



AdoptTCL
Adopt for the Love of a Child

ADOPT FOR THE LOVE OF A CHILD
526 KINGWOOD DR., SUITE 349
KINGWOOD, TEXAS 77339
Phone: 281/507-7626
Email: cathie@Adopt4TLC.org
Website: www.Adopt4TLC.org

Application for Home Study

FULL LEGAL NAME(S):

Self/Head of Household: _____
First Middle Last Maiden

Spouse (if applicable): _____
First Middle Last Maiden

ADDRESS: _____
Street Address City County State Zip Code

RESIDENCE: ___ House ___ Apartment ___ Mobile Home ___ Townhouse
 ___ Own ___ Rent
 ___ City ___ Suburb ___ Rural

How long at current address: _____

PHONE:

Home Phone: _____

Your Work: _____

Your Cell: _____

Spouse Work: _____

Spouse Cell: _____

EMAIL: _____

Please give special directions to your home: _____

Please describe your home (# bedrooms, baths, one/two story, square footage, etc.) _____

OTHER HOUSEHOLD MEMBERS:

NAME	RELATIONSHIP	GENDER	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN INVOLVED IN ADOPTION/FOSTER PARENT/HOSTING SERVICES BEFORE (if so, list agency & results):

MARRIAGE:

Date of Current Marriage: _____ Church/Courthouse/Home? _____

City, State, County: _____

Names and ages of children born to or adopted into this marriage: _____

Previous Marriage(s): Yes No If yes, please provide the following information:

Self: Date of Previous Marriage: _____ Date of Separation: _____

Date of Divorce: _____ Reason for Divorce: _____

Spouse: Date of Previous Marriage: _____ Date of Separation: _____

Date of Divorce: _____ Reason for Divorce: _____

If more space is needed, please attach additional pages.

HEALTH INFORMATION:

Self/Husband: Status of Health _____ Health Concerns: _____

Current Medications (list): _____

Operations/Illnesses treated in the past 10 years (include any history of cancer or mental health diagnosis): _____

Spouse/Wife: Status of Health _____ Health Concerns: _____

Current Medications (list): _____

Operations/Illnesses Requiring Treatment in the past 10 years: _____

ARREST HISTORY:

Have you ever lived in a foreign country? Yes No. If so, list country & dates: _____

Arrest History: If you, or anyone living with you, has been arrested or charged with any criminal offense (regardless of whether this charge was later dropped, expunged, adjudicated, or not pursued by the authorities) you will need to discuss this situation with Catherine A. Richardson prior to being accepted as a client.

Self/Husband: Ever been arrested or charged? Yes No Date: _____

Reason/Charges: _____

Outcome: _____

Spouse/Wife: Ever been arrested or charged? Yes No Date: _____

Reason/Charges: _____

Outcome: _____

FINANCIAL INFORMTION:

In addition to your listed salary, please indicate source and amount of additional income: _____

List any insured amounts on the following:

Car: _____ Life: _____ Other: _____

Describe medical coverage (include when coverage begins for adopted child): _____

Please list current assets:

Value of Residence: _____ Amount Owed on Mortgage: _____

Monthly Mortgage Payment: _____ Insured Amount: _____

MONTHLY BUDGET

MONTHLY INCOME:

	GROSS:	TAKE HOME
Your Income:	_____	_____
Spouse's Income:	_____	_____
Other Income (Specify):	_____	_____
Total Monthly Income:	_____	_____

ESTIMATED MONTHLY EXPENSES

Mortgage/Rent	_____
Insurance Payments (life, medical, homeowner, etc.)	_____
Credit Card payments (furniture, department store, etc.)	_____
Medical and dental expenses	_____
Groceries	_____
Utilities (gas, electricity, water, etc.)	_____
Car payments	_____
Car expenses (gas, insurance, upkeep, etc.)	_____
Clothing expenses	_____
Regular Savings per month	_____
Internet	_____
Home Phone/Cell Phone	_____
Cable/Satellite TV	_____
Miscellaneous (church, charities, dining out, movies, etc.)	_____

Other regular monthly expenses (please list name of each expense):

Total Monthly Expenses

ADOPTION INFORMATION

Why do you wish to adopt/host a child/ren? _____

What country do you wish to adopt/host from and why? _____

What age child/ren do you wish to adopt/host? _____ What gender? Male Female Either

Are you willing to adopt/host a child/ren with special needs? If so, what type? _____

Have you filed an I-800A form with USCIS? Yes No If yes, when? _____

Do you have a previous home study? Yes No If yes, when? _____

If yes, please provide AdoptTLC with a copy of this home study.

Please list anything that you feel may make you unique as a parent: (experiences, traits, etc.)

Please list any clubs or organizations that you actively participate in: _____

REFERENCES

List three persons, unrelated, who have known you for a minimum of 3 years, preferably 5 years, and are able to discuss your current ability to parent. Also, list two people who are related to you: (Include name, address with zip code, and phone number)

FAMILY INFORMATION SHEET

*If you need more space, please attach additional pages:
This form must be completed for everyone in the home who is age 13 and older.*

	HUSBAND/SELF/SON	WIFE/SPOUSE/DAUGHTER
FULL LEGAL NAME (as on driver's license)		
CURRENT ADDRESS W/COUNTY OF RESIDENCE		
PHONE NUMBER		
EMAIL ADDRESS		
DATE OF BIRTH – AGE		
PLACE OF BIRTH		
CITIZENSHIP		
SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE # - STATE		
ALISES, BIRTH NAME, NICK NAMES, and/or MAIDEN NAME		
EDUCATION		
EMPLOYER		
OCCUPATION		
LENGTH OF EMPLOYMENT		
ANNUAL INCOME		
ETHNICITY/CITIZENSHIP		
DATE & LENGTH OF PRESENT MARRIAGE		
DATE & LENGTH OF PREVIOUS MARRIAGE(S)		

AFFIRMATIONS

Please initial the following statements, if you agree. Initials of both parents are required. If you have any questions or do NOT agree with a statement, please explain or call us. We will consider each family on a case-by-case basis. (Please use additional pages, if necessary.)

