



**New Beginnings**

Family and Children's Services, Inc.

Uniting Families Since 1985

### Adoptive Family Profile – Identified Child

Please complete the questionnaire fully and mail to our Mineola office or send a scan to [nb@new-beginnings.org](mailto:nb@new-beginnings.org). All information will be kept confidential and will only be 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:	
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:
Religion:	Affiliation (if applicable):		
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)  
 County: \_\_\_\_\_ Telephone: \_\_\_\_\_

To respect your privacy, please include the number to reach you during business hours:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

To allow New Beginnings to make an accurate assessment, disclose all information requested.

If you have any questions, contact New Beginnings.

**New Beginnings**

87 Mineola Boulevard, Mineola, NY 11501

516-747-2204 • [nb@new-beginnings.org](mailto:nb@new-beginnings.org) • [www.new-beginnings.org](http://www.new-beginnings.org)

**Licensed In**

New York  
 New Jersey  
 Pennsylvania  
 Florida

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.** If you live in a multi-family home, include tenants residing in your home.

Name	Gender	D.O.B.	Relationship to applicant	If adopted, finalization date	List any medical, emotional or mental health issues.

2-1. Please describe if anyone living in your household (aside from you) has ever been arrested, fingerprinted, charged with, or convicted of a crime. Include felony, misdemeanor, D.U.I. & D.W.I. Also, include any report of child abuse or neglect. Include the date and resolution of 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	Finalization Date	List any medical, emotional or mental health issues.

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

Applicant Name \_\_\_\_\_ Applicant Name \_\_\_\_\_

Current Employer:

Current Employer:

Position:

Position:

Hiring Date:

Hiring Date:

Salary:

Salary:

Previous Employer:

Previous Employer:

Position:

Position:

Hiring Date:

Departure Date:

Hiring Date:

Departure Date:

Salary:

Salary:

Previous Employer:

Position:

Hiring Date:

Departure Date:

Salary:

Previous Employer:

Position:

Hiring Date:

Departure Date:

Salary:

Previous Employer:

Position:

Hiring Date:

Departure Date:

Salary:

Previous Employer:

Position:

Hiring Date:

Departure Date:

Salary:

## **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 _____		
<b>Total</b>		

Please briefly describe if there will be outside assistance to help pay for the adoption services or other unique circumstances.

**Life Insurance:** Specify amount for each applicant.

Applicant Name:	Amount:
Applicant Name:	Amount:

## MEDICAL

Does health insurance cover each applicant?    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

5-4. 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.

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

Applicant 1    Yes ☐    No ☐

Applicant 1    Yes ☐    No ☐

Attach additional pages if needed.

### LEGAL

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

Applicant 1	Have you ever been arrested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you been fingerprinted for criminal charges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Applicant 2	Have you ever been arrested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you been fingerprinted for criminal charges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

6.2 Have you ever been reported for child abuse or neglect?	Applicant 1:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(As a victim or a perpetrator)	Applicant 1:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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?

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

Previous Marriages	Applicant 1	Applicant 2
Previous marriage(s):		
Date(s) of marriage(s):		
Date(s) of termination of marriage(s):		
Previous marriage(s):		
Date(s) of marriage(s):		
Date(s) of termination of marriage(s):		

## PARENTS AND SIBLINGS

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

## IDENTIFIED CHILD INFORMATION

Name of Child or Children                      Birth Date                      Place the Child is Living (city, state, country)

Does the child have any health issues?    ☐ Yes    ☐ No    If yes, please briefly describe.

Are you related to the child or children?    ☐ Yes    ☐ No    If yes, describe the relationship.

Is the child's mother alive?    ☐ Yes    ☐ No    If yes, where is she living?

Is the child's father alive?    ☐ Yes    ☐ No    If yes, where is he living?

If one or both parents are deceased, do you have death certificates?    ☐ Yes    ☐ No

Are/were the child's parents married?    ☐ Yes    ☐ No

Are there siblings who will remain in the country?    ☐ Yes    ☐ No

Have you taken any steps to adopt or become legal guardian of the child? If so, what are they?

Do you have relinquishment documents or abandonment certificate? If so, what are they?

Can you get a copy of the child's birth certificate?    ☐ Yes    ☐ No

Does the child have a passport?    ☐ Yes    ☐ No

Who is caring for the child now?

What are the circumstances that have led you to seek to adopt this child?

Are you working with an attorney?    ☐ Yes    ☐ No

If yes, provide the name and contact information.

Do they have legal custody or guardianship?    ☐ Yes    ☐ No

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

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

Please add any more information that would be helpful.

## CONFIRMATION STATEMENT

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: \_\_\_\_\_

If the adoptive parent applicant is rejected or not been acted upon within six months of filing by the completion of an adoption study, he or she may request a State administrative hearing. The hearing must be requested within 60 days after the date of rejection of failure to act.

At such hearing, the applicant will have the right to counsel, or other representative, to produce witnesses and other evidence on his or her behalf. The applicant will be permitted to request the issuance of subpoenas, to cross examine witnesses, and to examine all the evidence presented against the applicant. If you wish a hearing, address your request to:

New York State Office of Children and Family Services  
Special Hearings 52 Washington Street, Room 322 North  
Rensselaer, New York 12144

Social Service Law 424-a requires the authorized agency receiving the application to check the New York State Registration of Child Abuse and Maltreatment to determine whether the applicant is the subject of an indicated report of child abuse and maltreatment. If the applicant does not reside in New York State, the applicant will be subject to a child abuse registry check in the state he or she resides.

Social Service Law 378-a requires the authorized agency to complete a criminal history record check for a prospective adoptive parent or any other person over the age of 18 who is currently residing in the home. If the applicant does not reside in New York State, the applicant may be subject to a criminal history record check in the state he or she resides.

**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.

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