New Beginnings
Family and Children's Services, Inc.

Uniting Families Since 1985

Adoptive Family Profile

Please complete the questionnaire, mail it to our Mineola office, save it, and send it to nb@new-beginnings.org.
All information will be kept confidential and used only 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: Age: Gender:
Place of birth:	Place of birth:
Citizenship:	Citizenship:
Ethnicity:	Ethnicity:
Primary language: Secondary:	Primary language: Secondary:
Passport or Alien Registration #:	Passport or Alien Registration #:
Height: Weight:	Height: Weight:
Religion: Affiliation (if applicable):	Religion: Affiliation (if applicable):
Highest level of education: Field of Study:	Highest level of education: Field of Study:
Occupation:	Occupation:

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

County: _____ Country _____

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

County: _____ Country _____

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

Name: _____ Telephone: _____

Name: _____ Telephone: _____

New Beginnings
87 Mineola Boulevard, Mineola, NY 11501
516-747-2204 • nb@new-beginnings.org • www.new-beginnings.org

Licensed In
New York
New Jersey

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 ☐

P**lease 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	Finalization Date	List any medical, emotional, or mental health issues.

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 the past ten years*

(attach additional pages, if necessary)

Applicant Name _____	Applicant Name: _____
Current employer: Position: Hire date: Salary:	Current employer: Position: Hire date: Salary:
Previous employer: Position: Hire date: Salary:	Previous employer: Position: Hire date: Salary:
Previous employer: Position: Hire date: Salary:	Previous employer: Position: Hire date: Salary:
Previous employer: Position: Hire date: Salary:	Previous employer: Position: Hire 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	0.00

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	0.00	0.00

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

Life Insurance: Specify the amount for each family member.

Applicant Name:	Amount:
Applicant Name:	Amount:

MEDICAL

Does health insurance cover each applicant? Applicant 1: Yes ☐ No ☐

Applicant 2: Yes ☐ No ☐

Please describe any past and present significant medical conditions and hospitalizations. Include dates and diagnoses and if you have any current medical condition(s) or are 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.

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

Attach additional pages if needed.

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.

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

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.

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

Applicant 1: Yes ☐ No ☐

Applicant 2: 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 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 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 ☐

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: _____

If applicable, how long have you been together as a couple?

Attach additional pages if needed.

Please explain the circumstances if you have had a divorce, annulment, or marital separation.

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

Please state your reasons for wanting to adopt a child.

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

Attach additional pages if needed.

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

Attach additional pages if needed.

INTERNATIONAL PROGRAMS

Based on the program requirements, indicate the country you would like to adopt from and preferences for the child to be matched. (See Programs at a Glance.)

☐ Korea	☐ Thailand	☐ Jamaica	☐ Other	☐ Home Study Only
☐ 15 – 36 Months For Korea, include the Health and Background Checklist with the AFP.	☐ 2 – 4 Years ☐ 5 – 7 Years	☐ Relative	Country _____	Placing Agency _____
	☐ Relative		☐ Relative	

For anyone adopting a relative, include the Identified Child Profile with the AFP.

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

Attach additional pages if needed.

What kinds of medical issues, emotional problems, or developmental delays would you consider?

Attach additional pages if needed.

All applicants for the Korea program must submit a Health and Background Checklist with their AFP. If you are open to a child with special needs, please submit a Health and Background Checklist with your AFP. If you are applying to adopt a relative, complete the Identified Child Profile.

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

CONFIRMATION STATEMENT

Name of Applicant: _____

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

The $350 review fee payment is suspended until the AFP has been approved.

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 deliver 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.