



A Full Service Licensed Child Placing Agency

Adoptive Parent Application

Date _____

First Applicant Name _____

Second Applicant Name _____

Address _____ City _____ State _____ Zip _____

Telephone (H) _____ (W) _____

(C#1) _____ (Cel#2) _____

Email _____

Date and Place of Birth #1 _____

Date and Place of Birth #2 _____

Social Security Numbers #1 _____ #2 _____

If married, Place & Date _____

Type and place of Employment #1 _____

Type and place of Employment #2 _____

Please give two emergency contact people of who will know how to reach you at all times!
(THIS IS VERY IMPORTANT FOR WHEN THERE IS NEWS OF A BABY!)

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

Personal Information

Applicants' Name #1 _____ #2 _____

Height and Weight _____ Height and Weight _____

Hair and Eye Color _____ Hair and Eye Color _____

Nationality _____ Nationality _____

Religion _____ Religion _____

Highest Educational Degree #1 _____ #2 _____

Primary Language _____ Primary Language _____

Marital Status _____ Number of Previous Marriages _____

Children: (please list ages and if they are biological or adopted)

Who else lives in your home?

Describe your Home or Apartment

Do you have pets? What kind?

What types of things do you enjoy as a family? _____

Has either applicant ever been investigated for Child Abuse?
(if yes please explain in detail and give the outcome)

Have you ever had a child placed with you for adoption, and not finalized?
(If yes please give details including dates and the agencies name overseeing that adoption)

Financial Information

Applicant #1 Monthly Salary _____

Applicant #2 Monthly Salary _____

Other Sources of Income _____

Monthly Expenses _____

Savings _____

Investments _____

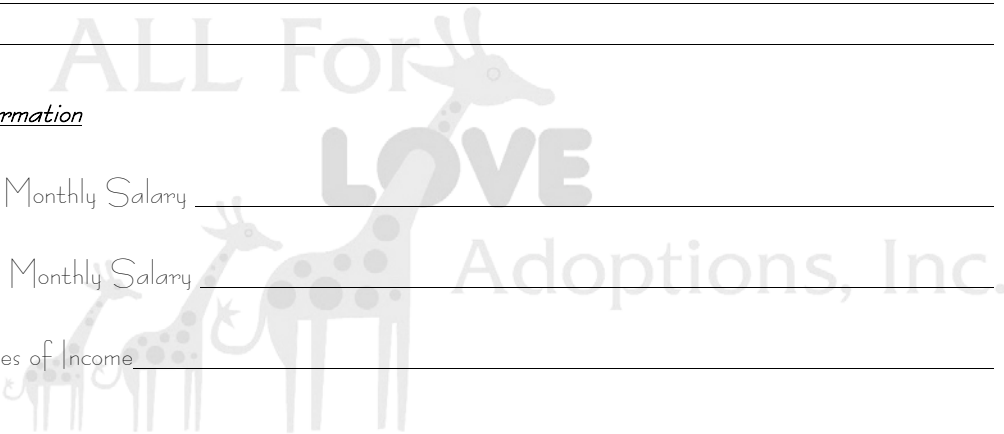
Home Owned or Rented? _____ Value _____

Life Insurance _____ Health Insurance _____

Will the Insurance cover a Birth Mothers Medical? _____

Will the Insurance cover the adopted child from the date of placement? _____

Is either applicant the primary support for any other person besides the applicants and children within the household? _____



Adoption Goals

Please circle the sex of the baby you are seeking to adopt: Male Female Either

Age range of child interested in adopting? _____

Ethnicity _____

Open to a sibling group? _____

Are you open to twins? _____

(Please remember there is an added fee for sibling groups and twins)

Are you open to special needs? _____

If yes, what types of special needs are you open to?
(Physical handicaps, or mental challenges, alcohol exposed, etc.)

When will you be ready to accept a child into your Home? _____

What degree of openness would you like to have with the Birth family?

Do you have your current Home Study? _____

Who performed the Home Study? (Please give name, address and phone number)

If you do not have a home study, when would you like to have one conducted?

