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|------------------------|
| AGENCY USE ONLY |
| Sent: _____ |
| Received: _____ |
| Opened: _____ |
| Approved: _____ |
| Closed: _____ |

9720 W 87th St Overland Park KS 66212

DOMESTIC ADOPTION APPLICATION

PLEASE PRINT OR TYPE

| APPLICANTS | Name (Last, First) | Age | DOB | Race | US Citizen? |
|------------|--------------------|-----|-----|------|-------------|
| Husband | | | | | Yes/No |
| Wife | | | | | Yes/No |

| CONTACT INFORMATION | Email Address | Work Phone | Cell Phone | Home Phone |
|---------------------|---------------|------------|------------|------------|
| Husband | | | | |
| Wife | | | | |

ADDRESS: _____
 (Street or RFD) (City) (County) (State) (Zip Code)

PARISH/ CHURCH Name: _____ Denomination _____
 Address: _____
 Length of Membership: _____ Frequency of Attendance _____
 Pastor's Name: _____
 (will be used as reference)

MARRIAGE Date of Marriage _____
 Church Name _____ City _____ State _____
 Civil (By Whom) _____ City _____ State _____

Previous Marriages

| | Husband | Wife |
|---------------------------|---------|-------|
| Date: | _____ | _____ |
| Date Divorced/ Widowed | _____ | _____ |

CHILDREN

Number of children from present marriage: ____ Names _____
DOB _____

Number of children from past marriages: ____ Names _____
DOB _____

Number of fostered children: ____ Names _____
DOB _____

Number of adopted children: ____ Names _____
DOB _____

Number of children living at home: _____

OTHER ADULTS (over age 18) LIVING IN THE HOME

Full Name: _____ DOB _____ Relationship: _____

Full Name: _____ DOB _____ Relationship: _____

Full Name: _____ DOB _____ Relationship: _____

| EMPLOYMENT | Employer Name & Position Held | Address | Years** | Annual Salary |
|-------------------|--|----------------|----------------|----------------------|
| Husband | | | | |
| Wife | | | | |

** If employed less than two years, please list two prior employers, positions, and salaries:

Do you have any other income? Yes No If yes, please explain: _____

| OTHER FINANCIAL INFORMATION | Husband | | Wife | |
|--|----------------|----|-------------|----|
| Are you under any legal obligation to pay child support? | Yes | No | Yes | No |
| If YES, are your payments up to date? | Yes | No | Yes | No |
| Have you ever filed for bankruptcy? | Yes | No | Yes | No |

Do you have adequate housing and finances to support a child? Yes No

If YES to any of the above, please explain:

| EDUCATION | Highest Level of Education Attained (e.g. GED, High School, Bachelor's, Master's, or PhD) | School/Institution | Year Graduated |
|------------------|--|---------------------------|-----------------------|
| Husband | | | |
| Wife | | | |

| MEDICAL | Name of Physician Completing Medical Exam for Home Study | Address |
|----------------|---|----------------|
| Husband | | |
| Wife | | |

Infertility Information (if applicable)

Diagnosis _____ Treatment: _____

Date of Last Treatment: _____

Husband's Health

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

Do you have any chronic health conditions? Yes No If yes, please describe: _____

Do you smoke? Yes No If yes, how much? _____

Do you consume alcohol? Yes No If yes, how much? _____

Have you ever received mental health services? Yes No If yes, please give dates and a brief description of treatment _____

Have you ever participated in a drug or alcohol treatment program? Yes No If yes, please explain: _____

Do you have a history of substance abuse? Yes No If yes, please explain: _____

Have you been reported for domestic violence? Yes No If yes, please explain: _____

Have you been reported for child abuse and/or neglect? Yes No If yes, please explain: _____

Wife's Health

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

Do you have any chronic health conditions? Yes No If yes, please describe: _____

Do you smoke? Yes No If yes, how much? _____

Do you consume alcohol? Yes No If yes, how much? _____

Have you ever received mental health services? Yes No If yes, please give dates and a brief description of treatment _____

Have you ever participated in a drug or alcohol treatment program? Yes No If yes, please explain: _____

Do you have a history of substance abuse? Yes No If yes, please explain: _____

Have you been reported for domestic violence? Yes No If yes, please explain: _____

Have you been reported for child abuse and/or neglect? Yes No If yes, please explain: _____

Health Insurance

Do you have family coverage? Yes No If yes, insurance company name: _____

If yes, when would coverage begin for adopted child: _____

| CRIMINAL HISTORY | Husband | Wife |
|---|----------------|-------------|
| Have you ever been: | | |
| Arrested (even if expunged OR occurred before 18 years old): | Yes No | Yes No |
| Charged with a crime: | Yes No | Yes No |
| Convicted of a crime: | Yes No | Yes No |
| Had a criminal record expunged: | Yes No | Yes No |
| In jail or prison: | Yes No | Yes No |
| The subject of a child abuse or neglect investigation (even if it did not result in an arrest or conviction): | Yes No | Yes No |

If YES to any of the above, please explain:

SOCIAL REFERENCES:

List three social references who are not related to you and who have known you as well as a married couple for two or more years. (Please do not list your pastor or employer.)

