



**ADOPTION PROGRAM
INITIAL APPLICATION**

Date of Application: _____

Name(s): _____

Address: _____

City/State/Zip Code: _____

Please submit completed application to:
Community Care Services Adoption Program, 70 Main Street, Taunton, MA 02780

Name: _____

Name: _____

Gender: _____

Gender: _____

Date of Birth: _____

Date of Birth: _____

Race: _____

Race: _____

National Origin (Culture): _____

National Origin (Culture): _____

Religion: _____

Religion: _____

Social Security Number: _____

Social Security Number: _____

Education Level: _____
(Last Grade Completed)

Education Level: _____
(Last Grade Completed)

Sexual Orientation: _____

Sexual Orientation: _____

Language(s) Spoken: _____

Language(s) Spoken: _____

Marital Status: _____

Marital Status: _____

Date Married: _____

Date Married: _____

of Previous Marriage(s), if any: _____

of Previous Marriage(s), if any: _____

Name(s) of previous spouse(s): _____

Name(s) of previous spouse(s): _____

Date of Marriage: _____

Date of Marriage: _____

Date Ended: _____

Date Ended: _____

Reason: _____

Reason: _____

BIOLOGICAL CHILDREN at HOME and ELSEWHERE:

Name	Age	DOB	Gender	Place of Residence	School	Grade	Bio/ Adopted
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

YOUR PARENT(S) and SIBLINGS NAMES and ADDRESS(ES):

OTHER(S) in HOUSEHOLD (including other foster children)

Name	Age	DOB	Relationship	Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PREVIOUS EXPERIENCE:

Have you ever applied to an adoption agency before? _____ If so, which one? _____

Were you accepted? _____ If not, explain the reason for refusal: _____

If you were accepted, how long? _____

How many children were placed in your care? _____

Caseworker's name(s): _____

When did you terminate with this agency? _____

Why did you terminate with this agency? _____

Are you working with any agency currently? _____ If so, which one? _____

BACKGROUND INFORMATION:

How did you learn of our program? _____

Please describe what interested you to apply to become an adoptive parent as well as the amount of contact or experience you have previously had with troubled children:

Do you have any serious illness that would prevent you from being an effective adoptive parent?

If yes, please explain: _____

Have you ever been convicted of a crime? _____ If yes, please explain: _____

Have you ever or are you currently undergoing psychological or psychiatric therapy for any reason? _____ If yes, please explain: _____

Have you or any member of your family or household been subject of a 51A, CHINS, CANTS investigation, or an allegation of abuse or neglect? If yes, please explain: _____

Motivation: Briefly comment upon your motivation for considering adoption at this time:

I expect a child in my care to: _____

What are your plans to discuss adoption with the child? _____

Child Preferences:

Please describe your preference as to type of child/children you wish to adopt.

Sex: Male Female

Age Range: _____

Sibling Group: Yes No

Number of Siblings: _____

Please check appropriate boxes

I would consider adopting a child with the following situations in his/her birth parent's background:

- ___Alcohol Abuse ___Schizophrenia ___Unknown Father ___Criminal Record
- ___Manic Depression ___Mental Retardation ___Drug Abuse ___Other Mental Illness
- ___Learning Disabilities ___Unknown Background

REFERENCES:

Six references are required for a full home study and three for an update. Provide names of people who have know you at least 3 years, including relatives (only 2), friends, neighbors, etc.

Name:

Address:

Phone Number:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFADAVIT

I/we wish to adopt a child. Knowing that the State of Massachusetts has laws governing the writing of procedures and the setting of standards for adoption, we request that Community Care Services make such investigations as are necessary in accordance with state laws, rules and regulations, to determine that I/we are eligible to become adoptive parents.

Applicant #1

Applicant #2

Please print legal name

Please print legal name

Please sign legal name

Please sign legal name

Date

Date

02/09/06