



Forever Families Application

P.O. Box 2085 • Middleburg, VA 20118

540-687-5627 • 540-687-5629 (fax)

Congratulations on your decision to consider adoption. Please tell us "How did you hear about Forever Families?"

- Website
 Yellow Pages
 Advertisement
 Brochure/Flyer
 Referral by friends/family member

Tell us who so that we may thank them _____

Other _____

SECTION 1. GENERAL INFORMATION

Please tell us about you and your family. Use a blank sheet if additional space is required.

Applicant 1

Applicant 2

Full Legal Name		
Your Nickname		
Street Address		
City/State/Zip		
County		
Date of Birth	Age: _____	Age: _____
Place of Birth		
Occupation		
Name of Employer		
Address of Employer		
Home Phone		
Cell Phone		
Work Phone		
Home E-Mail		
Work E-Mail		
Social Security Number		
May we call you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2. PREVIOUS ADDRESSES

Please list **ALL** addresses at which you have lived since **the age of 18**. We require this to ensure all of our Home Studies meet Hague Standards.

Note: Please make sure to include ALL addresses. This includes relatives you may have lived with, colleges and universities. Any address you lived at for 3 months or longer must be provided.

Applicant 1

Applicant 2

1.	Address/ City/State		
	Date from/to		
2.	Address/ City/State		
	Date from/to		
3.	Address/ City/State		
	Date from/to		
4.	Address/ City/State		
	Date from/to		
5.	Address/ City/State		
	Date from/to		
6.	Address/ City/State		
	Date from/to		

SECTION 3: MARITAL INFORMATION

Are you currently married? Yes No

Note: Please provide copies of all licenses/divorce decrees prior to your home study and show original documents to your social worker during your first home study interview.

Date of Marriage: _____ Place of Marriage: _____

Previous Marriages

Applicant 1

Applicant 2

Date & Place of Marriage		
Date & Place of Divorce		
Spouse's Maiden Name		
Date & Place of Marriage		
Date & Place of Divorce		
Spouse's Maiden Name		
Date & Place of Marriage		
Date & Place of Divorce		
Spouse's Maiden Name		

SECTION 4: EDUCATION

Degrees Obtained	Applicant 1	Applicant 2
Degree + Year		
Institution		
Degree + Year		
Institution		
High School		

SECTION 5: FAMILY INFORMATION

YOUR CHILDREN

If adopted please provide a copy of the Final Order of Adoption, Birth Certificate, and Certificate of Citizenship.

Full Name : _____ DOB: _____ Age: _____

Adopted? Yes No Adopted Child's Birth Country: _____

Finalized? Yes No Date and Place of Finalization: _____

Does the child live the home? Yes No

Full Name : _____ DOB: _____ Age: _____

Adopted? Yes No Adopted Child's Birth Country: _____

Finalized? Yes No Date and Place of Finalization: _____

Does the child live the home? Yes No

Full Name : _____ DOB: _____ Age: _____

Adopted? Yes No Adopted Child's Birth Country: _____

Finalized? Yes No Date and Place of Finalization: _____

Does the child live the home? Yes No

Full Name : _____ DOB: _____ Age: _____

Adopted? Yes No Adopted Child's Birth Country: _____

Finalized? Yes No Date and Place of Finalization: _____

Does the child live the home? Yes No

Full Name : _____ DOB: _____ Age: _____

Adopted? Yes No Adopted Child's Birth Country: _____

Finalized? Yes No Date and Place of Finalization: _____

Does the child live the home? Yes No

SECTION 5; FAMILY INFORMATION (continued)

Full Name : _____ DOB: _____ Age: _____
 Adopted? Yes No Adopted Child's Birth Country: _____
 Finalized? Yes No Date and Place of Finalization: _____
 Does the child live the home? Yes No

Full Name : _____ DOB: _____ Age: _____
 Adopted? Yes No Adopted Child's Birth Country: _____
 Finalized? Yes No Date and Place of Finalization: _____
 Does the child live the home? Yes No

Full Name : _____ DOB: _____ Age: _____
 Adopted? Yes No Adopted Child's Birth Country: _____
 Finalized? Yes No Date and Place of Finalization: _____
 Does the child live the home? Yes No

Full Name : _____ DOB: _____ Age: _____
 Adopted? Yes No Adopted Child's Birth Country: _____
 Finalized? Yes No Date and Place of Finalization: _____
 Does the child live the home? Yes No

Full Name : _____ DOB: _____ Age: _____
 Adopted? Yes No Adopted Child's Birth Country: _____
 Finalized? Yes No Date and Place of Finalization: _____
 Does the child live the home? Yes No

OTHERS IN THE HOUSEHOLD

All household members 18+ years of age must obtain clearances, provide DMV records, and participate in the interview with Social Worker. They must also submit to a physical to include a TB screening.

