



GRACE[®] ADOPTIONS

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www.graceadoptions.com

APPLICATION DATE: _____ DATE OF MARRIAGE _____

NAMES OF FAMILY MEMBERS:

(Husband) (Work or home phone number) (Cell phone)

(Wife) (Work or home phone number) (Cell phone)

Address: _____
(Street)

(City) (State) (Zip) (County)

Home Phone No: _____ Email Address: _____

Preferred Contact Person: _____ Best time and number to call: _____

If any children already live in your home, please list their gender and ages below:

What type of child or children do you feel would best fit in with your family? Many people are seeking to adopt a second child so the child they already have will have a companion to grow up with. If that is the case, please consider adopting internationally. The gender and age of the child can be selected by you and you could complete the adoption in less than a year. The time frames of adopting internationally are very clear and the emotional stresses during the process may be less than adopting domestically. However, there may be other issues that very little, if any, information exists: genetic heritage, exact date of birth, clearly stated medical history.

Many children are in the foster care system of the United States and need to be adopted by loving families. Most children in foster care are going to be older than 5 years unless they are part of a larger sibling group. You may be interested in our foster-to-adopt program.

I'm thinking of adopting (circle one): Internationally Domestically Foster-to-Adopt Don't know

Do you have a current, approved home study? Yes No

If yes, what state was your home study conducted in and what agency conducted it?

Age range: _____ Racial Composition: White / Black / Hispanic / Asian / Bi-racial / Other

Sibling Group? Yes No If yes, explain: _____

Special needs? Yes No If yes, what special needs are you considering? _____

PERSONAL INFORMATION ABOUT HUSBAND

Name _____
First Middle Last (Maiden)

Age ____ Birth date _____ Birthplace _____ Ethnicity _____

U.S Citizen? Yes No If no, in what is your citizenship? _____

Employer: _____ Occupation: _____

Address: _____
City State Zip

Full-Time? Yes No Length of Employment _____ Salary: _____

What is your religious affiliation? _____ Active? _____
(Some birthparents request this information)

Do you have children from a previous marriage/ adoption who do not live with you? Yes No

If yes, please list their gender and ages below and explain why they do not live with you:

PERSONAL INFORMATION ABOUT WIFE

Name _____
First Middle Last (Maiden)

Age ____ Birth date _____ Birthplace _____ Ethnicity _____

U.S. Citizen Yes No If no, what is your citizenship? _____

Employer: _____ Occupation: _____

Address: _____
City State Zip

Full Time? Yes No Length of Employment _____ Salary: _____

What is your religious affiliation? _____ Active? _____
(Some birthparents request this information)

Do you have children from a previous marriage/ adoption who do not live with you? Yes No

If yes, please list their gender and ages below and explain why they do not live with you:

QUESTIONS:

Why do you wish to adopt? _____

Have you attended adoption seminars? Yes / No If yes, when and where? _____

Do you know anyone who has adopted? Yes / No If yes, please explain _____

Are you, as a couple or as an individual, prepared for the caretaking of a child? How have you prepared yourselves? How soon would you be able to take a child into your family?

What concerns or worries do you have about adoption or the process of adoption?

How long have you been considering adoption? _____

How long do you anticipate waiting until an adoptive placement? _____

How will you pay for the adoption process? _____

Do your family and friends know you are considering adoption? Yes No Are they supportive? _____

How did you hear about our agency? _____

After we have reviewed your application, the next step will be to schedule a consulting session with our staff, at your convenience. Fee for a consultation, usually 1 to 1½ hours, is \$135.00. If you decide to retain our services either for a home study only, or for adoption services, that fee will be applied to the overall fee for services.

We, the above stated adoptive applicants, do hereby state that the information given by us in the adoption application is true and complete to the best of our knowledge. We understand that this application form is not to determine whether or not we would be "good" adoptive parents but to aid Grace Adoptions in determining if they can best fulfill our adoption needs. This application is valid for 6 months after submission to the agency.

Date:

Applicant

Applicant