



ST. ELIZABETH | COLEMAN
PREGNANCY & ADOPTION SERVICES

APPLICATION FOR
INTERNATIONAL ADOPTION HOME STUDY SERVICES

DATE OF APPLICATION: _____

APPLICANTS' NAMES: _____

SPONSORING AGENCY: _____

COUNTRY ADOPTING FROM: _____

CONTACT INFORMATION

Name:

(Husband) Last First Middle Social Security Number

(Wife) Last First Middle Social Security Number

Address: _____
 Street City State Zip County

Telephone: _____
 Home Husband's Work Wife's Work

Cell Phone: _____ **E-mail:** _____

Emergency Contact Info: _____
 Name Telephone # Relationship

CHILDREN AND OTHERS IN HOME

Name Birth Date Relationship Health

Siblings:

Name	Age	Marital Status	Education	Occupation	# Children

Other Significant Family History? _____

Step-Parents Guardian Foster Parents Other

Name	Address	Age
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If Deceased Please State Date and Cause: _____

Please Answer The Following Questions:

1. Have you ever been arrested for any reason other than minor traffic violations?
Yes If yes, _____
No Date Place Reason
2. Do you have a history of substance Abuse? _____
3. Do you have a history of sexual or child abuse? _____
4. Do you have a history of domestic violence? _____
5. Have you ever been rejected as a prospective adoptive parent or been the subject of an unfavorable adoptive family assessment? _____

Siblings:

Name	Age	Marital Status	Education	Occupation	# Children

Other Significant Family History? _____

Step-Parents	Guardian	Foster Parents	Other
_____	_____	_____	_____
Name	Address	Age	

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MARITAL HISTORY

Date of Marriage Place of Marriage City State

Have either of you been married before? Husband _____ Wife _____

If divorced, please state date and place. If spouse is deceased, please state date and place.

Were there any pregnancies? _____

If yes, please explain: _____

ADOPTION MOTIVATION & HISTORY

Why do you wish to adopt a child?

Husband: _____

Wife: _____

Do you have a previous home study or adoption experience?

If yes, please explain: _____

Have you adopted before? _____ If yes, from whom? _____

Child's Name: _____ DOB: _____ Date of Placement: _____

How did you learn about St. Elizabeth | Coleman Pregnancy & Adoption Services?

SPONSORING AGENCY

Please List Name And Address Of Agency We Will Be Sending Your Home Study To So That We
May Obtain Its Requirements And Expectations.

Name of Agency: _____

Contact Person: _____

Address: _____

Telephone #: _____ Fax #: _____

E-mail Address _____

1. Please Explain The Reason You Want To Adopt From This Country :

2. What Is Your Preference Regarding The Child You Want To Adopt?

Age: (Months/Years) _____ Sex? _____

3. Are You Willing To Accept A Child With Minor Correctable Special Needs? Yes No

4. If You Are Willing To Accept A Child With A Minor Correctable Special Need, Please Identify From The Following, What Special Needs You Would Accept. (Please Check Any Special Needs You Are Willing To Accept).

CLEFT LIP CLEFT PALATE CLUB FOOT HEART MURMUR +HEPATITIS B
MISSING DIGITS MISSING HAND MISSING FOOT MISSING LIMBS HEART PROBLEM
CROSSED EYES DEAF BLIND CATARACT LARGE BIRTHMARK

Other: _____

REFERENCES

Personal References

*PLEASE LIST 4 REFERENCES. **Do not list relatives.** References must be known to you at least two years. Please be sure to list complete address or e-mail address.*

<u>Name</u>	<u>Address or E-mail Address</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Employer References

<i>(Husband)</i> Name of Supervisor	Name of Company	Address or E-mail Address
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<i>(Wife)</i> Name of Supervisor	Name of Company	Address or E-mail Address
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Signatures:

Husband	Date
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Wife	Date
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Please return the following with your completed application:

1. \$500 Application Fee via on-line payment, check or money order (non-refundable)
2. A recent family photo
3. Copy of birth certificates for anyone living in home
4. Copy of marriage license/ divorce decree, if applicable
5. Copies of any previous Home Study completed
6. Copy of driver's license for anyone 18 years or older living in the home