

**HUDSON VALLEY ADOPTION SERVICES**  
**275 Fair Street, Suite 22**  
**Kingston, NY 12401**  
**Tel. #: 845-338-0700**  
**info@hudsonvalleyadoptionsservices.org**

APPLICATION

Please read and answer all questions carefully. If you are a single applicant, please mark N/A where appropriate. Send the completed application, photo(s), and appropriate fee to HVAS, 275 Fair Street, Suite 22, Kingston, NY 12401.

Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Adoptive Parent #1 (First, Middle, Last) \_\_\_\_\_ Adoptive Parent #2 ( First, Middle, Last) \_\_\_\_\_

Current Address (Number, Street, City, County, State, Zip Code)  
( ) \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ How Long in State of Residence? \_\_\_\_\_

If less than one year, list former address  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Adoptive Parent #1 Mobile Telephone \_\_\_\_\_ Adoptive Parent #2 Mobile Telephone  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Adoptive Parent #1 Work Telephone \_\_\_\_\_ Adoptive Parent #2 Work Telephone \_\_\_\_\_

Adoptive Parent #1 E-mail Address \_\_\_\_\_ Adoptive Parent #2 E-mail Address \_\_\_\_\_

**PRESENT MARRIAGE:** (Attach copy of marriage certificate)

Date of marriage \_\_\_\_\_ In what county, state  
Wife's Maiden Name \_\_\_\_\_ were you married? \_\_\_\_\_

Have you ever filed for a divorce or been separated from this spouse? \_\_\_\_\_

**CHILDREN:**

| <u>Name</u> | <u>Birthdate</u> | <u>Biological/Adopted</u> | <u>Living in home?</u> |
|-------------|------------------|---------------------------|------------------------|
| _____       | _____            | _____                     | _____                  |
| _____       | _____            | _____                     | _____                  |
| _____       | _____            | _____                     | _____                  |

**Others in home:**

| <u>Name</u> | <u>Age</u> | <u>Relationship</u> |
|-------------|------------|---------------------|
| _____       | _____      | _____               |
| _____       | _____      | _____               |

**ALL PREVIOUS MARRIAGES:** (Attach copy of divorce decree or death certificate)

|                                 | <u>Adoptive Parent #1</u> | <u>Adoptive Parent #2</u> |
|---------------------------------|---------------------------|---------------------------|
|                                 | (Name)                    | (Name)                    |
| Name of Former Spouse           | _____                     | _____                     |
| Date/Place of Previous Marriage | _____                     | _____                     |
| Date/Place of Divorce/ Death    | _____                     | _____                     |

**PERSONAL HISTORY:**

|   |       |       |
|---|-------|-------|
| Birthdate                                     | _____ | _____ |
| Birthplace                                    | _____ | _____ |
| Citizenship                                   | _____ | _____ |
| If permanent resident alien, Give number      | _____ | _____ |
| Date of entry to U.S.                         | _____ | _____ |
| Religious affiliation                         | _____ | _____ |
| Height  | _____ | _____ |
| Weight  | _____ | _____ |
| Eye/Hair Color                                | _____ | _____ |
| Race  | _____ | _____ |
| Ancestry/Ethnicity                            | _____ | _____ |
| Last grade or degrees completed               | _____ | _____ |
| Language(s) spoken                            | _____ | _____ |
| Hobbies, interests, organization affiliations | _____ | _____ |
|   | _____ | _____ |

Religious Plan for Adopted Child (may be of concern to birth parents) \_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICES:**

|   | Adoptive Parent #1 | Adoptive Parent #2 |
|---|--------------------|--------------------|
| Served in the military service - yes/no | _____              | _____              |
| Branch                                  | _____              | _____              |
| Dates - From-To                         | _____              | _____              |
| Type of discharge                       | _____              | _____              |

**ARRESTS:**

|   |       |       |
|---|-------|-------|
| Ever charged and/or arrested for other than a traffic violation? yes/no (include DUI information) | _____ | _____ |
| Date  | _____ | _____ |
| Where arrested  | _____ | _____ |
| Nature of charge  | _____ | _____ |
| Final disposition   | _____ | _____ |

**HEALTH STATUS:**

|  |  |       |
|--|--|-------|
| General state of health  | _____  | _____ |
| Date of last physical  | _____  | _____ |
| Current medications  | _____  | _____ |
| Chronic diseases or conditions   | _____  | _____ |
| Therapist/doctor administering treatment, include name, address, and phone | Please include treatment provider information if this is a home study application. |       |
|  | _____  | _____ |
|  | _____  | _____ |
|  | _____  | _____ |
| Infertility problems, if any   | _____  | _____ |

Answer yes/no. If yes, explain.

Any experience of problems with alcohol or chemical dependency?

\_\_\_\_\_

\_\_\_\_\_

Any stay in a mental hospital?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Had psychotherapy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## EMPLOYMENT AND FINANCIAL INFORMATION

Adoptive Parent #1 \_\_\_\_\_ Adoptive Parent #2 \_\_\_\_\_

Employer

\_\_\_\_\_

\_\_\_\_\_

Position

\_\_\_\_\_

\_\_\_\_\_

Describe the kind of work you do

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate hrs. per wk.

