

ADOPTION APPLICATION

Date _____

Husband's name (first, middle, last)

_____ Birth date ____/____/____ Age ____

Wife's name (first, middle, last)

_____ Birth date ____/____/____ Age ____

Address (street, city, state, zip code)

CONTACT INFORMATION

Home phone (_____) _____

Husband's work phone (_____) _____ Cell (_____) _____

Wife's work phone (_____) _____ Cell (_____) _____

Email _____

RELIGION

Husband _____ Church _____ Pastor _____

Wife _____ Church _____ Pastor _____

HUSBAND'S BACKGROUND INFORMATION

Husband's name (first, middle, last)

_____ Birth date ____/____/____ Age ____

Place of birth (hospital/city/state) _____

Race _____ Nationality background (ie: English, German, Italian, etc.) _____

Height _____ Weight _____ Eye color _____ Hair color _____

MARITAL HISTORY

Date of marriage ____/____/____ Place of ceremony _____

Date of marriage ____/____/____ Place of ceremony _____

IMMEDIATE FAMILY (ie: parents, siblings) *Please indicate if deceased.

Name _____ Relationship _____ Age ____

Address _____ Occupation _____

Name _____ Relationship _____ Age ____

Address _____ Occupation _____

Name _____ Relationship _____ Age ____

Address _____ Occupation _____

Name _____ Relationship _____ Age ____

Name _____ Relationship _____ Age ____

Name _____ Relationship _____ Age ____

Name _____ Relationship _____ Age ____

Name _____ Relationship _____ Age ____

Name _____ Relationship _____ Age ____

HUSBAND'S BACKGROUND INFORMATION (continued)

EDUCATION

High School _____ Graduation date _____

University _____ Graduation date _____ Degree _____

Other studies _____

EMPLOYMENT Please list your last three jobs, starting with present employment.

Company name _____ From (month/year) _____ to _____

Address _____ Position _____ Avg. net monthly pay \$ _____

Company name _____ From (month/year) _____ to _____

Address _____ Position _____ Avg. net monthly pay \$ _____

Company name _____ From (month/year) _____ to _____

Address _____ Position _____ Avg. net monthly pay \$ _____

MILITARY SERVICE

Branch of service _____ From (month/year) _____ to _____

Months/years served in combat _____ Areas deployed to _____

What type of discharge did you receive? _____ If deferred, state reason _____

HEALTH Please list any major illnesses, physical, emotional, or medical problems, accidents or surgeries you have had. When they occurred and what (if any) lasting effects resulted (ie: ability to cope with problems, stress, crisis, frustrations, loss, etc.)

WIFE'S BACKGROUND INFORMATION

Wife's name (first, middle, last)

_____ Birth date ____/____/____ Age _____

Place of birth (hospital/city/state) _____

Race _____ Nationality background (ie: English, German, Italian, etc.) _____

Height _____ Weight _____ Eye color _____ Hair color _____

MARITAL HISTORY

Date of marriage ____/____/____ Place of ceremony _____

Date of marriage ____/____/____ Place of ceremony _____

IMMEDIATE FAMILY (ie: parents, siblings) *Please indicate if deceased.

Name _____ Relationship _____ Age _____

Address _____ Occupation _____

Name _____ Relationship _____ Age _____

Address _____ Occupation _____

Name _____ Relationship _____ Age _____

Address _____ Occupation _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

WIFE'S BACKGROUND INFORMATION (continued)

EDUCATION

High School _____ Graduation date _____

University _____ Graduation date _____ Degree _____

Other studies _____

EMPLOYMENT Please list your last three jobs, starting with present employment.

Company name _____ From (month/year) _____ to _____

Address _____ Position _____ Avg. net monthly pay \$ _____

Company name _____ From (month/year) _____ to _____

Address _____ Position _____ Avg. net monthly pay \$ _____

Company name _____ From (month/year) _____ to _____

Address _____ Position _____ Avg. net monthly pay \$ _____

MILITARY SERVICE

Branch of service _____ From (month/year) _____ to _____

Months/years served in actual combat _____ Areas deployed to _____

What type of discharge did you receive? _____ If deferred, state reason _____

HEALTH Please list any major illnesses, physical, emotional, or medical problems, accidents or surgeries you have had. When they occurred and what (if any) lasting effects resulted (ie: ability to cope with problems, stress, crisis, frustrations, loss, etc.)

ABOUT YOUR ADOPTION

Explain your fundamental reasons for applying for adoption:

Explain your family's attitude toward accepting an adoptive child:

What is your plan for appointing a guardian?

Describe the child you would like to adopt (Please specify infant, toddler, male, female, or either gender):

Which of the following adoptions would you accept:

Open _____ Semi-open (Share letters and pictures) _____ Closed _____ Domestic _____ Any _____

With regard to the race/ethnicity of the adopted child which of the following would you accept:

Caucasian _____ African American _____ Asian _____ Hispanic _____ Multi-racial _____ Any _____

With regard to maternal societal history are you willing to accept:

Drug use _____ Smoking _____ Alcoholism _____ Questionable paternity _____ Financial support needed _____

Would you be willing to accept a child with a correctable handicap, illness or special needs? Yes _____ No _____

Are you willing to travel out of state in order to adopt a child? Yes _____ No _____

Additional comments: _____

Have you tried to adopt in the past? Yes _____ No _____

Agency _____ Month/year _____

If denied, please state agency's reason _____

Are you currently seeking adoption through any other agency? Yes _____ No _____

Agency _____ Month/year _____

Address/city/state/zip _____

Case worker _____ Telephone (_____) _____

Do you have a current home study? Yes _____ No _____ Date of home study _____ / _____ / _____

(Please include a copy of your current home study with this application.)

