

LUND FAMILY CENTER Adoption Homestudy Application Form

Date Submitted: _____

DIRECTIONS: Please Complete and return this application with the following:

• Birth Certificate	• Physical Forms
• Birth Parent Letter	• Divorce Papers (Certified)
• Criminal Background Check	• Motor Vehicle Record (Certified)
• Fingerprint Cards	• 1040 Tax Form (Latest)
• Non-Refundable Fee of \$800	• Marriage/Civil Union License (Certified)
	• 3 Letters of Reference

APPLICANT #1

Adoptive Parent Name: _____
(Last) (First) (Middle)

Social Security Number: _____ Date of Birth: _____ Present Age: _____

Place of Birth: _____ Citizenship: _____ If Naturalized, Place and Date: _____

Relationship Status: SINGLE MARRIED CIVIL UNION DIVORCED WIDOWED LIVING WITH PARTNER

Any other name(s) used _____

Address: _____
(street address / PO Box Number) (Apartment #)

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Nationality: _____ Race: _____ Religion: _____ Are you currently active in? _____

PHYSICAL DESCRIPTION

Height: _____ Ft. _____ In. Weight: _____ lbs Hair Color: _____ Eye Color: _____

How would you describe yourself physically?

How would you describe your personality?

Educational History

	Name/Address	Date(s) Attended		Graduated?	Degree
		From	To		
High School					
College					
Other					
Other					
Other					

Languages you speak (other than English).

Occupational History

List all major full-time jobs, dates, current employment, and what you have enjoyed most.

Date(s)	Job Title	Employer	Did you enjoy?

Health

Physician: _____

(Street / PO Box Number)

City: _____ State: _____ Zip: _____

Telephone: _____

Please describe any chronic conditions, handicaps, serious illnesses, operations, disability, or special considerations.

Children in Family

Name	Sex	DOB	AGE	<ul style="list-style-type: none">• Biological• Adopted• Foster	Nationality	Health Status (if deceased, give date)	Where Living

Please describe your children.

Previous marriages/civil unions or significant relationships. (List date(s) of marriage/civil union; divorce and circumstances of divorce
Strengths of relationship, where the marriage/civil union took place).

Community Involvement (interests; activities; and hobbies).

Relatives

List all parents, siblings, and your relationship with them.

Name	DOB / AGE	Relationship	Town / State

Please indicate whether you have ever been arrested for any criminal offense other than minor traffic violations.

- No Yes (if Yes, explain below)

Please indicate whether you have a history of substance, sexual, Physical or child abuse and /or domestic violence.

- No Yes (if Yes, explain below)

Please describe in detail your family background. Including but not limited to: When/Where you were born, family life, parenting styles and attitudes, and current family relationships.

Please describe your ethical, philosophical, religious values and beliefs.

Have you ever been approved as a prospective adoptive parent or received an unfavorable homestudy evaluation?

- No Yes (if Yes, explain below)

APPLICANT #2

Adoptive Parent Name: _____
(Last) (First) (Middle)

Social Security Number: _____ Date of Birth: _____ Present Age: _____

Place of Birth: _____ Citizenship: _____ If Naturalized, Place and Date: _____

Relationship Status: SINGLE MARRIED CIVIL UNION DIVORCED WIDOWED LIVING WITH PARTNER

Any other name(s) used _____

Address: _____
(Street address / PO Box Number) (Apartment #)

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Nationality: _____ Race: _____ Religion: _____ Are you currently active in? _____

PHYSICAL DESCRIPTION

Height: _____ Ft. _____ In. _____ Weight: _____ lbs Hair Color: _____ Eye Color: _____

How would you describe yourself physically?

How would you describe your personality?

Educational History

	Name/Address	Date(s) Attended		Graduated?	Degree
		From	To		
High School					
College					
Other					
Other					
Other					

Occupational History

List all major full-time jobs, dates, current employment, and what you have enjoyed most.

Date(s)	Job Title	Employer	Did you enjoy?

Health

Physician: _____

(Street / PO Box Number)

City: _____ State: _____ Zip: _____

Telephone: _____

Please describe any chronic conditions, handicaps, serious illnesses, operations, disability, or special considerations.

Children in Family

Name	Sex	DOB	AGE	<ul style="list-style-type: none"> • Biological • Adopted • Foster 	Nationality	Health Status (if deceased, give date)	Where Living

Please describe your children.

Previous marriages/civil unions or significant relationships. (List date(s) of marriage/civil union; divorce and circumstances of divorce. Strengths of relationship, where the marriage/civil union took place.

Community Involvement (interests; activities; and hobbies).

Relatives

List all parents, siblings, and your relationship with them.

Name	DOB / AGE	Relationship	Town / State

Please indicate whether you have ever been arrested for any criminal offense other than minor traffic violations.

- No Yes (if Yes, explain below)

Please indicate whether you have a history of substance, sexual, Physical or child abuse and /or domestic violence.

- No Yes (if Yes, explain below)

Have you ever been approved as a prospective adoptive parent or received an unfavorable homestudy evaluation?

