



New Beginnings
Family and Children's Services, Inc.

Uniting Families Since 1985

Timothy Sutfin
Executive Director

Adoptive Family Profile (Application)

All information will be kept confidential and only used for the adoption process.

Applicant 1

Applicant 2 (spouse or significant other)

First Name:	Last Name:	First Name:	Last Name:
E-mail:		E-mail:	
Work telephone:		Work telephone:	
D.O.B:	Age:	Gender:	D.O.B:
Place of birth:	Place of birth:		
Citizenship:		Citizenship:	
Ethnicity:		Ethnicity:	
Primary language:		Primary language:	
Secondary:		Secondary:	
Passport or Alien Registration #:		Passport or Alien Registration #:	
Height:	Weight:	Height:	Weight:
Hair color:	Eye color:	Hair color:	Eye color:
Religion:		Religion:	
Highest level of education:		Highest level of education:	
Field of Study:		Field of Study:	
Occupation:		Occupation:	

Legal Residence: _____
(Street Address) (City) (State) (Zip Code)

County _____ **Telephone:** _____

Secondary Residence _____
(Street Address) (City) (State) (Zip Code)

Telephone: _____

In order to respect your privacy, please note the number to reach you during business hours:

Name: _____ **Telephone:** _____

Name: _____ **Telephone:** _____

Have you ever submitted an adoption application elsewhere? If so, what is the status of the application (accepted, pending, turned down, etc.)? _____

Are you currently working with another agency or with an attorney? If so, with whom?

Have you previously applied to New Beginnings? Yes _____ No _____

Please list all others (adults and children) living in your house. Do you live in a multi-family home?
Yes _____ No _____ (include tenants residing in your home or other family members):

Name	Gender	D.O.B.	Relationship to applicant	Adopted (Y/N)	List any medical, emotional or mental health issues.

2-1. If anyone living in your household (aside from you) have ever been arrested, fingerprinted and/or charged with or convicted of a crime, please describe. Include felony, misdemeanor, DUI & DWI. Also include any report of child abuse or neglect. Include the date and resolution with any incident.

Attach additional pages if needed.

Please list any children from previous marriages or relationships not living in your household:

Name	Gender	D.O.B.	Relationship to applicant	Adopted (Y/N)	List any medical, emotional or mental health issues.

EMPLOYMENT HISTORY – *for past ten years*
 (attach additional pages, if necessary)

Applicant Name _____

Applicant Name: _____

<p>Current employer:</p> <p>Position:</p> <p>Hire date:</p> <p>Salary:</p>	<p>Current employer:</p> <p>Position:</p> <p>Hire date:</p> <p>Salary:</p>
<p>Previous employer:</p> <p>Position:</p> <p>Hire date:</p> <p>Salary:</p>	<p>Previous employer:</p> <p>Position:</p> <p>Hire date:</p> <p>Salary:</p>
<p>Previous employer:</p> <p>Position:</p> <p>Hire date:</p> <p>Salary:</p>	<p>Previous employer:</p> <p>Position:</p> <p>Hire date:</p> <p>Salary:</p>
<p>Previous employer:</p> <p>Position:</p> <p>Hire date:</p> <p>Salary:</p>	<p>Previous employer:</p> <p>Position:</p> <p>Hire date:</p> <p>Salary:</p>

FINANCES

Income

Annual Income (applicant 1)	
Annual Income (applicant 2)	
Other _____	
Other _____	

Financial Assets

Checking	
Savings	
Personal Property	
Home value	
Other _____	
Other _____	
Total	

Financial Obligations

	Monthly Payments	Total Owed (if applicable)
Auto loans / Leases		
Education loans		
Mortgage / Maintenance / Rent		
Food, utilities, all others		
Alimony/Child Support		
Credit Card Debt		
Other _____		
Other _____		
Total		

If there will be outside assistance to help pay for the adoption services, or other unique circumstance, please briefly describe.

Life Insurance: Specify amount for each family member.

Applicant Name:	Amount:
Applicant Name:	Amount:

MEDICAL

Is each applicant covered by health insurance? Applicant 1: Yes _____ No _____

Applicant 2: Yes _____ No _____

5-1. Please describe any past and present significant medical conditions and hospitalizations. Include dates and diagnoses. If you have any current medical condition(s) and/or are currently taking prescription medication. Indicate the history, diagnosis, treatment, and prognosis for each condition. Please be aware that additional documentation may be requested.

Attach additional pages if needed.

5-2. Please list any infertility treatment. Are you still in treatment? When was your last treatment? Please explain.

Attach additional pages if needed.

5-3. a. Have you ever received counseling/therapy? Please detail what brought you into therapy, dates, diagnosis (if applicable) and any outcome.

Attach additional pages if needed.

b. Please describe any mental health or psychiatric conditions, including hospitalizations. Indicate the history, diagnosis, treatment, and prognosis for each condition.

Attach additional pages if needed.

Please list prescription medications taken within the last 5 years (other than antibiotics):

Applicant Name: _____

Condition	Medication	Dosage	Date Began	Date End

Applicant Name: _____

Condition	Medication	Dosage	Date Began	Date End

5-3. Please describe your past and present use of drugs and alcohol. Please include substances used, frequency of use, circumstances around use and how, if at all, any of this has changed during your life.