Please provide information about other children who live in your home:

Name _____ Relationship _____ Birth date _____ / _____ / _____ Age _____

Name _____ Relationship _____ Birth date _____ / _____ / _____ Age _____

Name _____ Relationship _____ Birth date _____ / _____ / _____ Age _____

Name _____ Relationship _____ Birth date _____ / _____ / _____ Age _____

If both husband and wife are planning to work, what arrangements have been made for child care:

Have you, your spouse or anyone living in your home ever been accused of any criminal offenses other than minor traffic violations? If yes, please state whom, dates, details and disposition:

Do you, your spouse or anyone living in your home have a history of abuse or neglect regarding a child placed in your care at any time? If yes, please explain:



REFERENCES (ie: pastoral, personal friend, neighbor)

Name _____ Relationship _____ Years _____

Address _____ Telephone (_____) _____

Name _____ Relationship _____ Years _____

Address _____ Telephone (_____) _____

Name _____ Relationship _____ Years _____

Address _____ Telephone (_____) _____

Name _____ Relationship _____ Years _____

Address _____ Telephone (_____) _____

By signing below we certify that we are both in agreement with the decision to pursue adoption. We give our consent to St. Joseph Adoption Ministry to forward this application and home study to the appropriate sources. We certify, to the best of our knowledge, the information herein provided is accurate and true.

Husband's Signature _____ Date _____

Wife's Signature _____ Date _____

Please tell us how you heard about us? _____

Please return this completed application, Corporal Punishment and Release of Information forms to:

ST. JOSEPH ADOPTION MINISTRY
8160 PARALLEL PKWY, SUITE 103
KANSAS CITY, KS 66112-2011



OFFICE USE ONLY

DATE RECEIVED _____ BY _____

ASSIGNED TO _____ DATE _____

DISPOSITION _____

CORPORAL PUNISHMENT

We hereby acknowledge that we are aware of the CHILD PROTECTION LAWS which prohibit the exercise of corporal punishment as discipline. We are aware of the penalties for violating this law. We pledge that we will not employ any form of physical violence or corporal punishment in the discipline of our adopted child.

Adoptive Father's Signature _____ Date _____

Adoptive Mother's Signature _____ Date _____

Please include this completed form if you are a resident of Kansas:

CFS 1011
July 2011
Page 1 of 1

Kansas Department of Social and Rehabilitation Services Child Abuse and Neglect Central Registry 915 SW Harrison 5 th Fl. South Topeka, Kansas 66612	Child Abuse and Neglect Central Registry Release of Information
--	--

I, _____, give permission for the release of any information concerning (please print complete first, middle and last name) myself in the Child Abuse and Neglect Central Registry to:

Contact Person: SISTER DOLORA MAY, CSJ
Agency Name: ST. JOSEPH ADOPTION MINISTRY
Mailing address: 8160 PARALLEL PKWY. SUITE 103
KANSAS CITY, KS 66112-2011
Phone Number (913) 299-5222 TOLL FREE 1-800-752-1737

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

I give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry each year while I am employed or associated with the above agency. Yes No

**** Please complete the information below by printing in ink. Please print legibly. Do not leave any space blank. All requested information is required to process this request. Incomplete information will result in the release not being processed and will be returned as insufficient.****

First, Middle and Last Name: _____
Maiden Name: (Female applicant only) _____
Married Names, Nicknames or Other Names Used:
(Use N/A if no other names used) _____
Date of Birth: _____ Race: _____
Social Security # _____ Gender: Male Female
Signature: _____ Date: _____
Current Address: _____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. All releases and fees should be sent via postal mail to the attention of SRS, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601. The following state agencies are exempt from the \$10.00 fee: JJA (Central Office or Facilities), KNI, Dept. Of Education- Central Office, KDHE, State Hospitals, State Correctional Institutions, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: <http://kansasmentors.kansas.gov/Pages/FindaProgram.aspx> If this is a mentor record check, please make sure the box below is checked.

Mentor Program: If yes, please check

For Central Registry Use Only

_____ **FEE ATTACHED**

ADOPTION SERVICE FEE SCHEDULE

THE SERVICE FEE OF \$5,000.00 is based upon the process through which a client proceeds from the time this application is received by St. Joseph Adoption Ministry, until the placement of a child. The stages of completion are as follows:

STAGE I Status includes reception and review of application and all pertinent forms, an assessment and assistance in the adoption planning, initial interview, either in person or by telephone and ongoing assistance.

STAGE II Status includes a review and continuing processing of portfolios whereby a potential birth mother reviews and chooses to be “matched” with the particular couple, who in turn, also agree to the said situation. If the adopting couple choose not to agree, we continue on until we find a “match” that is acceptable to both parties. This phase also includes the updating of all materials required for the adoption plan.

STAGE III Status includes the procurement of legal, medical and familial data relative to the birth parents and the requirements pertinent to the adoption process. It does not include the costs incurred by other adoption professionals who represent the family of birth, nor does it include birth mother expenses, travel costs, or finalization. It is at this juncture in the process that the baby is born and the chosen couple are about to become parents. However, at the time of the birth, there is a determination made by the birth parents whether or not they will continue the adoption plan. If for whatever reason the adoption plan fails, we will continue helping the couple to adopt at no additional cost from St. Joseph Adoption Ministry.

STAGE IV Status includes the placement of the child as well as all legal papers having been signed by the birth parents and the adoptive couple. All legal records are maintained and preserved by St. Joseph Adoption Ministry.

As will state in our invoice which will be mailed to you at the time of receipt of this formal application, the service fee of \$4,500.00 is due and nonrefundable as said monies are expended during the adoption process on behalf of the said prospective adoptive family.