- No Yes (if Yes, explain below)

Please describe in detail your family background. Including but not limited to: When/Where you were born, family life, parenting styles and attitudes, and current family relationships.

Please describe your ethical, philosophical, religious values and beliefs.

Please describe your current relationship. If married, when and where. How you met, how your families responded. Describe your relationship strengths and weaknesses. How do you feel a child will affect your relationship?

Family Lifestyles: Who lives in your house, relationship to you, pet, friends, etc?

Please describe your home in detail including floor plan, how long you've lived there, if you own or rent, and neighborhood.

Cross-cultural or transracial experiences and attitudes. How will you teach your child about his/her birth, country, and culture? How will your current community support and accept a child?

Please describe your extended families views on adoption and how they will support your plans to adopt. Is anyone else in your family adopted?

Financial Information

Salaries (Yearly) \$ _____ / \$ _____

Property Value \$ _____ Home Equity \$ _____ Combined Savings \$ _____

Bank / Financial Institution	Type of Investment	Amount

Fixed Obligations (Monthly)

Mortgage / Rent \$ _____ If mortgage, amount remaining \$ _____

Other Real Estate Payments

Payments (Auto, Boat Loans and Credit Cards)

Personal Loans

Company	Acct #	Address	Amount Due

Credit Cards

Company	Acct #	Address	Amount Due

Insurance (Type / Coverage)

	Insurance Company	Coverage Amounts
Home		
Auto		
Life		
Health		
Disability		
Retirement Plan		

Can a child be added to your health care policy?	
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References

Please list 3 references, how they know you, and have them send a letter of recommendation to Lund Family Center, 76 Glen Road, Burlington, VT 05401. The letters of reference should describe your character and ability to parent a child.

	Name	Address	Relationship
1.			
2.			
3.			

Adoption Preferences

Please describe the child(ren) you would like to adopt.

Age range	
Sex Preference	
Ethnic Background	
Special Needs (Physical/Emotional)	

Please describe your childcare plans once child is placed.

Please circle Y for Yes; N for No; or W for Willing to Discuss.

Please indicate as honestly as possible your level of acceptance of a child whose family background includes the following.

Criminal Activity	Y	N	W	Crack use / Addiction	Y	N	W
Violent	Y	N	W	Alcohol Use	Y	N	W
Narcotics, etc.	Y	N	W	Alcoholism	Y	N	W
Nicotine	Y	N	W	Venereal Disease	Y	N	W
Marijuana Use	Y	N	W	Sexual Promiscuity	Y	N	W
Pill Use	Y	N	W	AIDS (HIV Positive)	Y	N	W
Pill Addiction	Y	N	W	Mental Retardation	Y	N	W
Hard Drug Use	Y	N	W	Nervous Breakdown	Y	N	W
Hard Drug Addiction	Y	N	W	Adult Onset Diabetes	Y	N	W
IV Drug Use	Y	N	W	Juvenile Onset Diabetes	Y	N	W
Cocaine Use	Y	N	W	Epilepsy	Y	N	W
Other:	Y	N	W	History of Mental Health Services	Y	N	W

Please indicate as honestly as possible your level of acceptance of a child who has been / is subjected to:

Low Birth Weight	Y	N	W	Hydrocephalus	Y	N	W
Premature (minor)	Y	N	W	Sickle Cell Anemia	Y	N	W
Premature (severe)	Y	N	W	Sickle Cell Trait	Y	N	W
Heart Problem	Y	N	W	Hemophilia	Y	N	W
Missing Limbs	Y	N	W	Cystic Fibrosis	Y	N	W
Eye Problem	Y	N	W	Cleft Palate	Y	N	W
Legally Blind	Y	N	W	Muscular Dystrophy	Y	N	W
Hearing Impaired	Y	N	W	HIV Exposure	Y	N	W
Profoundly Deaf	Y	N	W	HIV Positive	Y	N	W
Unknown Problems	Y	N	W	Drug Exposure / Utero	Y	N	W
Down's Syndrome	Y	N	W	Drug Affect	Y	N	W
Spina Bifida	Y	N	W	Physical Deformity	Y	N	W
Cerebral Palsy	Y	N	W	Mental Retardation	Y	N	W

7. What are your concerns regarding adoption?

8. Any other information you wish to add regarding your thoughts or feelings about adoption, parenting, birth parents or your personal journey to building a family.

I/We swear that the information provided in this application is true and correct to the best of my/our knowledge and belief, and I/We understand that any false information constitutes grounds for immediate termination of this application and/or placement process.

Applicant #1 Signature	Date
Applicant #2 Signature	Date

I/We understand that the receipt of this application by the Lund Family Center does not constitute a contract of any type and implies no commitment of assurance that a child will be placed with me/us. I/We agree to pay all fees when due, and that failure to do so may result in termination of any on-going procedures. I/We further understand that all fees, once paid, are non-refundable, under any and all circumstances. I/We understand that this application is active for one year from the date the agency receives it in it's office (date stamped).

Applicant #1 Signature	Date
Applicant #2 Signature	Date

DO NOT WRITE BELOW THIS LINE

Date received in agency office (date stamp)

Received by: _____