificate number:

Current Marriage: Month/Year: _____

City, State: _____

Previous Marriage: (If more than 1 please attach explanation)

Former wife: _____

Former husband: _____

How terminated? _____

How terminated? _____

Date Married _____ Date terminated _____

Date Married _____ Date terminated _____

II. HEALTH: How would you describe your present health status? Please attach an additional statement regarding any medical problems for which you have recently needed treatment:

Excellent Good Fair

Excellent Good Fair

III. PHYSICAL DESCRIPTION:

ADOPTIVE FATHER

ADOPTIVE MOTHER

Height _____ Weight _____

Height _____ Weight _____

Eye Color _____ Hair Color _____

Eye Color _____ Hair Color _____

IV. EDUCATION/HOBBIES, INTERESTS, COMMUNITY ACTIVITIES:

Highest level of educ. completed: Select One _____

Highest level of educ. completed: Select One _____

Name of institution: _____

Name of institution: _____

Major _____ Grad Date _____

Major _____ Grad Date _____

Hobbies/Interests: _____

Hobbies/Interests: _____

Community Activities: _____

Community Activities: _____

V. EMPLOYMENT/FINANCES: Please provide the name & address of your current place of employment.

Position: _____

Position: _____

Dates of employment: _____

Dates of employment: _____

Annual Salary: _____

Annual Salary: _____

Other income: _____

Other income: _____

Other income source(s): _____

Other income source(s): _____

Have you ever declared bankruptcy? Yes No

Have you ever declared bankruptcy? Yes No

(If yes, please explain and provide dates, feel free to attach a statement with additional information)

VI. CURRENT RESIDENCE: **OWN** **RENT** Monthly mortgage or rental payment? _____

If you own, what is the approximate value of your home? _____

What date did you move into your current residence? _____

If less than five years provide previous address: _____

What is the Square footage of your home? _____ No. of bedrooms: _____ No. of bathrooms: _____

Do you have any Pets? Yes No If Yes, List Types: _____

VII. CHILDREN: Please list all children living in or out of the home.

Name	Sex	Birth Date	School grade / Occupation	At Home?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have any persons other than your children living in your home? Yes No

(If Yes, please provide their name, sex, birth date, school grade or occupation, place of residence)

VIII. PLEASE ANSWER THE FOLLOWING QUESTIONS: If you answer yes to any of questions 7-13 please attach a signed and detailed letter of explanation:

1. How did you hear about AUTUMN ADOPTIONS? Select One _____
2. Have you ever had a home study completed in the past? Yes No (If yes, please provide dates and the name and telephone number of the adoption agency)

3. Have you ever been involved in a home study that was not approved? Yes No. (If yes, please provide dates and the name and telephone number of the adoption agency)

4. Describe the child you hope to adopt (sex, race/nationality, age) _____
5. Would you consider adopting a child with a correctable handicap or special needs? Yes No
(If yes, please specify. e.g. cleft lip or palate, hearing impairment, visual impairment, developmental delay)

6. Are you working with a placement agency or adoption attorney? If yes, please provide the agency or attorney name and contact information. Yes No

	<u>ADOPTIVE FATHER</u>	<u>ADOPTIVE MOTHER</u>
7. Do you have a history of substance abuse or addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have a history of substance abuse or mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have a history of child abuse or neglect as a victim or perpetrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you have a history of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have an arrest and/or criminal history?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever had a home study completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever been the subject of a home study that was not approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If so, please provide the date the home study was completed and the agency that completed the home study.

PLEASE DO NOT FORGET TO SIGN AND DATE YOUR APPLICATION:

Adoptive Father Signature **Adoptive Mother Signature** **Date**

For AAI Only: Application Fee Rec'd: YES NO Date: _____ Check #/Amount: _____