



Annual Gross Income \_\_\_\_\_  
Education \_\_\_\_\_  
Present Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

SSN# \_\_\_\_\_

Ethnic Background \_\_\_\_\_

Religion \_\_\_\_\_

Physical Ht. \_\_\_\_\_ Build \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

General Health \_\_\_\_\_

Physician \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance \_\_\_\_\_

Marriage (if applicable):

Date \_\_\_\_\_ Place \_\_\_\_\_

Previous Marriage \_\_\_\_\_

No. Children Previous Marriage \_\_\_\_\_

Are you presently involved with another adoption agency, facilitator, and/or attorney regarding adoption placement? Yes \_\_\_ No \_\_\_ If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you anticipate the need for our adoption resource and support services in making your decision about an adoption placement? Yes \_\_\_ No \_\_\_

How did you hear about this agency? \_\_\_\_\_

Have you ever been rejected as a prospective adoptive parent or been the subject of an unfavorable home study? Yes \_\_\_ No \_\_\_ If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Type of adoption anticipated: Domestic\_\_\_\_\_ International\_\_\_\_\_ Other\_\_\_\_\_

Describe the child(ren) you would like to adopt (age, sex, ethnicity, sibling group, special needs, country of origin, etc.)

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Please provide the name and address of your employer(s) so we may request verification of employment. Please list three references (name, full address including zip code, phone number) of people who know you well. These can be personal friends, neighbors, clergy, work colleagues or physician and one reference from a family member.

Parent #1 employer \_\_\_\_\_  
\_\_\_\_\_

Parent #2 employer \_\_\_\_\_  
\_\_\_\_\_

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

We certify that the above information is true and correct to the best of our knowledge.

Parent #1 \_\_\_\_\_ Date\_\_\_\_\_

Parent #2 \_\_\_\_\_ Date\_\_\_\_\_

I hereby authorize *Adoption Options* or their authorized representative to contact the above-named references and to request information or clearances necessary to completing a home study. This will include a request from the Attorney General's Office and the Department of Children, Youth & Families (DCYF) or Department of Social Services (DSS). A photo ID is required in order to process clearances.

Signatures:

Parent #1 \_\_\_\_\_ Date\_\_\_\_\_

Parent #2 \_\_\_\_\_ Date\_\_\_\_\_

ALL INFORMATION PROVIDED BY YOU WILL BE HELD IN STRICTEST CONFIDENCE.

**Home Study Fee Agreement**

This is an agreement between Adoption Options of Jewish Family Service and \_\_\_\_\_.

We understand that the fee for our domestic/international home study is \$\_\_\_\_\_. We agree to pay this full amount after the first meeting with our adoption worker. In the event that our home study is interrupted prior to completion, Adoption Options will refund us for services rendered on a prorated fee.

\_\_\_\_\_  
Adoptive Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adoptive Parent

\_\_\_\_\_  
Date