ChoiceAdoptions

Adoption Application

www.choiceadoptions.org

Portland Office & Central Oregon
12901 SE 97th Ave., Suite 150
Clackamas, OR 97015
503-232-1211

Office use only:
o Application Fee: $_____
o Date Paid/Rcvd: _____
o Approved (date/initial): _____
o Entered in database

Section 1: Before you begin

- Type or print CLEARLY in ink.
- If a question does not apply to your family, write "N/A".
- If you need additional space, please attach a separate sheet of paper.
- Please allow 10 days for review of this application.
- You must allow 1 year after a life changing event before applying (e.g., marriage, divorce, death).
- You can apply to adopt 9 months after the birth or adoption of a child, but must wait for the 1-year mark before finalizing your home study.
- For the domestic infant programs only: The infant programs are open to families with no more than three (3) children, with limited exceptions. Also, the infant programs do not permit gender specification.
- For the foster child adoption program: Families must be open to children up to at least 5 years old. The greatest need is for families for older children (age 10 and up).

Section 2: Contact Information

Parent 1	Parent 2
Full name:	Full name:
Preferred/nick name:	Preferred/nick name:
☐ Male ☐ Female	☐ Male ☐ Female
Home phone number:	
Mobile number:	Mobile number:
Work number:	Work number:
Email address:	Email address:
Street address/Apt. No./City/State/Zip:	
Mailing address (if different):	
How many years you have resided in current state:	How many years you have resided in current state:

Section 3: General information

Parent 1	Parent 2
If you have lived outside the state in the past 5 years, provide those addresses:	If you have lived outside the state in the past 5 years, provide those addresses:
Birthdate (MM/DD/YY): Age:	Birthdate (MM/DD/YY): Age:
Citizenship:	Citizenship:
Race (optional):	Race (optional):
Religion:	Religion:
Education level:	Education level:
Maiden name (if applicable):	Maiden name (if applicable):

Section 4: Marital information

Marital status: ☐ Married ☐ Divorced ☐ Single (never married) ☐ Widowed

If married, date of marriage (MM/DD/YY):

Parent 1	Parent 2
Previous marriages:	Previous marriages:
Marriage date: Divorce date:	Marriage date: Divorce date:
Marriage date: Divorce date:	Marriage date: Divorce date:

Section 5: Children of applicants

Child's name	Birthdate	◆ Biological or Adopted? ◆ Date adopted	Living arrangements	Is child from a previous relationship?
1.				
2.				
3.				
4.				
5.				

Are your children immunized? ☐ Yes ☐ No
Have your parental rights of a biological or adopted child ever been terminated? ☐ Yes ☐ No ◆ If yes, please explain on a separate sheet.
Are there other people living in your home? ☐ Yes ☐ No ◆ If yes, list their names and ages: ◆ What is their relationship to you?

Section 6: Health information

If you answer yes to any of the items in this section, please provide full details and dates. Use another sheet if needed.

Parent 1		Parent 2	
Health status	☐ Good ☐ Fair ☐ Poor	Health status	☐ Good ☐ Fair ☐ Poor
Tuberculosis	☐ Yes ☐ No	Tuberculosis	☐ Yes ☐ No
Tumor (non-cancerous)	☐ Yes ☐ No	Tumor (non-cancerous)	☐ Yes ☐ No
Cancer	☐ Yes ☐ No	Cancer	☐ Yes ☐ No
Heart disease	☐ Yes ☐ No	Heart disease	☐ Yes ☐ No
Liver disease	☐ Yes ☐ No	Liver disease	☐ Yes ☐ No
Neuropathy	☐ Yes ☐ No	Neuropathy	☐ Yes ☐ No
Genetic disease	☐ Yes ☐ No	Genetic disease	☐ Yes ☐ No
Diabetes: ◆ Type I ◆ Type II	 ☐ Yes ☐ No ☐ Yes ☐ No	Diabetes: ◆ Type I ◆ Type II	 ☐ Yes ☐ No ☐ Yes ☐ No
Alcoholism	☐ Yes ☐ No	Alcoholism	☐ Yes ☐ No
Substance abuse	☐ Yes ☐ No	Substance abuse	☐ Yes ☐ No
Seizures	☐ Yes ☐ No	Seizures	☐ Yes ☐ No
Impairments: ◆ Vision ◆ Hearing ◆ Mobility	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	Impairments: ◆ Vision ◆ Hearing ◆ Mobility	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Communicable diseases: ◆ STD ◆ HIV ◆ Hepatitis ◆ Other	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	Communicable diseases: ◆ STD ◆ HIV ◆ Hepatitis ◆ Other	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Mental conditions: ◆ Bi-polar disorder ◆ Eating disorder ◆ Depression ◆ Anxiety ◆ Counseling/therapy ◆ Other	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	Mental conditions: ◆ Bi-polar disorder ◆ Eating disorder ◆ Depression ◆ Anxiety ◆ Counseling/therapy ◆ Other	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Health topic	Parent 1	Parent 2
Surgery: ◆ Provide details, including date and type		
Medical issue 1 Provide the following information: ◆ Condition ◆ Date of diagnosis ◆ Treatment received (past/present) ◆ Prognosis/outcome ◆ Medication, if any		
Medical issue 2 Provide the following information: ◆ Condition ◆ Date of diagnosis ◆ Treatment received (past/present) ◆ Prognosis/outcome ◆ Medication, if any		
Medical issue 3 Provide the following information: ◆ Condition ◆ Date of diagnosis ◆ Treatment received (past/present) ◆ Prognosis/outcome ◆ Medication, if any		
Are you taking any medication? For any medication, please provide: ◆ Name of medication ◆ Reason you are taking it	☐ Yes ☐ No	☐ Yes ☐ No
Covered by health insurance? ◆ If so, provide name of provider. ◆ If so, will insurance cover the adopted child at time of placement?	☐ Yes ☐ No Provider: ☐ Yes ☐ No	☐ Yes ☐ No Provider: ☐ Yes ☐ No
Name of primary care physician: ◆ How long you have been a patient of this physician or medical group? ◆ If you have been a patient less than 5 years, please explain:	Physician: _____ years	Physician: _____ years