Attach additional pages if needed.

5-4. Have you ever received in-patient or out-patient substance abuse treatment? If so, please describe and give dates.

Applicant 1: Yes _____ No _____

Applicant 2: Yes _____ No _____

Attach additional pages if needed.

LEGAL

All prospective adoptive parents will be fingerprinted as part of the adoption process and prior arrest, including juvenile arrest, with or without convictions will be indicated.

Applicant 1	Have you ever been arrested?	Yes _____	No _____
	Have you been fingerprinted for criminal charges?	Yes _____	No _____
	Have you ever been convicted of a crime?	Yes _____	No _____
Applicant 2	Have you ever been arrested?	Yes _____	No _____
	Have you been fingerprinted for criminal charges?	Yes _____	No _____
	Have you ever been convicted of a crime?	Yes _____	No _____

If you answered "Yes", please describe the incident, date and resolution.

Attach additional pages if needed.

Have you ever been reported for child abuse or neglect?	Applicant 1: Yes _____	No _____
	Applicant 2: Yes _____	No _____

If you answered "Yes", please describe the incident, date and resolution.

Attach additional pages if needed.

MARRIAGE

Date of Current Marriage: _____

7-1. If applicable, how long have you been together as a couple?

Attach additional pages if needed.

7-2. If you have had a divorce, annulment or marital separations, please explain.

Attach additional pages if needed.

Previous Marriages	Applicant 1	Applicant 2
Previous marriages:	Yes _____ No _____	Yes _____ No _____
Date(s) of marriage(s):		
Date(s) of termination of marriage(s):		

RELATIVES – PARENTS AND SIBLINGS

Applicant 1				Applicant 2			
Name	Age	Relation	State/Country	Name	Age	Relation	State/Country

MOTIVATION TO ADOPT

9-1. Please state your reasons for wanting to adopt a child. If applicable, include in your reasons to adopt information about the following:

- If you have or are able to have biological children, please describe your reasons for wanting to build a family through adoption.
- If you have adopted previously, please state your reason for wanting to adopt again.

Attach additional pages if needed.

9-2. How do you plan to discipline your child? How is this the same or different from your parents?

Attach additional pages if needed.

INTERNATIONAL PROGRAMS

Based on the program requirements indicate the country would like to adopt from and preferences for the child to be matched. (See Programs at a Glance at <https://www.new-beginnings.org/programs-at-a-glance/>.)

<input type="checkbox"/> CHINA	<input type="checkbox"/> KOREA	<input type="checkbox"/> THAILAND	<input type="checkbox"/> PAKISTAN	<input type="checkbox"/> _____ <small>(Primary Provider/Home Study)</small>
<input type="checkbox"/> 9 - 36 mos.	<input type="checkbox"/> 15 - 36 mos.	<input type="checkbox"/> 2 - 4 yrs.	<input type="checkbox"/> under 2 yrs.	<input type="checkbox"/> 6 - 18 mos.
Waiting Children Adoption, New Beginnings' Program for Older or Special Needs Children				
<input type="checkbox"/> 3 - 5 yrs.	N/A	<input type="checkbox"/> 4 - 5 yrs.	<input type="checkbox"/> 2 - 5 yrs.	<input type="checkbox"/> 18 - 36 mos.
<input type="checkbox"/> 5 - 7 yrs.	N/A	<input type="checkbox"/> 5 - 7 yrs.	<input type="checkbox"/> 5 - 7 yrs.	<input type="checkbox"/> 3 - 6 yrs.
<input type="checkbox"/> Over 7	N/A	<input type="checkbox"/> Over 7	<input type="checkbox"/> Over 7	<input type="checkbox"/> Over 7
<input type="checkbox"/> M / <input type="checkbox"/> F	N/A	<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> M / <input type="checkbox"/> F	<input type="checkbox"/> M / <input type="checkbox"/> F
<input type="checkbox"/> No Preference		<input type="checkbox"/> No Preference	<input type="checkbox"/> No Preference	<input type="checkbox"/> Relative <input type="checkbox"/> Siblings

10-1. What about international adoption appeals to you?

Attach additional pages if needed.

10-1. Briefly describe the child/children you are seeking to adopt (age, ethnicity, other important characteristics).

Attach additional pages if needed.

10-2. What kinds of medical issues, emotional problems or developmental delays would you consider?

Attach additional pages if needed.

Be sure to include all information so we can process your Adoptive Family Profile without delay.

CONFIRMATION STATEMENT

Please include the Adoptive Family Profile fee of \$350, payable to New Beginnings.

Name of Applicant: _____

I state that the information presented in this document is true and correct.

Signature: _____ Date: _____

Name of Applicant: _____

I state that the information presented in this document is true and correct.

Signature: _____ Date: _____

Non-Discrimination in Services. Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any client, adoptive parent or applicant who believes they have been discriminated against, may file a complaint of discrimination with the US Department of Health and Human Services or your state's Human Relations Commission.