

Adoption Solutions, Inc.

612 Washington Street

Jefferson City, MO 65101

573 632-6646



APPLICATION FOR ADOPTION

Submit this application along with the \$300.00 Non-Refundable Application Fee to the mailing address.

FAMILY CONTACT INFORMATION

1. NAME _____

2. NAME _____

3. ADDRESS _____

4. Work Phone(s): _____

Home Phone(s): _____

Cell Phone (s): _____

Email: _____

5. Date Place, County of Marriage: _____

6. Number of previous marriages: (ASI prefers families with histories of one or less divorces)

Husband Marital History _____

Wife Marital History _____

7. Children in the Home: _____

#	M/F	Age	Bio	Adopted
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_____	_____	_____	_____	_____
#	M/F	Age	Bio	Adopted

Children Not Living
In the Home:

_____	_____	_____	_____	_____
#	M/F	Age	Bio	Adopted

8. Have you applied for adoption through another agency? If so, list name of the agency, status of your application/adoption:

ADOPTIVE FATHER INFORMATION

1. _____
Last First Middle
D.O.B. _____ SSN# _____
2. Place of Birth: _____ Nationality: _____ Religion: _____
3. Hair Color: _____ Ht.: _____ Wt.: _____
4. Eye Color: _____
5. Education: _____ Employer: _____
6. Occupation: _____
7. Veteran Status: _____
8. History of Any Arrests (List; Explain; Current Disposition): _____

7. Last jobs/employers starting with present employment:
- | Employer | From | To | Position | Mo/Earnings |
|----------|-------|-------|----------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| Employer | From | To | Position | Mo/Earnings |
| _____ | _____ | _____ | _____ | _____ |

8. Military Service: Veteran _____ Non-Veteran _____
If yes, list branch(es), dates of service(s), type of discharge.

9. Mental Health History

Have you ever experienced or been treated for an alcohol, drug, or pornography-related problem?

____ No ____ Yes. If yes, what was the nature and extent of the problem?

When did you experience the problem? When and where did you receive treatment for the problem? What is your current disposition of this issue?

10. Have you ever received mental health treatment? ____No ____Yes. If yes, what was the nature and extent of the problem? When did you experience the problem? When and where did you receive treatment for the problem? What is the current disposition of this issue?

11. ASI understands divorce occurs within relationships. It is the agency policy to work with couples who have no more than one divorce per each parent.

Prior Marriage(s): ____ From ____ To ____

Prior Marriage(s): ____ From ____ To ____

Reason for Divorce(s):

12. Children from Prior Marriage(s):

Number of Children: ____ Ages ____

Custody Arrangements: ____

If you do not have primary custody, what are the visitation arrangements? Do you remain current with all support payments? What is the nature of the relationship with your former spouse? How do you successfully co-parent your children? Is any child support up to date?

ADOPTIVE MOTHER INFORMATION

- | | | | | | |
|----|----------------------|-------|-------------------|-----------|------|
| 1. | ____ | ____ | ____ | ____ | ____ |
| | Last | First | Middle | D.O.B. | SSN# |
| 2. | Place of Birth: ____ | | Nationality: ____ | | |
| 3. | Religion: ____ | | | | |
| 4. | Hair Color: ____ | | Ht.: ____ | Wt.: ____ | |

5. Eye Color: _____
6. Education: _____ Employer: _____
7. Occupation: _____
8. Veteran Status: _____
9. History of Any Arrests (List; Explain; Current Disposition):

7. Last jobs/employers starting with present employment:

Employer	From	To	Position	Mo/Earnings
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Employer	From	To	Position	Mo/Earnings
----------	------	----	----------	-------------

Employer	From	To	Position	Mo/Earnings
----------	------	----	----------	-------------

Employer	From	To	Position	Mo/Earnings
----------	------	----	----------	-------------

Employer	From	To	Position	Mo/Earnings
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8. Military Service: Veteran _____ Non-Veteran _____
- If yes, list branch(es), dates of service(s), type of discharge.

9. Mental Health

Have you ever experienced or been treated for an alcohol, drug, or pornography related problem?

___ No ___ Yes. If yes, what was the nature and extent of the problem?

When did you experience the problem? When and where did you receive treatment for the problem? What is your current disposition of this issue?

10. Have you ever received mental health treatment? ___ No ___ Yes. If yes, what was the nature and extent of the problem? When did you experience the problem? When and where did you receive treatment for the problem? What is the current disposition of your issue?

11. ASI understands that sometimes divorce occurs within relationships. However, it is the agency policy to work with couples who have no more than one divorce per parent.

Prior Marriage(s): ____ From____ To____

Prior Marriage(s): ____ From____ To____

Reason for Divorce(s): _____

12. Children from Prior Marriage(s): _____

Number of Children: ____ Ages

Custody Arrangements: _____

If you do not have primary custody, what are the visitation arrangements? Do you remain current with all support payments? What is the nature of the relationship with your former spouse? How do you successfully co-parent your children?

RELIGIOUS AFFILIATION

1. Husband: _____

Church City/State Clergy

Length of Membership/Frequency of attendance:

2. Wife/Partner: _____

Church City/State Clergy

Length of Membership/Frequency of attendance:

ADOPTIVE FAMILY HEALTH INFORMATION/HISTORY

1. List major illnesses, accidents, surgeries, etc. you have had, when they occurred and what (if any) long term results you are currently experiencing:

Adoptive Father

Adoptive Mother

List current medical problems or physical disabilities.