Name	Sex	Date of Birth/Age	Relationship

SECTION 5 : FAMILY INFORMATION (continued)

FAMILY OF ORIGIN

Applicant 1

Applicant 2

Mother's Name		
Address		
City/State/Zip		
Date of Birth & Age		
Place of Birth		
Occupation		
Deceased	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No

Father's Name		
Address		
City/State/Zip		
Date of Birth & Age		
Place of Birth		
Occupation		
Deceased	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No

Sibling's Name		
Address		
City/State/Zip		
Date of Birth & Age		
Place of Birth		
Occupation		
Deceased	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No

SECTION 5: FAMILY INFORMATION (continued)

Applicant 1

Applicant 2

Sibling's Name		
Address		
City/State/Zip		
Date of Birth & Age		
Place of Birth		
Occupation		
Deceased	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No

Sibling's Name		
Address		
City/State/Zip		
Date of Birth & Age		
Place of Birth		
Occupation		
Deceased	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No

Sibling's Name		
Address		
City/State/Zip		
Date of Birth & Age		
Place of Birth		
Occupation		
Deceased	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No

Sibling's Name		
Address		
City/State/Zip		
Date of Birth & Age		
Place of Birth		
Occupation		
Deceased	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No

SECTION 6: PERSONAL INFORMATION

Applicant 1

Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____
Race: _____

HAVE YOU EVER BEEN:

Arrested (even if expunged OR occurred before age 18)?

Yes No

Convicted of a Crime: Yes No

In Jail or Prison: Yes No

The subject of child abuse or a neglect investigation
(even if it did not result in an arrest or conviction).

Yes No

If YES to any of the above, please explain. Include charge
and sentence.

Are you under legal obligation to pay child support?

Yes No

If YES, are your payments up to date?

Yes No

Have you ever filed for bankruptcy?

Yes No

If YES to any of the above, please explain.

Driving Record: (Please provide FFAS with a copy of your
driving record for the past 5 years.)

Driver's License No: _____

Exp.Date: _____ State: _____

Applicant 2

Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____
Race: _____

HAVE YOU EVER BEEN:

Arrested (even if expunged OR occurred before age 18)?

Yes No

Convicted of a Crime: Yes No

In Jail or Prison: Yes No

The subject of child abuse or a neglect investigation
(even if it did not result in an arrest or conviction).

Yes No

If YES to any of the above, please explain. Include charge
and sentence.

Are you under legal obligation to pay child support?

Yes No

If YES, are your payments up to date?

Yes No

Have you ever filed for bankruptcy?

Yes No

If YES to any of the above, please explain.

Driving Record: (Please provide FFAS with a copy of your
driving record for the past 5 years.)

Driver's License No: _____

Exp.Date: _____ State: _____

SECTION 7: HEALTH INFORMATION

For EACH insurance provide a copy of the insurance or policy declaration sheet.

Applicant 1

Contact information for physician who will complete the medical exam for the home study.

Name	
Address	
City/State/Zip	
Telephone	

Are you currently being treated by a physician?

Yes No

Please describe the medical conditions for which you are being treated.

Describe any chronic conditions.

Describe all hospitalizations in the past 5 years.

Have you ever sought treatment from a mental health professional?

Yes No

If YES please explain the circumstances including dates:

Have you ever participated in a drug and alcohol treatment program? Yes No

If YES, please explain the circumstances including dates:

Applicant 2

Contact information for physician who will complete the medical exam for the home study.

Name	
Address	
City/State/Zip	
Telephone	

Are you currently being treated by a physician?

Yes No

Please describe the medical conditions for which you are being treated.

Describe any chronic conditions.

Describe all hospitalizations in the past 5 years.

Have you ever sought treatment from a mental health professional?

Yes No

If YES please explain the circumstances including dates:

Have you ever participated in a drug and alcohol treatment program? Yes No

If YES, please explain the circumstances including dates:

SECTION 7: HEALTH INFORMATION (continued)

Child's Name/ Age	Date of Last Medical Exam/ Current on Immunizations	Chronic Conditions	Doctor's Name/ Address/ Phone
Age:	Date: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Age:	Date: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Age:	Date: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Age:	Date: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Age:	Date: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Age:	Date: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Insurance Provider: _____
 Name of Insurer : _____
 Policy Number: _____ Group No: _____

SECTION 8: LIFE & VEHICLE INSURANCE INFORMATION

LIFE INSURANCE	AMOUNT & KIND	BENEFICIARY	INSURANCE COMPANY
Applicant 1			
Applicant 2			
Children			
Other			

Car Insurance Provider: _____
 Name of Insurer: _____
 Policy Number: _____ Expiration Date: _____

SECTION 9: REFERENCES

Please inform your non-relative references that they will receive a reference request and that they should complete the request as soon as possible. References must be non-relative, must be able to comment on each applicant, and have known each applicant for **three years**. All reference requests must be mailed as we require an original signature.

