

AGENCY APPLICATION

Adoptive Applicant (Father): _____
Last First MI

Adoptive Applicant (Mother): _____
Last First MI

Address: _____
Street City/State County Zip

Home Telephone: _____ **Date of Marriage:** _____

FATHER'S INFORMATION

MOTHER'S INFORMATION

Date of Birth: _____ Age: _____

Date of Birth: _____ Age: _____

Race: _____

Race: _____

Social Security # _____

Social Security # _____

Work Number: _____

Work Number: _____

Cell Number: _____

Cell Number: _____

E-Mail Address: _____

E-Mail Address: _____

Fax Number: _____

Fax Number: _____

Place of Employment: _____

Place of Employment: _____

Have you ever received counseling? **YES NO**
 If yes, please explain: _____

Have you ever received counseling? **YES NO**
 If yes, please explain: _____

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

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

Do you have a history of mental illness or
 emotional disorder? **YES NO** If yes, please
 explain: _____

Do you have a history of mental illness or
 emotional disorder? **YES NO** If yes, please
 explain: _____

How did you hear about ADOPTION CIRCLE? _____

Have you ever had an open case with Children Services? YES _____ NO _____

County _____ Year _____

Have you had a Homestudy conducted? If yes, please provide the agency, court or social worker's name, address and telephone number: _____

If you have an adopted child living in your home, what is their name _____, date of birth _____, date of placement _____ and date of finalization _____.

Was your child adopted through an adoption agency? _____yes or _____no
If yes, please provide the agency name, address and telephone number.

***Please note: Adoption Circle is required to contact the agency, court and/or social worker for a reference.**

Please check the program(s) to which you are applying:

- Infant Adoption Program

- Targeted / Identified Adoption Program

- International Adoption Program

- Auxiliary Service Program

We appreciate your interest in ADOPTION CIRCLE. If you are applying to the Domestic Infant Adoption Program please return your completed Agency Application with the **NON-REFUNDABLE** \$250.00 application fee. If you are applying to any other program, there is no application fee. In order to assure our receipt of your application, you may wish to send it certified mail. Infant Adoption applicants will be receiving an invitation to the next Orientation & Education Meeting upon our receipt of your application to initiate the adoption and homestudy process. Pursuant to the Ohio Revised Code 3107.10, your County Children's Services shall be notified of your adoption homestudy and potential placement. Adoption Circle will also request a Child Abuse Registry Check upon receipt of this application. Your signed application verifies your informed consent of the release of this information to the appropriate County Children's Services and ODJFS Child Abuse Registry.

Adoptive Applicant

Date

Adoptive Applicant

Date