



CFA
USE
ONLY

Application Fee: \$ _____
Date Paid/Rcvd: _____
Case ID#: _____

APPLICATION FOR ADOPTION SERVICES

All questions must be answered unless specified as optional. Incomplete applications will not be processed.

Prospective Adoptive Father-Full Legal name: _____

Prospective Adoptive Mother-Full legal name: _____ (_____)
Maiden name

Mailing Address (PO Box): _____

Physical Address: _____

City _____ State _____ Zip Code _____ County _____

Home Ph: _____ Father Work Phone: _____ Mother Work: Phone _____

Fax: _____ Father Cell Phone _____ Mother Cell Phone _____

Primary Email: _____ Secondary Email: _____

Date of present marriage :(if applicable) _____ Location (City, State, Country): _____

Prospective Adoptive Father

Preferred name: _____ Date of Birth _____ Place _____

Social Security No. _____ Ethnic Heritage: (Optional) _____ Religion: (Optional) _____

Previous Marriages: Yes No Dates of annulment/divorce/death: _____

Educational Degree or Certificate: _____ Military Service or other training: _____

Occupation: _____ Annual Income: _____

Employer: _____ Date of Hire: _____

Will you be the primary contact for CFA? Yes No May we contact you at work? Yes No

Are you a U.S. Citizen? Yes No If no, where is your citizenship? _____

Prospective Adoptive Father cont.

Please list all states and countries you have lived in since age 18: _____

Have you ever been arrested, charged or convicted of any crime, regardless if the record is expunged or sealed? Yes No

If yes, on a separate sheet of paper please describe the incident(s) with specific dates and locations.

Prospective Adoptive Mother

Preferred name: _____ Date of Birth _____ Place _____

Social Security No. _____ Ethnic Heritage: (Optional) _____ Religion: (optional) _____

Previous Marriages: Yes No Dates of annulment/divorce/death: _____

Educational Degree or Certificate: _____ Military Service or other training: _____

Occupation: _____ Annual Income: _____

Employer: _____ Date of Hire: _____

Will you be the primary contact for CFA? Yes No May we contact you at work? Yes No

Are you a U.S. Citizen? Yes No If no, where is your citizenship? _____

Please list all states and countries you have lived in since age 18: _____

Have you ever been arrested, charged or convicted of any crime regardless if the record is expunged or sealed? Yes No

If yes, on a separate sheet of paper please describe the incident(s) with specific dates and locations.

Program Options

Program(s) Desired: 1=first choice 2 =second choice

Domestic

US African American Infant Program: _____

Loving Options Infant Program (OR & WA families only): _____

State Foster to Adopt Program (SNAC): _____

Home Study Services: _____

Post Placement Services: _____

Please circle considerations:

Male Female Either

Twins Siblings

Correctable Disability

Non-correctable Disability

Of children: _____

Age range: _____ months/years

Other Adults in the Home

Name	M/F	Date of Birth	Relationship to you

**In Oregon: Any person 18 years of age and over living in your home MUST have criminal background checks and fingerprints completed;
In Washington: Any person 16 years of age and over living in your home MUST have criminal background checks and anyone 18 and over living in your home will need fingerprints completed.**

Children

Name	M/F	Date of Birth	Adopted? Y/N	Country of Origin	Living at home? Y/N

Please use a separate sheet of paper if needed to list all your children's information.

Insurance

Do you have medical insurance? Yes No

Company: _____

Will the adopted child be covered at placement? Yes No

Policy Number: _____

Will the policy cover any pre-existing conditions? Yes No

Will coverage begin at birth or placement? (Please circle)

Pre-adopt Education

Pre-adoption education is available during the process. Contact CFA for info on how to begin.

10 Hours of pre-adoption education is required therefore education must be confirmed.

Have you completed any pre-adoption training? Yes No # of Hours: _____ Dates: _____

If certificates of completion are not available, please give the name and contact information of the person who can supply confirmation. _____

Adoption Homestudy Agency

Have you ever been denied an adoption study by an agency? Yes No If yes, please explain: (use additional paper if necessary) _____

Do you have a current, completed Adoption Study by an agency? Yes No Date completed: _____

If not completed, estimate date of completion: _____

IMPORTANT: Agency Name: _____ Phone Number: _____

Address: _____

Agency Contact: _____ Ph. _____ Email: _____

Social Worker: _____ Ph. _____ Email: _____

In order to review your application the following must be submitted to CFA with your application:

- ❖ **\$300 non refundable fee (not applicable to Oregon Independent Adoption)**
- ❖ **Two family photos (no duplicates or sunglasses)**
- ❖ **Pre-adoption Education Certificate(s) if Completed. Must state hours completed. If certificate is not available, please give contact person and information.**
- ❖ **Government issued photo ID such as copies of drivers license or passport**
- ❖ **Copy of medical insurance card**

If you have any previous criminal history, please contact the CFA office for further information.

We/I certify that the information given in this application is truthful and complete to the best of our/my knowledge. We/I understand that any misrepresentation or omission may be cause for denial of our/my application. We/I understand that the acceptance of this application does not guarantee placement of a child with us/me.

Signature: _____

Date: _____

Signature: _____

Date: _____

Once your application has been reviewed and accepted you will receive specific information regarding the next step in the adoption process. We generally will be in touch with you within 10 business days of receiving your application packet. After the program director reviews your application and you are approved you will then be sent a Home Study Packet. If you have questions that are not answered by a visit to our website please don't hesitate to contact the CFA office at 503-232-1211or mail@christianfamilyadoptions.org

We look forward to working with you as you begin your adoption journey!