NOTE: At the discretion of the program director, you may be required to provide a letter from a doctor or therapist for any listed medical or mental health issues.

Section 7: Law enforcement & trauma history

NOTE: Having a criminal or arrest record, no matter how long ago, may affect your approval.

Criminal history topic	Parent 1	Parent 2
Have you ever been arrested, even if it did not result in a conviction?	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever been charged or convicted of any crime, regardless if it was expunged or the record sealed?	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever been the victim of a crime?	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever been the perpetrator of a crime?	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever been the victim of domestic violence?	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever been the perpetrator of domestic violence?	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever been afraid of your partner during an argument?	☐ Yes ☐ No	☐ Yes ☐ No
Do you or your partner ever hit or push each other, throw things or destroy property when angry?	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever used a firearm in a threatening manner to yourself or others?	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever threatened to commit suicide?	☐ Yes ☐ No	☐ Yes ☐ No
To your knowledge, has your partner ever threatened to commit suicide?	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever called 911 for any reason?	☐ Yes ☐ No	☐ Yes ☐ No
Has anyone ever called 911 on your behalf or because of your behavior?	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever been physically abused?	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever been sexually abused?	☐ Yes ☐ No	☐ Yes ☐ No
Has a 911 or Child Protective Service call ever been made regarding a child in your care?	☐ Yes ☐ No	☐ Yes ☐ No
Has a 911 or Child Protective Service call ever been made regarding a child in your partner's care?	☐ Yes ☐ No	☐ Yes ☐ No
Have the police or other first responders ever been called to your home or a home where you were staying when a child was in your care?	☐ Yes ☐ No	☐ Yes ☐ No
Have law enforcement officers, emergency service personnel, child protective service workers or other first responders ever come, for any	☐ Yes ☐ No	☐ Yes ☐ No
Do either you or your partner have any history of substance abuse?	☐ Yes ☐ No	☐ Yes ☐ No
If you answered yes to any of the questions above, list each issue/ incident in the space to the right, and provide the following details regarding each (as applicable) on a separate piece of paper: ◆ Explanation of incident ◆ Year(s) it occurred ◆ Charge ◆ Misdemeanor or felony ◆ Outcome (dismissed, guilty, probation, not guilty, etc.) ◆ Penalty (fine, probation, jail time, diversion, community service, etc.) ◆ Time spent in jail, if any ◆ Type and length of probation ◆ Your current feelings/perspective regarding the incident	**Issue/incident:** 1. 2. 3.	**Issue/incident:** 1. 2. 3.

Section 8: Financial information

Parent 1	Parent 2
Employer.:	Employer.:
Position:	Position:
Length of employment:	Length of employment:
Annual income:	Annual income:
Other annual income:	Other annual income:
Total assets (vehicles, personal property, value of home, stocks/bonds, checking/savings, etc.):	
Total liabilities (all debit, including mortgage, credit cards, auto payments, student loans, etc.):	
Net worth (total assets minus total liabilities):	
Do you own or rent your home/apartment? ☐ Own ☐ Rent	
Have you ever filed bankruptcy? ☐ Yes ☐ No ***If yes***, when?	
Have you ever had a home foreclosure? ☐ Yes ☐ No ***If yes***, when?	
Is your family receiving any form of state or federal assistance, (e.g., cash, food, medical insurance, SSI, etc.)?	
How do you plan to fund your adoption?	

