

HUDSON VALLEY ADOPTION SERVICES
275 Fair Street, Suite 22
Kingston, NY 12401
Tel. #: 845-338-0700 - FAX #: 845-338-6700
hvadoptionsservices@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 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?

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 _____

AMOUNT

PLACE

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>
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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.

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 _____