



Adoption and Family Services

**“Giving the Children the Hope that we have through Jesus Christ”**

**We are looking for families that view adoption as a ministry unto the Lord**

**APPLICATION FOR ADOPTION**

Please complete this application and return along with a \$500 program non-refundable processing fee (*Pastors will receive a \$500.00 grace discount at adoption placement*) and current family photograph. This application requests vital information necessary to assess your qualifications for adoption. All information obtained is strictly confidential and will be used solely for the purpose of assisting you in adopting your child or children. Please print legibly. Before your application is approved, it must be fully reviewed and your references contacted.

**GENERAL INFORMATION**

<b>Adoptive Mother’s Name (Last, First, Middle)</b>		<b>Adoptive Father’s Name (Last, First, Middle)</b>	
<b>Street Address</b>			
<b>City</b>	<b>State / Region</b>	<b>Postal Zip Code</b>	<b>How Long at Current Residence?</b>
<b>Home Phone</b>	<b>Mother’s Business Phone</b>	<b>Father’s Business Phone</b>	
<b>Cell Phones / Pager</b>		<b>Home Email Address</b>	
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<b>Present Marriage Date</b>	<b>Place Married (city / state)</b>

**PERSONAL INFORMATION**

	<b>ADOPTIVE MOTHER</b>	<b>ADOPTIVE FATHER</b>
<b>DATE OF BIRTH</b>		
<b>PLACE OF BIRTH</b>		
<b>RACE / CITIZENSHIP</b>		
<b>HAIR COLOR / EYE COLOR</b>		
<b>SOCIAL SECURITY NUMBER</b>		
<b>DRIVERS LICENSE NUMBER</b>		
<b>PASSPORT #</b>		
<b>PASSPORT PLACE OF ISSUE</b>		
<b>PASSPORT DATE OF ISSUE</b>		
<b>NUMBER OF PREVIOUS MARRIAGES</b>		
<b>PREVIOUS MARRIAGE DATES / DIVORCE DATES</b>		
<b>EDUCATION</b>		

**OTHER PERSONS LIVING IN YOUR HOME AND EXISTING CHILDRENS INFORMATION**

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>BIRTH DATE</b>	<b>SEX</b>	<b>LIVING WITH YOU?</b>	<b>ADOPTED? IF SO, WHEN/WHERE</b>

**EMPLOYMENT INFORMATION**

	<b>ADOPTIVE MOTHER</b>	<b>ADOPTIVE FATHER</b>
<b>EMPLOYER NAME</b>		
<b>EMPLOYER ADDRESS</b>		
<b>OCCUPATION</b>		
<b>LENGTH OF EMPLOYMENT</b>		
<b>ANNUAL SALARY</b>		
<b>ADDITIONAL ANNUAL INCOME</b>		

**REFERENCES**

<b>NAME &amp; RELATIONSHIP</b>	<b>ADDRESS, CITY, STATE, ZIP</b>	<b>TELEPHONE</b>
<b>(Husband's Parents)</b>		
<b>(Wife's Parents)</b>		
<b>(Pastor / Minister)</b>		
<b>(Employers)</b>		
<b>(Friend)</b>		
<b>(Friend)</b>		

**OTHER INFORMATION**

NOTE: INCLUDE ANY TRAFFIC OFFENSES SUCH AS DUI & SUSPENDED LICENSE	ADOPTIVE MOTHER	ADOPTIVE FATHER
<b>HAVE YOU EVER BEEN ARRESTED?</b>		
<b>DO YOU HAVE ANY ETHNIC OR RACIAL PREJUDICES?</b>		
<b>ARE THERE ANY PAST INCIDENTS OF DRUG OR ALCOHOL ABUSE?</b>		
<b>HAVE YOU EVER BEEN QUESTIONED, CHARGED, OR CONVICTED IN RELATION TO A CRIME, INCLUDING ANY FORM OF ABUSE? Explain if Yes</b>		
<b>IS THERE ANY REASON THAT YOU WOULD NOT BE APPROVED DUE TO FBI AND STATE CRIMINAL BACKGROUND CHECKS?</b>		
<b>HAS YOUR APPLICATION TO ADOPT OR FOSTER PARENT EVER BEEN REJECTED BY ANY OTHER ADOPTION / CHILD PLACING AGENCY?</b>		
<b>HAVE YOUR PARENTAL RIGHTS EVER BEEN TERMINATED?</b>		
<b>DO YOU USE TOBACCO?</b>		
<b>DO YOU DRINK ALCOHOLIC BEVERAGES?</b>		