All for Love Adoptions asks that the adoptive families to send pictures and letters every two months for the first year and twice a year for the next five years. The pictures and letters are sent through the agency, you will need to provide the postage. Are you willing to do this? If the agency feels it is necessary to read mail from the Birth Parent or Adoptive Parent during corresponding through the Agency prior to finalization, do you give us permission to open these letters to read them and make copies of them for the file? (Some birth mothers may require more pictures and letters or none at all; those arrangements will be discussed with you prior to the adoption)

All for Love Adoptions, Inc. wants to make you aware that our employees, volunteers, agents, consultants or independent contractors may provide services to both the birth parents and the adoptive parents which may be a potential conflict of interest. All for Love Adoptions, Inc. will not discriminate against any persons because of their race, ethnicity, religion or marital status. We understand that the receipt of this application by All for Love Adoptions, Inc. does not constitute a contract of any type. It is merely an application. There is no guarantee that a child will be placed with us by All for Love Adoptions, Inc. at any time. This application will be good for up to one year or until placement is made. If no placement is made in that year period a new application needs to be filled out and an updated home study needs to be conducted.

Signature of Applicant (1) _____ Date _____

Signature of Applicant (2) _____ Date _____

**Please send your complete signed packet of forms and application fee to:

All for Love Adoptions, Inc.
2916 South 2000 West
Syracuse, UT 84075
Office (801) 525-2099



Family Adoption Assessment

Families interested in adopting African-American children are asked to complete the following self-assessment. Married couples may answer jointly. **There is no right or wrong answers.** Please return this to All for Love Adoptions with your completed application and signed documents. (Some states require this assessment when adopting an African-American child)

Motivation and Support System

1. When and how did you decide to adopt an African-American child?
And what is your motivation? _____

2. Have you discussed your plans to adopt a child of different ethnic background with your extended families? If yes, what was their level of support?

3. How often and to what extent do your extended families interact with African-American people?

4. Are there any African-American persons in your immediate or extended family? If yes, please describe the relationship you have with them. _____

Understanding the Role of Racial and Ethnic Heritage

1. What have you done to prepare yourself to understand the ethnic and cultural heritage of your child to be? _____

2. There are unique differences in growing up Black in America versus growing up White in America. Are you aware of some of these differences? Please explain. _____

Community Role Models and Peer Relationships

- I. Describe the racial composition of your neighborhood. _____

- II. Describe the nature of your relationships with your neighbors. _____

- III. Concerning the neighborhood in which you live, how do you think people will treat your prospective child? _____

- IV. What social contacts do you have with African-American people outside your community? _____

- V. What African-American role models would your child be exposed to on a regular basis? _____

- VI. What is the ethnic composition of the school in your neighborhood? Please make references to the students as well as the teaching staff. _____

- VII. What church do you attend (if you attend one) and what is the ethnic composition of your place of worship? _____

- VIII. Do you plan to move to another part of the city, different city or state? _____

- IX. Are you members or do you plan on joining a diverse adoptive parent support group? _____

Lifestyle and Parenting Activities

1. Families vary in economic, regional, racial, cultural, and educational backgrounds. Are you aware of any significant differences between African-American and Caucasian lifestyles? Please discuss these in relation to customs, history, struggles, and accomplishments between 2 groups. _____

2. African American families must possess coping skills in order to survive in society. It is of great value to a child to have a positive affirming attitude, pride, and knowledge regarding his/her past. Believing this to be so, how will you teach coping skills to your child? What might some of these skills be?

3. Acknowledging that adopting a child of different ethnic background into your family can change how others view you, how will you handle stares, careless and cruel comments, or thoughtless questions? _____

4. How have you prepared yourselves for the physical care of the child (e.g. the care of the skin and hair, special dietary and health needs/conditions)?

Thank you for your thoughtful responses to these questions. In summary please list 5 pros and 5 cons of adopting an African-American child. In addition, can you name positives and negatives from the child's viewpoint? (Please use back if necessary)
