



**Searcy Children's Homes, Inc.
Adoption Application**

I. Identifying Information

Name of Applicant(s) _____

Home Phone _____ Cell Phone(s) _____

Mailing Address _____ City _____

Zip _____ County _____

Directions for reaching your home _____

Have you ever applied to be adoptive parents through the state or other private agency? _____

If yes, name and address of agency: _____

If approved, when did you adopt? _____

If denied, when was it denied, and why? _____

Husband

Wife

| | | |
|---|--|--|
| Full Name | | |
| Social Security # | | |
| Date of Birth | | |
| Place of Birth | | |
| Last Grade Completed/ Name of School/College | | |
| Degree/Special Training | | |
| Occupation | | |
| Annual Income | | |

| | | |
|------------|--|--|
| Employer | | |
| Work Phone | | |

II. Marriage Information

Date and Place of Marriage _____

County where license was secured _____

Has there been a previous marriage for husband? ____yes ____no

.....previous marriage for wife? ____yes ____no

If so, give the name of the former spouse and indicate whether he/she is deceased or if you were divorced. Include date and cause of death OR dates of marriage and divorce and reason.

III. Housing and Finances

Is your home owned or rented? _____ Monthly Payment _____

Present Value _____ Mortgage _____

Number of Bedrooms _____ Number of Bathrooms _____

School District _____

IV. Religious and Civic Involvement

Name and address of congregation you attend:

Minister's name and number: _____

Is husband an active, faithful member? _____ Attend Regularly? _____

Is wife an active, faithful member? _____ Attend Regularly? _____

Briefly describe any church activities or leadership roles in which you are involved.

Briefly describe any civic, community, or school organizations to which you belong.

V. Family Members

List the following information on your parents and siblings.

| Family Member | Name | Home Town | Telephone | Age | Occupation | Support Decision to Adopt? |
|-------------------|------|-----------|-----------|-----|------------|----------------------------|
| Husband's Father | | | | | | |
| Husband's Mother | | | | | | |
| Husband's Sibling | | | | | | |
| Husband's Sibling | | | | | | |
| | | | | | | |
| Wife's Father | | | | | | |
| Wife's Mother | | | | | | |
| Wife's Sibling | | | | | | |
| Wife's Sibling | | | | | | |

List the following information on your children. Include children from previous marriages, adult children no longer living at home, and any other household residents.

| Full Name | M/F | Date of Birth | Grade and Name of School | Place of Residence (Home or Address) | Relationship to Applicant | Support Decision to do Adopt? |
|-----------|-----|---------------|--------------------------|--------------------------------------|---------------------------|-------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

IV. References

Please list individuals who have known your family for at least three years.

| Relationship | Name | Complete Mailing Address | Telephone |
|---------------------|------|--------------------------|-----------|
| Minister | | | |
| Elder | | | |
| Employer | | | |
| Relative of Husband | | | |
| Relative of Wife | | | |
| Friend | | | |

V. Child Desired

The following information will give us an idea of the type of child or children you are willing to consider for adoption. (Note: if you are only open to a newborn infant and are willing to work with a birthmother who is pregnant, you cannot choose the gender of the child)

Age Range: _____ Male or Female: _____

Racial/Ethnic Heritage: _____

Any health or medical conditions? _____

Any emotional or behavioral problems? _____

Learning Problems? _____

Drug Use by the Birthmother During Pregnancy: none light moderate heavy

Tobacco_____Alcohol_____ Marijuana_____ Heroin_____ Cocaine/Crack_____

Amphetamines_____ Depressants_____ Hallucinogens (i.e. LSD)_____

Over-the-counter Medications_____ Prescription Medications_____ Other_____

Briefly describe your reasons for wanting to add to your family through adoption: _____

Husband's Signature: _____ Date: _____

Wife's Signature: _____ Date: _____

Please return to: Searcy Children's Homes, Inc.
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