

COLORADO ADOPTION CENTER

8010 S. County Road 5, Suite 205
Ft. Collins, CO 80528
Phone (970) 493-8816 Fax (970) 224-3866

APPLICATION FOR ADOPTION

Names of Applicants: _____

Address (street, city, state, zip): _____

Mailing Address (if different): _____

County: _____ School District: _____

Home Phone #: _____ Email address: _____

His work #: _____ His cell #: _____

Her work #: _____ Her cell #: _____

If at the current address less than 2 years, please provide previous address:

PERSONAL PROFILES

	Husband	Wife
Name (first, middle, last, maiden)		
Nicknames and aliases		
Social Security Number		
Birth Date and Age		
Birth Place (City, County and State)		
Are you a U.S. citizen?		
Height and Weight		
Eye Color, Hair Color, Complexion		
Heritage i.e. English, Irish		
Education		
Talents and Interests		

RELIGION

Church you attend: _____

Address: _____

Denomination: _____ Are you members? Yes No

Activities/Involvement: _____

FAMILY PROFILE

LIST ALL CHILDREN AND OTHERS WHO LIVE IN THE HOUSEHOLD. ALSO LIST ADULT CHILDREN LIVING OUTSIDE OF THE HOME (Indicate location):

Full Name _____ age _____ birth date _____ relationship _____ adopted? _____

MARRIAGE

Date of Marriage _____ Place of Marriage _____

PREVIOUS MARRIAGES

	Husband	Wife
Number of previous marriages	_____	_____
Dates	From _____ to _____	From _____ to _____
	Divorced___Widowed___	Divorced ___Widowed___
	From _____ to _____	From _____ to _____
	Divorced___Widowed___	Divorced ___Widowed___

CHILDREN FROM PREVIOUS MARRIAGES: List names, ages, birth dates, who has custody, with whom the child(ren) reside, and details of child support payments.

RELATIVES

List the following relatives: Include name, birth date, address, education, occupation, marital status and number of children. If deceased, please include date of death. If you need more room, you can use another piece of paper.

HUSBAND

Father: _____

Mother: _____

Siblings: _____

WIFE

Father: _____

Mother: _____

Siblings: _____

FINANCIAL PROFILE

EMPLOYMENT

	Husband	Wife
Current Employer/Company Name		
Address		
Supervisor's name and phone #		
Your position		
Annual Gross Income		
Date of Hire		
Previous Employer		
Address		
Position		
Annual Income		
Dates of Employment		

ASSETS

List savings and investments, personal property, equipment, real estate (other than home), etc. and their estimated value.

LIABILITIES

List debtors and amounts owed (other than home mortgages) with amount of monthly payments.

HOME

Do you own or rent your home? _____ Monthly mortgage or rent payment \$ _____

If owned, current market value \$ _____ Mortgage balance \$ _____

Who provides services into your home for

Water _____ Natural Gas _____

Electricity _____ Sewer _____

FINANCIAL PROFILE CONTINUED

HEALTH INSURANCE

Who is your Health Insurance Provider? _____

Will your health insurance cover pre-existing conditions of an adopted child at the time of placement? _____

LIFE INSURANCE

Amount of Husband’s Life Insurance \$ _____ Beneficiary _____

Amount of Wife’s Life Insurance \$ _____ Beneficiary _____

BACKGROUND QUESTIONS

Has either Applicant ever been arrested for any crime? _____

Has either Applicant ever abused a controlled substance? _____

Has either Applicant ever been arrested for child abuse/neglect? _____

Has either Applicant ever been treated for mental health issues? _____

Does either Applicant have any history of sexual abuse or domestic violence? _____

If you answered yes to any of these questions, please attach a separate piece of paper with the explanation and resolution to the issues.

*What month & year did each Applicant become a resident of Colorado? _____

*List all states & countries in which each Applicant has lived in the last 5 years: _____

REFERENCES

List (4) four references – one should be the pastor of your church. Please do not use family members or your family physicians. List names, completed addresses and phone number, including area code. We will send each reference a form to complete on your behalf so you do not need to ask them to write a letter.

1. _____

(_____) _____

2. _____

(_____) _____

3. _____

(_____) _____

ADOPTION QUESTIONS

Have you ever adopted a child? _____ If yes, what agency did you work with? _____

Have you applied to another agency? _____ If yes, which agency _____

What is your status with that agency? _____

Is there a possibility that you may have a biological child? _____

What medical opinions have you had about this? _____

ARE YOU INTERESTED IN.....

Domestic adoption? _____ International adoption? _____

Race (list all you will consider) _____

Country, if international _____

Age range _____ Gender _____

Are you open to siblings? _____ If yes, how many? _____

STATEMENT OF UNDERSTANDING

Upon receipt of this completed application, a snapshot of your family, and your \$100 application fee, we will contact you and set up a one-hour interview to evaluate your expectations and get acquainted with you.

The commencement of a Home Study by CAC does not guarantee that CAC will be able to write a Home Study approving the placement of a child. The Home Study may be discontinued at any time if it is felt to be counter-productive to continue.

Please refer to the Disclosure Information on Adoption Procedure for fee schedules, payment schedules, time frames and adoption procedures.

Our plan is to make the Home Study a learning process for all involved. Please take advantage of the books and written materials about adoption available to you through CAC, the library and book stores. Please feel free to call or write with any questions that may arise during the course of the Home Study.

We understand that signing this application places no commitment upon either ourselves or Colorado Adoption Center, Inc. We declare that the information in this application is true, correct and complete.

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in this application is guilty of perjury in the second (2nd) degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly

Applicants' signatures

Date