



# St. JOSEPH ADOPTION MINISTRY

A licensed child placement agency.

*Sponsored by the Congregation of St. Joseph*



ADOPTION FEE/STAGES

**THE SERVICE FEE OF \$5,000.00\*** will be paid and mailed to St. Joseph Adoption Ministry along with the following completed and signed formal application. The service fee is based upon the process through which a client proceeds from the time this application is received until the placement of a child with the couple. The stages of completion are as follows:

- **STAGE I:** 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:** 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:** 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:** 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.

An invoice will be mailed to you at the time of receipt of this completed and signed formal application and service fee of \$5,000. The service fee is nonrefundable.

**\* Additional fees may apply from other adoptive service providers once couple is matched with birth mother.**



# St. JOSEPH ADOPTION MINISTRY

A licensed child placement agency.

Sponsored by the Congregation of St. Joseph



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 \_\_\_\_\_

(If applicable) Date of prior marriage \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of divorce \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

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 \_\_\_\_\_

(If applicable) Date of prior marriage \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of divorce \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

Travel limitations: \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_



ADOPTION CONSENT/CORPORAL PUNISHMENT AGREEMENT

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 \_\_\_\_\_

We herby 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.

Husband's Signature \_\_\_\_\_ Date \_\_\_\_\_

Wife's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed and signed application, along with service fee of \$5,000 to:

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