Adoptive Father

Adoptive Mother

2. Do you currently use tobacco products?

Adoptive Father: ____ Yes ____ No

Adoptive Mother: ____ Yes ____ No

3. Infertility. List diagnosis, who has the infertility, how it was treated:

4. Date of last treatment: _____

CHILD PREFERENCE

1. Acceptable Race(s) are acceptable. Where there is a fraction assume the other race is Caucasian.

	Full	1/2
Caucasian	_____	_____
African American	_____	_____

Hispanic	_____	_____
American Indian	_____	_____
Other (List)	_____	_____

2. Age of child: (ASI places primarily infants 0 – 12 months in age; on rare occasion has placed older children)

Acceptable Ages. (Check all that Apply):

Birth to three months: _____

Four to six months: _____

Twelve months and older _____

3. ASI **does not guarantee the health** of a child and strongly urges all adoptive families consult a physician regarding the child's health status and available health information. Understand that at some future point a child may develop a physical, mental health, behavioral, or developmental issue. The adoptive family acknowledges this, accepts these risks, and feels prepared to assist the child if this does occur.

____ No ____ Yes

We would accept the following medical conditions:

	Acceptable	Unacceptable
Premature birth	_____	_____
Heart Murmur	_____	_____
Club Foot	_____	_____
Hernia	_____	_____
Hydrocephalus	_____	_____
Spina Bifida	_____	_____
Drug Exposure	_____	_____
Alcohol Exposure	_____	_____

Use of tobacco and other drugs frequently occur during pregnancy. ASI makes every effort to determine which drugs have been used during pregnancy and passes this information on to the adoptive families. After delivery, the screening will indicate all (if any drugs) that the birth mother has used during pregnancy. Prior to delivery this information may not be available or what the birth parent has shared may not be accurate. We understand and are willing to take this risk. ____No ____Yes

We would accept the following conditions:	Acceptable	Unacceptable
No prenatal Care	_____	_____
Tobacco Use	_____	_____
Marijuana Use	_____	_____

Cocaine Use	_____	_____
Heroin Use	_____	_____
Methamphetamine Use	_____	_____
Prescription Medication Use/Abuse	_____	_____
Alcohol Use	_____	_____
Other	_____	_____

PROVISION OF BIRTHPARENT EXPENSES
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I/We understand many birthmothers request financial assistance to sustain themselves during pregnancy with short term follow up after placement. Some birthmothers ask for financial assistance during pregnancy, some ask for their expenses to be reimbursed after placement. ____Yes ____No

If Yes, what is the extent of the assistance you can provide? (assistance may include, but not limited to: rent, utilities, transportation, food, maternity, phone, unpaid medical, medications, etc.)

I/We are aware that a birthmother can change her mind at any point prior to or after delivery. How would you and your spouse/partner deal with a situation where you had provided expenses and the birthmother changed her mind about her plan for adoption? How will you deal with this?

I/We are aware and are willing to assume the risk that not every birthmother is 100% honest in her desire to develop a plan for adoption and may have ulterior motives in seeking financial assistance. Should this occur how will you deal with this?

DISCIPLINE

ASI maintains a NO CORPORORATE PUNISHMENT philosophy. Can you agree to adhere to this philosophy and are you willing to sign the NO CORPORORATE PUNISHMENT POLICY AGREEMENT? ____Yes ____NO

FINANCIAL INFORMATION

1. Adjusted Gross Income on your current Tax 1040. _____
2. Private Health Care Provider (list the name of the provider(s); policy #'s; address).
Length of Coverage. _____

3. Life Insurance Provider (list the name of the provider(s); coverage amounts; policy #'s; address; beneficiary's).

4. Home
 Date Purchased _____ Fair Market Value _____
 Equity _____ Balance Owed _____
 Mortgage Payment _____ Lender _____
 Rent/Monthly _____ Value of Personal Belongings ____

ASSETS

	Current Balance/Value	Bank/ Institution/City/State
Checking Account	_____	_____
	_____	_____
Savings Account	_____	_____
	_____	_____
Other Investments	_____	_____
	_____	_____

LIABILITIES

Mortgage	Creditor	Balance	MO/PYMT.
	_____	_____	
	_____	_____	
Loans	_____	_____	
	_____	_____	

Car Payments	_____	_____
	_____	_____
Credit Cards	_____	_____
	_____	_____
Other Debt	_____	_____
	_____	_____

How do you plan to pay ASI expenses, birthmother expenses (if appropriate), attorney's fees, and any other adoption related expenses?

It is not uncommon for an adoptive family to experience one or more failed adoptions. If this is your experience, how will you deal with this? Explain.

I/WE certify that all the provided information is accurate and understand that any misrepresentation will be cause for disqualifications from ASI. I/WE have researched adoption and understand the risks associated with this process and further understand that ASI does not guarantee successful placement.

Signatures:

Adoptive Parent	_____	_____
Adoptive Parent	_____	_____

Agency Use Only

ASI Office Review

Staff Signature

Date