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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: \_\_\_\_\_

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 |
|------|-----|---------------|---------------------|
|      |     |               |                     |
|      |     |               |                     |
|      |     |               |                     |
|      |     |               |                     |

**Any person over 18 years of age living in your home MUST have criminal background checks and fingerprints completed. In Washington State background checks are required for any person 16 years of age and older.**

**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.**

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**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)

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**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**
- ❖ **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. If you have questions that are not answered by a visit to our website please contact the CFA office at 503-232-1211 or mail@christianfamilyadoptions.org