

HUDSON VALLEY ADOPTION SERVICES
275 Fair Street, Suite 23
Kingston, NY 12401
Tel. #: 845-338-0700
www.HudsonValleyAdoptionServices.org
NYAdoptionAgency@gmail.com

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 23, 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 | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| Infertility problems, if any | _____ | _____ |

Answer yes/no. If yes, explain. Adoptive Parent #1 Adoptive Parent #2

Any experience of problems with alcohol or chemical dependency?

Any stay in a mental hospital?

Had psychotherapy?

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 bankruptcy? If yes, give 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 Consider: | <u>YES</u> | <u>NO</u> | <u>MAYBE</u> |
|--|------------|-----------|--------------|
| Sibling Group | _____ | _____ | _____ |
| If Yes, How Many In Group | _____ | | |
| Twins | _____ | _____ | _____ |
| Down's syndrome | _____ | _____ | _____ |
| Low Birth Weight | _____ | _____ | _____ |
| Difficult Birth | _____ | _____ | _____ |
| Premature | _____ | _____ | _____ |
| Birth Parents Used Drugs or Alcohol | _____ | _____ | _____ |
| Birth Parents with history of mental illness | _____ | _____ | _____ |
| HIV Positive | _____ | _____ | _____ |
| Correctable Handicap | _____ | _____ | _____ |
| Non-Correctable Handicap | _____ | _____ | _____ |

Ethnicity/Race Preference: Check as appropriate.

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

Are you currently working with any other adoption attorney or agencies? _____

Name(s):

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. _____
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 _____

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.

Disclaimer Required by the Office of Children and Family Services:

“No attorney or law firm employed by or providing legal services to Hudson Valley Adoption Services may also provide any legal services to a birth parent or an adoptive parent working with the Hudson Valley Adoption Services in regard to the placing out of a child for adoption or in an adoption proceeding.”

Adoptive Parent #1 _____

Date_____

Adoptive Parent #2 _____

Date_____

Enclosures:

Marriage certificate, if applicable

Family photo

Most recent tax return

Check payable to HVAS \$750

For HVAS USE ONLY

Reviewed by _____

Date _____