- Numerous documents are necessary for the adoption/host process including those required by the State of Texas, the United States Citizenship and Immigrations Services (USCIS), the agency you are adopting/hosting through and the foreign government you are adopting/hosting from. I will answer all questions and supply requested information with complete honesty and on a timely basis.

Self Spouse

- I understand that adopting/hosting a child/ren internationally or domestically brings no more certainty about the health of my referred child than I would have in the birth of a biological child. I understand that I will be given the most complete information available on my child/ren and agree that it is unreasonable to demand proof of perfect health of the child/ren or embryo I am referred.

Self Spouse

- I agree to notify Catherine A. Richardson, MSW, LCSW, LCPAA, ACSW, and AdoptTLC of any change in my family including job change, change of address, separation, divorce, pregnancy, placement of foster or adopted children into my home, significant change in physical and/or emotional health, significant change in financial status, or any other significant changes.

Self Spouse

- I understand it is my responsibility to track the expiration date of my I-171H, (expires 18 months after completion of processing) and United States Citizenship and Immigrations services (USCIS) fingerprints (expire in 15 months after completion of processing). I will renew my paperwork/fingerprint as required by the USCIS and will notify Catherine A. Richardson, MSW, LCSW, LCPAA, ACSW, and AdoptTLC of the need for a home study update **THREE** months **PRIOR** to applying to USCIS for renewal.

Self Spouse

I understand and affirm that the following statements are true:

- I have never had a previous negative home study, nor have I ever been rejected by any agency.

Self Spouse

- I have never had my parental rights terminated in a court of law.

Self Spouse

- I have never had children who were assigned to a court appointed guardian.

Self Spouse

- I have no history of substance abuse including illegal drugs, prescription drugs, and alcohol.

Self Spouse

- I have no history of sexual abuse or child abuse either as a perpetrator or as a victim.

Self Spouse

- I have no history of domestic violence.

Self Spouse

- I have never been arrested, cited, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations, but including driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant while in the United States or abroad.

Self Spouse

- I have never been the beneficiary of a pardon, amnesty, rehabilitation decree, or other act of clemency or similar action in the United States or abroad.

Self Spouse

- I have never received a suspended sentence, been placed on probation or parole, or in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge in the United States or abroad.

Self Spouse

- I have never been arrested and fingerprinted, even if the record was sealed, pardoned, or expunged.

Self Spouse

- I have never at any time been the subject of any investigation by any child welfare agency or other official authority in any state or foreign country concerning the abuse or neglect of any child, *other than an investigation that has been completed and formally closed based on a finding that the allegation of abuse or neglect was unfounded or unsubstantiated.*

Self Spouse

NOTE: Each adoptive applicant's name, each adult household member, and each child over the age of 13 years will be submitted for a statewide child abuse/neglect screening by the Texas Department of Family and Protective Services, for a statewide criminal history check by the Texas Department of Public Safety, and for a nationwide criminal history check by the Federal Bureau of Investigations.

- I understand and affirm that the children I adopt will have the same inheritance rights as a biological child.

Self Spouse

- I understand and affirm that minor children are the first to inherit if both parents die at the same time.

Self Spouse

- I have received the phone number (1-800-252-5400) to report any complaints I might have about the home study process.

Self Spouse

Each of the above questions must be initialed, if true. If any question cannot be initialed, you must provide a certified copy of the documentation showing the final disposition of each incident which resulted in an arrest,

indictment, conviction, and/or any other judicial or administrative action and a written, notarized, statement giving details, including any mitigating circumstances about each arrest. The written statement must show the date of each incident, place incident occurred (city/town, state/province, country), name of police department or other law enforcement administration or other entity involved, and date of incarceration and name of facility, if applicable. Please provide a description of any type of counseling, rehabilitation, or other information that you would like considered in light of the history on a separate sheet(s) of paper.

Any needed explanations or additional information: _____

In order to process this application, we ask that you include a non-refundable check payable to AdoptTLC in the amount of \$250.00

This signature(s) affirm(s) the above information is true and correct in every aspect. Should any statement be found to be a misrepresentation, it is the option of AdoptTLC to consider this sufficient grounds to terminate any efforts on your behalf and **NO REFUNDS** of fees paid to AdoptTLC will be issued. Should AdoptTLC decide to continue to work with me/us after any affirmation is found to be untrue, we understand we will incur additional charges as this issue will require additional work on the social worker's part.

I/We, the undersigned, hereby confirm that all of the information provided in this application for adoption services is current, complete, and accurate to the best of my/our knowledge.

Adoptive/Host Father

Adoptive/Host Mother

NOTARY PUBLIC

State of TEXAS)

County of)

This document has been subscribed and affirmed before me on this _____ day of _____, 20__.

Notary Public