\_\_\_\_\_

\_\_\_\_\_

Previous employment/

\_\_\_\_\_

\_\_\_\_\_

Dates

\_\_\_\_\_

\_\_\_\_\_

If both parents are employed, what is the plan for child care?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual income

\_\_\_\_\_

\_\_\_\_\_

Date employed

\_\_\_\_\_

\_\_\_\_\_

Health insurance

Name of company

\_\_\_\_\_

\_\_\_\_\_

Type of coverage

\_\_\_\_\_

\_\_\_\_\_

Life insurance

Name of company

\_\_\_\_\_

\_\_\_\_\_

Amount of policy

\_\_\_\_\_

\_\_\_\_\_

Other family income (rental, dividends, etc.)

include description, amount \_\_\_\_\_

|             | <u>AMOUNT</u> | <u>PLACE</u> |
|-------------|---------------|--------------|
| Savings     | _____         | _____        |
| Checking    | _____         | _____        |
| Investments | _____         | _____        |
|             | _____         | _____        |

**Home of Residence:**      Own \_\_\_\_\_      Rent \_\_\_\_\_      Other \_\_\_\_\_

House \_\_\_\_\_      Apartment \_\_\_\_\_

Mobile home \_\_\_\_\_      Condominium \_\_\_\_\_

Purchase price \_\_\_\_\_      Date of purchase \_\_\_\_\_

Mortgage balance \_\_\_\_\_      Monthly mortgage or rent payment \_\_\_\_\_

**Other Real Estate:**

(Give description, current market value, monthly mortgage payments)

\_\_\_\_\_

\_\_\_\_\_

**OTHER LIABILITIES:**

|  | <u>BALANCE</u> | <u>MONTHLY</u> |
|--|----------------|----------------|
| Bank and personal loans  | _____          | _____          |
| Other accounts   | _____          | _____          |
| Have you ever been in<br>bankruptcy? If yes, give<br>Date and explain. | _____          | _____          |
|  | _____          | _____          |

**Please enclose a copy of your most recent tax return.**

**DESCRIPTIVE RANGE OF CHILD DESIRED:**

If child is already identified, please give circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Age Range (Minimum To Maximum) \_\_\_\_\_

| Would You <b>Consider:</b>                   | <u>YES</u> | <u>NO</u> | <u>MAYBE</u> |
|--|------------|-----------|--------------|
| Sibling Group                                | _____      | _____     | _____        |
| If Yes, How Many In Group                    | _____      | _____     | _____        |
|  | <u>YES</u> | <u>NO</u> | <u>MAYBE</u> |
| Twins  | _____      | _____     | _____        |
| Developmentally Delayed (Environmentally)    | _____      | _____     | _____        |
| Learning Disabled                            | _____      | _____     | _____        |
| Low Birth Weight                             | _____      | _____     | _____        |
| Difficult Birth                              | _____      | _____     | _____        |
| Premature                                    | _____      | _____     | _____        |
| Birth Parents Used Drugs or Alcohol          | _____      | _____     | _____        |
| Birth Parents with history of mental illness | _____      | _____     | _____        |
| HIV Positive                                 | _____      | _____     | _____        |
| Visually Impaired                            | _____      | _____     | _____        |
| Hearing Impaired                             | _____      | _____     | _____        |
| Correctable Handicap                         | _____      | _____     | _____        |
| Non-Correctable Handicap                     | _____      | _____     | _____        |
| Physically Abused                            | _____      | _____     | _____        |
| Sexually Abused                              | _____      | _____     | _____        |
| Mentally Abused                              | _____      | _____     | _____        |

**Ethnicity/Race Preference: Check as appropriate.**

|                          |       |
|--------------------------|-------|
| White                    | _____ |
| White of Hispanic Origin | _____ |
| Black                    | _____ |
| Black of Hispanic Origin | _____ |
| American Indian          | _____ |
| Asian                    | _____ |

Any other ethnic/race mixture \_\_\_\_\_

Include any comments regarding other conditions and/or physical characteristics you **will** consider or **will not** consider.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| Have you ever placed a child for adoption?           | _____      | _____     |
| Have you ever been behind on child support payments? | _____      | _____     |

Are you a licensed foster parent? \_\_\_\_\_

Would you consider foster care placement? \_\_\_\_\_

Would you accept a legal risk placement where the parental rights of one or both parents have not yet been terminated? \_\_\_\_\_

Have you ever applied for or adopted a child from another agency? \_\_\_\_\_

When? \_\_\_\_\_

What Source? \_\_\_\_\_

Was a home study completed? \_\_\_\_\_

By whom? \_\_\_\_\_

Have you ever had a failed adoption? \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

Have you ever been the subject of an unfavorable Home study? If yes, please explain on separate sheet. \_\_\_\_\_

YES                      NO

Would you be willing to provide the birth parent(s) with a photo of the child? \_\_\_\_\_

Would you be willing to have present or future contact with the birth parent(s)? \_\_\_\_\_

Explain (for example, letter, phone conference, meeting, first names or full names, open adoption.)

\_\_\_\_\_

\_\_\_\_\_

How did you hear about HVAS? \_\_\_\_\_

\_\_\_\_\_

**LETTERS OF REFERENCE** (non-family members) will be provided by:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Please Explain Below Your Reasons For Wishing To Adopt.

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Please Enclose A Family Photograph And Sign Below.

By my signature below I signify that I understand and agree that Hudson Valley Adoption Services is not responsible for the statements, acts or failure to act by doctors, attorneys, other adoption agencies, government agencies, public officials, or any other child placing entities or individuals.

**THIS IS TO CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Adoptive Parent #1 \_\_\_\_\_

Date \_\_\_\_\_

Adoptive Parent #2 \_\_\_\_\_

Date \_\_\_\_\_

**For HVAS USE ONLY**

Reviewed by \_\_\_\_\_

Date \_\_\_\_\_