

TYPE OF CHILD(REN) DESIRED:

(Please check those factors you could accept when considering a child.)

[NOTE FOR INFANT ADOPTION: GENDER SELECTION IS NOT PERMITTED]

AGE:

- 0-3 mos.
- 4-6 mos.
- 7-12 mos.
- 13-18 mos.
- 19-24 mos.
- 2-5 years
- 6-9 years
- 10 yrs. +

SIBLINGS:

- brother/sister
- sister/sister
- brother/brother
- twins
- 3 children
- 4 children
- 5+ children

RACE:

- White
- Hispanic
- Asian
- African Am
- Am Indian
- White/Hispanic
- White/African Am
- White/Asian
- White/Am Indian
- African Am/Hispanic
- African Am/Am Indian
- African Am/Asian
- Hispanic/Am Indian
- Hispanic/Asian
- Asian/Am Indian
- Other combination
- All

Check those special needs you might consider:

<input type="checkbox"/> Drug Exposed	<input type="checkbox"/> Alcohol Exposed	<input type="checkbox"/> Tobacco Exposed	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Scars	<input type="checkbox"/> Partial Blindness	<input type="checkbox"/> Retardation	<input type="checkbox"/> Enuresis/Encopresis
<input type="checkbox"/> Birthmarks	<input type="checkbox"/> Heart Defect	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Failure to Thrive
<input type="checkbox"/> Crossed eyes	<input type="checkbox"/> Cleft Palate	<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> HIV Positive/AIDS
<input type="checkbox"/> Club Foot	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Downs Syndrome	<input type="checkbox"/> Sexual Acting Out
<input type="checkbox"/> Partial Deafness	<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Limited English Proficiency

Comments: _____

Primary language spoken in the home: _____

Current Marital Status: Married Divorced Single Separated Widowed

Date of Current Marriage: _____ City/County/State where married: _____

Husband: # of times married ____ Previous marriage/s terminated by: Divorce Death Annulment

Wife: # of times married ____ Previous marriage/s terminated by: Divorce Death Annulment

One of us Both of us have filed for bankruptcy in the past. Date: _____

Have you **ever** applied for a child elsewhere? YES NO

If yes, give the following information regarding the agency/individual who completed your adoption home study:

Agency Name/Individual: _____

Address: _____

Telephone number: _____ Email address: _____

Our application was withdrawn denied approved. Date: _____

Are you currently a verified foster home? YES NO If so, through what agency? _____

Have you had PRIDE or MAPPS Training? YES NO If so, which and when? _____

Have you ever applied to be foster parents? YES NO

If yes, give the following information regarding the agency that completed your foster home study:

Name: _____

Address: _____

Telephone number: _____ Email address: _____

Our application was withdrawn denied approved. Date: _____

Have either of you ever been reported to any child agency or law enforcement agency for child abuse/neglect? YES, HUSBAND YES, WIFE NO, NEITHER

If yes, what agency? _____

Have either of you ever had a finding of "REASON TO BELIEVE" for any type of child abuse/neglect? YES, HUSBAND YES, WIFE NO, NEITHER

If yes, explain? _____

Since you have been married, have you been involved in any domestic violence calls that resulted in the Police or Sheriff's Department coming to your home? YES NO

If so, when: _____

Please explain (use back of page if necessary): _____

Please provide the following for the local Police and Sheriff's Department where you currently reside:

Police Department: _____ Sheriff's Department: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone Number: (_____) _____ Phone Number: (_____) _____
area code number area code number

Please provide the following for the local Police and Sheriff's Department where lived at the time of the domestic violence call(s):

Police Department: _____ Sheriff's Department: _____

Address: _____ Address: _____

City, State, Zip: _____ City State, Zip: _____

Phone Number: (_____) _____ Phone Number: (_____) _____
area code number area code number

Would you be willing to submit to drug screening and allow anyone in your household over 14 years of age to submit to drug screening? YES NO

PLEASE GIVE COMPLETE ADDRESSES REFERENCES

Please list complete information as indicated below for nine references. Each of these references may in turn be asked to list two additional confidential references who may also be contacted. Information received from references will be kept on file along with other information from your family. Your completion and return of this form authorizes Christian Homes to contact these references for information regarding your character and suitability for adoption. All information provided by these references will be kept confidential and you hereby waive access to all information.

Prospective Adoptive Father's Signature _____ (DATE) _____ Prospective Adoptive Mother's Signature _____ (DATE) _____

1. Minister, Pastor
Priest, etc.
(at church
where you
now attend)

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____
Church _____
Name address phone number

2. Elder (If your church does not have elders, please give name and role of another church leader.)

(at church
where you
now attend)

Name _____ Church Role: _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____
Church _____
Name address phone number

3. Father's Employer
(person who
supervises
you directly)

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____

4. Mother's Employer
(person who
supervises
you directly)

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____

5. Doctor
(one with
most contact with
entire family)

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____

6. Neighbor

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____

7. Friend

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____

8. Parents (HIS)

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____

9. Parents (HERS)

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____

REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

Please complete the information below on both of you and any household member 14 years of age or older who regularly or frequently stays in the home

<input type="checkbox"/> Initial <input type="checkbox"/> 24 Month Check		<input type="checkbox"/> FBI Check Required	
Social Security Number		ID Type - Drivers License or ID Number - State	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Telephone No. (A/C)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
You must list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous 5 years you must also list previous address(es) outside of Texas, including the county:		Relationship of person to requestor <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Other Staff <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
Date Hired /Used by the Operation/Agency	Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native	
Other names used (married, maiden, etc.)	First Name	Middle Name	Last Name

<input type="checkbox"/> Initial <input type="checkbox"/> 24 Month Check		<input type="checkbox"/> FBI Check Required	
Social Security Number		ID Type - Drivers License or ID Number - State	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Telephone No. (A/C)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
You must list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous 5 years you must also list previous address(es) outside of Texas, including the county:		Relationship of person to requestor <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Other Staff <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
Date Hired /Used by the Operation/Agency	Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native	
Other names used (married, maiden, etc.)	First Name	Middle Name	Last Name

A COPY OF THE DRIVER'S LICENSE FOR EACH OF YOU AND ANY HOUSEHOLD MEMBER 14 YEARS OF AGE OR OLDER WHO REGULARLY OR FREQUENTLY STAYS IN THE HOME MUST ACCOMPANY THIS FORM