Section 9: Adoption information

Do you have known or probable infertility? ☐ Yes ☐ No

Are you pregnant? ☐ Yes ☐ No

Note: If you become pregnant during the home study process or prior to finalization of your adoption you are required to contact Choice Adoptions in writing within 5 business days. Choice Adoptions expects that families in each of its programs are committed to the adoption process and will not seek to become pregnant during the course of the adoption by any means, including fertility treatments.

Why do you want to adopt?

Indicate the program(s) you are applying for:	Why have you chosen that program?
☐ National Infant Program ☐ Local Infant Program ☐ Foster Child Adoption Program ☐ Designated Adoption Program ☐ Home Study Services (only) ☐ Post-placement services (only)	

Are you working with another agency/organization to assist you with the placement of a child? ☐ Yes ☐ No

If yes, please provide contact information for the agency/organization:

Name of agency/organization: _____ Phone number: _____

Have you ever had a previous adoptive home study completed? ☐ Yes ☐ No

Have you ever applied to adopt a child or provide foster care? ☐ Yes ☐ No

Have you ever begun a home study process in relation to an adoption or to any form of foster or other custodial care of a child that was not completed? ☐ Yes ☐ No

At any time have you been rejected or denied as a prospective adoptive parent or have ever been the subject of an unfavorable family assessment? ☐ Yes ☐ No

Have you or your partner ever had your parental rights terminated? ☐ Yes ☐ No

Do you have a history of any contact with any state child welfare division, either as an applicant or as the subject of an investigation? ☐ Yes ☐ No

If the answer to any of the above questions is yes, please provide the name of the state or private agency that you had contact with, the dates of that contact, and an explanation of the nature of the contact.

Name of agency/organization: _____ Date(s) of contact: _____

Nature of contact:

Indicate your preferences regarding the child you want to adopt:

Age: _____ ☐ Months ☐ Years Race: ☐ No preference ☐ Hispanic ☐ Caucasian

Sex: ☐ Male ☐ Female ☐ Either ☐ Siblings ☐ African-American ☐ Other:

*Excludes Domestic Infant Program

Notes about pre-adoption education:

- Pre-adoption education is required, and the amount varies for each type of adoption.
- Pre-adoption education is not required prior to application submission. Education information and resources are provided as part of the adoption process.
- Pre-adoption education hours must be confirmed by certificate of completion.

Have you completed any pre-adoption training for this adoption? ☐ Yes ☐ No

If yes, please indicate the number of hours and date(s):

Section 10: Comments & How did you hear about Choice Adoptions?

How did you hear about our agency? *(check all that apply)*

Word of mouth: ☐ Choice adoptive family ☐ Other adoptive family ☐ Friend

☐ Relative ☐ Co-worker ☐ Other

Name of person who referred you: _____

Internet search: ☐ Google ☐ Yahoo ☐ Adoption.com

☐ Other: _____

Why did you choose Choice Adoptions?

Section 11: Statement of agreement & Signature

The following items must be submitted with your application:

- $400 non-refundable fee
  - Make checks payable to *Choice Adoptions.*
  - Contact the Choice Adoptions office by phone if you would like to pay the fee with a credit card.
  - This fee will be waived for returning families.
- Two family photos
  - Close-up, non-professional photos of either the adoptive couple or the single parent
  - No larger than 4 X 6
  - Pictures will not be returned
  - No duplicates or sunglasses
- Copy of government-issued photo ID, including copy of the individual's signature (such as driver's license or passport)

I/we certify that the information given in this application is truthful and complete to the best of my/our knowledge. I/we understand that failure to fully disclose all information requested on this application may affect the outcome of the adoption and may result in the closure of my/our file.

Parent 1 signature: _____ Date: _____

Parent 2 signature: _____ Date: _____

- Please allow 10 days for review of this application.
- After your application has been reviewed and approved by the program director, you will receive specific information regarding the next steps in the adoption process.
- If you have questions, please contact the Choice Adoptions office at 503-232-1211 or mail@choiceadoptions.org.
- We look forward to working with you as you begin your adoption journey!
- Please mail this application with the above documents listed and fees to:
  Choice Adoptions
  12901 SE 97th Ave, Suite 150
  Clackamas, OR 97015