



A licensed, non-profit adoption agency

6814 Greenwood Avenue N.  
Seattle, WA 98103  
Phone: (206) 367-1581  
Fax: (206) 367-1915  
www.adoptassist.com

**Application for Adoption Services**

To be submitted along with non-refundable Application Fee of \$300

**Full Name of Applicant:** \_\_\_\_\_

**Full Name of Co-Applicant (if any):** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are Applicant and Co-Applicant married? \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Place of marriage: \_\_\_\_\_

**Additional Information Regarding Applicant:**

Age and Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Gender: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_

All other names ever used (including maiden names, former married names, nicknames): \_\_\_\_\_

Please tell us the cities and states that you have lived in for the past 5 years: (attached additional page if necessary)

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Have you been married before (other than present marriage, if any)? \_\_\_\_\_

If yes, list the dates and places of each marriage, and state the way in which each marriage ended (divorce, death) and the date and place of the end of each marriage: \_\_\_\_\_

Race or ethnic identity: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Employer: \_\_\_\_\_

**Additional Information Regarding Co-Applicant:**

Age and Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Gender: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_

All other names ever used (including maiden names, former married names, nicknames): \_\_\_\_\_

Please tell us the cities and states that you have lived in for the past 5 years: (attached additional page if necessary)

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Have you been married before (other than present marriage, if any)? \_\_\_\_\_

If yes, list the dates and places of each marriage, and state the way in which each marriage ended (divorce, death) and the date and place of the end of each marriage: \_\_\_\_\_

Race or ethnic identity: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Employer: \_\_\_\_\_

**Other Information We Need**

Information Regarding Children You Have:

Provide the names, birthdays, and genders of each child of the Applicant and Co-Applicant. For each child, indicate who are the parents of the child, whether the child was born to you or adopted, and if adopted from what country and using what agency. Also, for each child, describe any custody, visitation and child support arrangements which may apply.

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Information About Other Adults in Your Home:

If there are other adults living in your home, tell us their names, ages, gender and relationship to you.

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Background questions:

Please tell us whether you or anyone else in your household has a history of substance abuse, or any significant medical, mental or physical illness. If so, please tell us about any treatment you have received and/or continue to receive. \_\_\_\_\_

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Please tell us whether anyone in your home ever been arrested, accused of any crime or of child abuse or neglect or domestic violence, or charged with any crime or with child abuse or neglect or domestic violence? If so, please tell about the charge or accusation in detail, including dates and jurisdictions, and the resolution, if any. \_\_\_\_\_

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Has anyone in your household ever received a homestudy report recommending that adoption not be allowed, or worked with a homestudy provider or adoption agency who has indicated to you verbally or in writing that they would not approve you for adoption? If so, please give us a copy of the homestudy, or if no homestudy was completed, please explain the reasons given for your not being approved for adoption. You should also feel free to provide any explanation that you feel is pertinent, including an explanation as to how circumstances have changed in your life or household since you received the previous homestudy report or since you were rejected for adoption. \_\_\_\_\_

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**Information About the Child or Children You Hope to Adopt**

Have you decided whether to pursue an international or a domestic adoption? \_\_\_\_\_

If you are interested in pursuing a foreign adoption, have you decided which country you hope to adopt from? \_\_\_\_\_

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What race or races of child would you consider adopting? (Please list, for example, full Caucasian, full Hispanic, full African American, full Asian American, etc.; mixed race Caucasian and Hispanic, Caucasian and African American, etc.; or any race or mix of races, etc.) \_\_\_\_\_

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Do you want to be able to specify the gender of the child you will adopt? \_\_\_\_\_

What age of child are you interested in adopting? \_\_\_\_\_

Are you interested in adopting more than one child at a time? \_\_\_\_\_

Have you considered, or do you wish to consider, adopting a child with known special medical or emotional needs? \_\_\_\_\_

What are your feelings about having some amount of on-going contact with your child's birth mother or birth parents? \_\_\_\_\_

Have you decided whether to seek a placement through a particular adoption agency or attorney, and if so, which one? \_\_\_\_\_

Are you interested in our agency assisting you in finding a baby or child to adopt in the United States? \_\_\_\_\_

**Miscellaneous**

To help us advise you regarding your possible adoption options, it is helpful for us to know whether you have established a budget for adoption expenses, and if so, how much are you committed to spending to complete your adoption plans. If you feel comfortable disclosing that information, you can do so here: \_\_\_\_\_

How did you hear about our agency? \_\_\_\_\_

**We certify that the information provided in this Application for Adoption Services is true and complete.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant (if any)