Reference Name	Address	Phone Number	E-Mail Address

SECTION 10: FINANCIAL INFORMATION

Applicant 1

Annual Gross Income	\$
1. Other Annual Income	\$
Source of Income	
2. Other Annual Income	\$
Source of Income	
① TOTAL ANNUAL INCOME	\$

GROSS ANNUAL INCOME FROM ALL SOURCES:

NET ANNUAL INCOME FROM ALL SOURCES:

NET MONTHLY INCOME FROM ALL SOURCES:

MONTHLY EXPENSES/LIABILITIES:

Expense	Monthly Payment	Amount Owed
Primary Residence	\$	\$
Real Estate (not primary residence)	\$	\$
Home Equity	\$	\$
Automobile	\$	\$
Bank Loans	\$	\$
Other _____	\$	\$
Insurance (Medical/Life)	\$	\$
Utilities (Elec/Water/Phone)	\$	\$
Credit Cards	\$	\$
Groceries & Household	\$	\$
Auto (Gas/Ins/Maint)	\$	\$
Other _____	\$	\$
TOTAL	⑤ \$	⑥ \$

⑧ Net Worth = **⑦** - **⑥** _____

⑨ Monthly Discretionary Income = **④** - **⑤** _____

Applicant 2

Annual Gross Income	\$
1. Other Annual Income	\$
Source of Income	
2. Other Annual Income	\$
Source of Income	
② TOTAL ANNUAL INCOME	\$

① + **②** \$ _____

③ \$ _____

④ \$ _____

ASSETS:

Primary Residence	\$
Real Estate (not primary residence)	\$
Personal Property	\$
Investments	\$
Checking Account	\$
Savings Account	\$
Retirement Accounts	\$
TOTAL ASSETS	⑦

FINANCIAL SUMMARY

① + ② Gross Annual Income	\$
③ Net Annual Income	\$
④ Net Monthly Income	\$
⑤ Total Monthly Expenses	\$
⑥ Total Liabilities	
⑦ Total Assets	\$

SECTION 11: YOUR ADOPTION

1. Are you currently working with a placing agent? Yes No
2. Agency Name: _____
3. Agency Address: _____
4. Agency Phone #: _____ Contact's Name: _____ Contact's Extension: _____
5. Contact's Email: _____
6. Country of Adoption: _____
7. Desired Gender and Age Range of Child: _____

SECTION 12: PREVIOUS HOME STUDIES

Have you ever initiated or had a home study completed prior to now? Yes No

If YES, please list all home study providers and provide copies of all home studies.

SECTION 13: IMPORTANT ADOPTION INFORMATION

There are certain risks involved in the adoptive process. Forever Families Adoption Services, Inc. (FFAS) will provide you with all information that is made available to the agency and will assist you with the entire adoptive process. Some unpredictable problems and/or events may nevertheless occur including, but not limited to, changes in adoption laws and policies, both in the US and abroad, changes in regulations of partner agencies, or unexpected changes in circumstances specific to you adoption situation.

In addition, some children may be placed with you who have partially or totally undiagnosed physical and/or emotional problems which are unknown to FFAS. **Your motivation for adoption and an honest assessment of your strengths and weaknesses in parenting are extremely important.**

Applicant's Initials: _____

Forever Families Adoption Services, Inc, is licensed to provide adoption services to Virginia families seeking an international or domestic/agency placement. We are also licensed to provide services for "Parental Placement".

SECTION 13: SIGNATURES

We /I attest that the information we/I provided on this application is true and accurate to the best of our/my knowledge and we/I understand any and all responses are subject to verification. **FULL disclosure is essential to a successful process. FFAS reserves the right to cancel services to families who have not been honest or totally forthcoming with information needed for the home study. In such cases, there will be absolutely no refund of fee paid. We/I have read and understand the information regarding Forever Families Adoption Services and the risks involved in adoption.**

Applicant 1 _____
Signature Date

Applicant 2 _____
Signature Date

Please return the application with a non-refundable \$300.00 application fee **AND** a copy of your photo ID. Make check payable and mail to:

Forever Families Adoption Services
P.O. Box 2085
Middleburg, VA 20118

Please make a copy of this application for your records prior to mailing.