

**JOYFUL WORLD MINISTRIES, INC.  
 ALL AGE ADOPTIONS PLUS  
 HOMESTUDY AND ADOPTION APPLICATION**

*[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 (\_\_\_\_\_) \_\_\_\_\_ 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 \_\_\_\_\_

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School(s)/College(s) \_\_\_\_\_

School(s)/College(s) \_\_\_\_\_

**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.)

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Describe prescription medication use, present and within the last year

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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? \_\_\_\_\_

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

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

**CHILDREN & OTHERS LIVING OR FREQUENTLY RESIDING IN THE HOME** – continue on back 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 \_\_\_\_\_

Are you interested in our Domestic Program? \_\_\_\_\_ Liberian Program? \_\_\_\_\_ Homestudy Service? \_\_\_\_\_ Coordination with other agencies? \_\_\_\_\_ Contract or 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