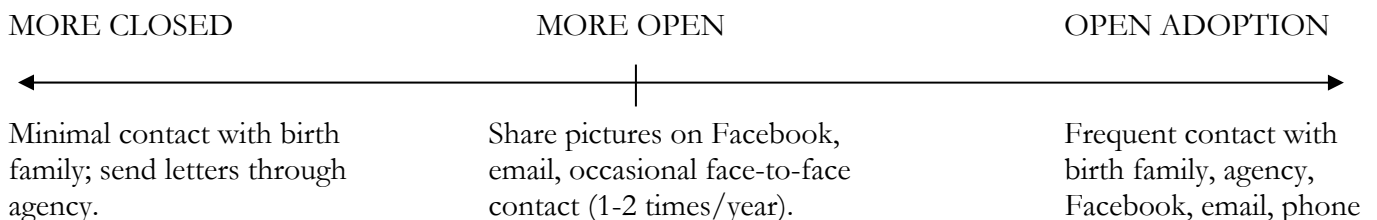
| | <u>Reference #1</u> | <u>Reference #2</u> | <u>Reference #3</u> |
|-------------------|---------------------|---------------------|---------------------|
| Name: | _____ | _____ | _____ |
| Address: | _____ | _____ | _____ |
| City, State, Zip: | _____ | _____ | _____ |
| Phone #: | _____ | _____ | _____ |
| E-Mail: | _____ | _____ | _____ |

CATHOLIC CHARITIES NEEDS ADOPTIVE FAMILIES FOR CHILDREN OF DIFFERENT BACKGROUNDS, RACES, AND CULTURES. WOULD YOU CONSIDER ADOPTING:

| | Yes | No | Maybe |
|-----------------------------|-------|-------|-------|
| African-American | _____ | _____ | _____ |
| Mixed-Race African Am. | _____ | _____ | _____ |
| Asian | _____ | _____ | _____ |
| Mixed-Race Asian | _____ | _____ | _____ |
| Caucasian | _____ | _____ | _____ |
| Hispanic | _____ | _____ | _____ |
| Mixed-Race Hispanic | _____ | _____ | _____ |
| Native American | _____ | _____ | _____ |
| Mixed-Race Native Am. | _____ | _____ | _____ |
| Full Arabic (Iranian, etc.) | _____ | _____ | _____ |
| Mixed-Race Arabic | _____ | _____ | _____ |
| Full Indian | _____ | _____ | _____ |
| Mixed-Race Indian | _____ | _____ | _____ |
| Twins | _____ | _____ | _____ |
| Developmental Delays | _____ | _____ | _____ |
| Minor Health Conditions | _____ | _____ | _____ |

Additional Comments:

On the line below, please mark on where you feel comfortable with birth family contact.



calls.

ADOPTION EXPERIENCE:

Have you ever applied for adoption before? _____

If so, when? _____ Where? _____

Are you approved by or currently working with any other agency at present? _____

If you have a prior home study, please list by whom and the date (we also will need a copy of it and any previous background checks). _____

LEAVE OF ABSENCE POLICY

Catholic Charities requires that one parent remain at home during the first three (3) months after a child is placed for adoption. If both husband and wife are working, please describe your plans to comply with this requirement.

SIGNATURES

Before placing your signature below, it is suggested you carefully re-read your answers to ensure accuracy and completeness.

By signing this application, I agree that the information I have provided is true and accurate to the best of my knowledge.

Husband: _____ Wife: _____

Date: _____ Date: _____

Completed form with a copy of your driver’s license and the non-refundable \$350 application fee can be sent to:**

**Catholic Charities of Northeast Kansas
Attn: Adoption Program
9720 W. 87th Street
Overland Park, KS 66212**

**Contact Info:
Heather Roberts
913-433-2063
hroberts@catholiccharitiesks.org**

****PLEASE NOTE THAT THIS IS A NON-REFUNDABLE FEE AND DOES NOT
GUARANTEE ACCEPTANCE TO THE CATHOLIC CHARITIES ADOPTION PROGRAM**