

**ALL AGE ADOPTIONS PLUS
 HOMESTUDY AND ADOPTION APPLICATION
 DOMESTIC AND INTERNATIONAL PROGRAMS**

[Please Type or Print your information in the spaces below]

Name Of Family: _____

House Address: _____

City: _____ State: _____ Postal Code: _____

Mailing address if different from above _____

If in New Mexico give brief directions from major cross streets: _____

Phone Home (____) _____ Fax #(____) _____ Email address _____

Date and place of current marriage: _____

How long have you been together? ____ Have either of you filed for divorce, separation or annulment to this marriage? ____ If yes, explain when and why: _____

Wife

Husband

Full Legal Name _____

Full Legal Name _____

Please address me as _____

Please address me as _____

Mobile phone _____

Mobile phone _____

E-mail _____

E-mail _____

DOB _____ Age _____

DOB _____ Age _____

Birthplace _____

Birthplace _____

Religion _____

Religion _____

Degree(s) _____ Major _____ Dates _____

Degree(s) _____ Major _____ Dates _____

School(s)/College(s) _____

School(s)/College(s) _____

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505-323-6002, Fax 505-323-6009, e-mail ADOPT@ADOPTIONSPUS.ORG web site WWW.ADOPTIONSPUS.ORG

All Age Adoptions Plus is a New Mexico Licensed Child Placement Agency. A Division of Joyful World Ministries, Inc.,

A non-profit Christian ministry dedicated to bringing joy to families worldwide

Wife

Hair/Eye color _____ Complexion _____

Height _____ Weight _____ Build _____

Heritage, Race, Ethnicity _____

Language(s) spoken _____

Employer _____

Address _____

Position/Occupation _____

Dates _____ Approx. Annual Income _____

Previous or other employer _____

Name of ex/late-spouse(s) _____

Date of marriage _____

What do you like to do for leisure? Include special interests, hobbies and talents _____

Describe your social support system (people, events, etc.) _____

Describe prescription medication use, present and within the last year _____

Within the last five years have you had inpatient treatment for medical or psychiatric conditions? _____

Outpatient counseling for personal, marital, psychiatric, emotional, addictive conditions? _____

If yes, briefly describe condition(s), treatment, dates, name and phone of Counselor/Physician _____

What do you do on a regular basis that brings passion into your life? _____

Husband

Hair/Eye color _____ Complexion _____

Height _____ Weight _____ Build _____

Heritage, Race, Ethnicity _____

Language(s) spoken _____

Employer _____

Address _____

Position/Occupation _____

Dates _____ Approx. Annual Income _____

Previous or other employer _____

Name of ex/late-spouse(s) _____

Date of marriage _____

What do you like to do for leisure? Include special interests, hobbies and talents _____

Describe your social support system (people, events, etc.) _____

Describe prescription medication use, present and within the last year _____

Within the last five years have you had inpatient treatment for medical or psychiatric conditions? _____

Outpatient counseling for personal, marital, psychiatric, emotional, addictive conditions? _____

If yes, briefly describe condition(s), treatment, dates, name and phone of Counselor/Physician _____

What do you do on a regular basis that brings passion into your life? _____

Why do you choose to adopt at this time? _____

Why do you choose to adopt at this time? _____

What obstacles do you anticipate in going through the adoption process? _____

What obstacles do you anticipate in going through the adoption process? _____

OTHERS LIVING OR FREQUENTLY RESIDING IN THE HOME – continue on back or additional page if needed

Name	DOB	Relationship to parents	Ethnicity

CHILDREN NOT LIVING IN THE HOME continue on back or additional page, if needed

Name	DOB	Relationship to parents	Living situation

Have you talked to your children and others in your home about your plans to adopt? _____ If no, why not? If yes, what are their feelings? _____

Please describe how you learned of all Age Adoptions Plus _____

If you are a New Mexico resident without a homestudy, when would you like to start your homestudy? _____

If you are a NM resident, would you like information on housing a birthmother? _____

Are you interested in our Domestic Program? _____ Homestudy Service? _____ Our other programs? _____ Interstate Services? _____

Coordination with other agencies? _____ Contract Services/Independent Adoptions? _____

If you are working with another agency for placement, please share name _____

If you have a current homestudy, please attach - or our homestudy is being sent to you by _____

Give date and name of agency of any previous homestudies. _____

Have you ever initiated a homestudy that was not completed? ____ Have you ever been the subject of an unfavorable home study for adoption or any form of custodial care, in the US or abroad? ____ Have you been the subject of an unfavorable foster, custodial or adoption home study or been rejected as a potential adoptive parent? ____ Have you ever been rejected as a prospective adoptive parent or ____ If yes to any of these issue, please share the details on a separate page.

If you already have a child identified, briefly explain the child and situation. _____

Please consider the type of child you could raise, love and call your own. You will have the opportunity to explore this further in the homestudy process. Please fill out this section, even if you already identified a child.

Age range: From ____ to ____ years of age. # of weeks premature ____ Gender: No preference ____ First preference _____

Only consideration _____ If you will only consider a certain gender, please explain why. _____

God's children come in all colors. Some of the most common races we see are listed. Please check what you would consider. White ____ Latino (Spanish, South Central American, Hispanic, etc.) ____ African American ____ Asian ____ White/Latino ____ White/African American ____ White/Asian ____ Asian/Latino ____ Latino/African American ____ African American/Asian ____ Other _____

If you are considering international adoption, what countries are you considering? _____

What cultural considerations do you have and can you offer? For example, if you are bi-lingual, have lived in another culture, have close friends or family from other races, have a strong affinity to a certain place or race, etc. _____

Physical, Emotional, Mental, Psychiatric Issues: What issues do you feel you can or cannot deal with at this time? Education and training are provided and you will be given a more in-depth checklist of issues to consider. _____

Please share whatever else you need regarding the type of child you want to parent. _____

REFERENCES Please list at least 6 references who we may contact. Three of these references may not be related to you or to each other, and we must have on file their name, physical address, and telephone number. Email addresses are helpful and allow communication to be quicker. Please make sure information is legible and feel free to use a separate piece of paper or the back of this application if more room is necessary.

Name	Address	And/or	e-mail address	Telephone

I/We have never been arrested, convicted, or investigated for any crime, to include child abuse or neglect, other than minor traffic violations. I understand that this includes arrests, convictions, and investigations for any offenses in any state in the United States, any Federal offenses, or any conviction of a crime committed in a foreign country. Further, there are no charges pending against me for allegations of the commission of a criminal act. **OR** I have briefly described dates, offenses, outcomes of any arrests, pending legal involvement, suspicions, investigations or charges of child abuse or neglect, or domestic violence on a separate and attached paper. I understand I will have the opportunity to further explain and records or documentation may be needed to complete the study.

I/We understand that I/ we will be asked to complete criminal records checks; provide documentation regarding our health, employment, finances, and family; and provide personal information about ourselves. We understand that this application will be considered complete at the time all documentation is received by All Age Adoptions Plus and that this application is effective for six months after the signed date.

I/We understand that there will be further documentation, contracts, and fees required depending upon the adoption program of our choice.

I/We understand that signing and submitting this application places no commitment upon ourselves to take a child for adoption or for All Age Adoptions Plus to provide us with a child.

I/We certify that the information of this application is true and correct to the best of our knowledge. If any information is determined as willfully incorrectly stated, we acknowledge that All Age Adoptions Plus has the right to disqualify us from further consideration.

We have enclosed \$400.00 as a registration and processing fee, which is not refundable.

Signature

Date

Signature

Date