**ADOPTION / RELATIONSHIP INFORMATION (ATTACH ADDITIONAL SHEETS IF NECESSARY)**

<p><b>HUSBAND – DESCRIBE YOUR WIFE’S PERSONALITY:</b></p>	
<p><b>WIFE – DESCRIBE YOUR HUSBAND’S PERSONALITY:</b></p>	
<p><b>HOW LONG HAVE YOU WANTED TO ADOPT?</b></p>	
<p><b>WHY DO YOU WANT TO ADOPT?</b></p>	
<p><b>WHAT IS YOUR COMPLETE, PLANNED ADOPTION BUDGET RANGE?</b></p>	
<p><b>WHAT IS YOUR RELIGIOUS DENOMINATION?</b></p>	
<p><b>WHAT CHURCH ARE YOU A MEMBER OF?</b></p>	
<p><b>HOW MANY TIMES A MONTH DO YOU ATTEND CHURCH?</b></p>	<p><b>HUSBAND:</b> <b>WIFE:</b></p>
<p><b>ARE YOU ACTIVELY INVOLVED IN YOUR CHURCH? WHERE DO YOU SERVE IN YOUR CHURCH?</b></p>	<p><b>HUSBAND:</b> <b>WIFE:</b></p>
<p><b>DO YOU TITHE AND GIVE TO YOUR LOCAL CHURCH FINACIALLY ON A REGULAR BASIS?</b></p>	

Continued on next page,

**ADOPTION / RELATIONSHIP INFORMATION (continued from previous page.)**

<p><b>DESCRIBE HOW YOU BECAME A CHRISTIAN: (HUSBAND)</b></p>	
<p><b>DESCRIBE HOW YOU BECAME A CHRISTIAN: (WIFE)</b></p>	
<p><b>DESCRIBE YOUR SPIRITUAL GROWTH SINCE BECOMING A CHRISTIAN: (HUSBAND)</b></p>	
<p><b>DESCRIBE YOUR SPIRITUAL GROWTH SINCE BECOMING A CHRISTIAN: (WIFE)</b></p>	
<p><b>WHAT COUNTRY OR COUNTRIES ARE YOU MAINLY INTERESTED IN?</b></p>	<p><input type="checkbox"/> UNITED STATES    <input type="checkbox"/> MOLDOVA    <input type="checkbox"/> UKRAINE  <input type="checkbox"/> RUSSIA    <input type="checkbox"/> ROMANIA    <input type="checkbox"/> CHINA    <input type="checkbox"/> GUATEMALA</p>
<p><b>AGE OF CHILD / CHILDREN DESIRED:</b></p>	<p><input type="checkbox"/> NEWBORN / INFANT    <input type="checkbox"/> 2-4 YEARS    <input type="checkbox"/> 5-8 YEARS    <input type="checkbox"/> 9-12 YEARS  <input type="checkbox"/> 13-17 YEARS</p>
<p><b>SEX OF CHILD DESIRED:</b></p>	<p><input type="checkbox"/> MALE    <input type="checkbox"/> FEMALE    <input type="checkbox"/> EITHER</p>
<p><b>RACE OF CHILD DESIRED: (DOMESTIC / UNITED STATES)</b></p>	<p><input type="checkbox"/> AFRICAN AMERICAN    <input type="checkbox"/> CAUCASIAN    <input type="checkbox"/> HISPANIC    <input type="checkbox"/> BIRACIAL  <input type="checkbox"/> ANY RACE    <input type="checkbox"/> CASE BY CASE BASIS</p>
<p><b>WILL YOU ACCEPT A CHILD / CHILDREN WITH SPECIAL NEEDS?  (CHECK ALL THAT YOU ARE WILLING TO ACCEPT)</b></p>	<p><input type="checkbox"/> SIBLINGS (HOW MANY, WHAT AGES)  <input type="checkbox"/> TWINS  <input type="checkbox"/> SPECIAL NEEDS (EXPLAIN TO WHAT DEGREE: DEAF, BLIND, CLEFT PALATE, ETC.)  <input type="checkbox"/> CASE BY CASE BASIS</p>

<b>WILL YOU TELL YOUR CHILD THEY WERE ADOPTED?</b>  <b>IF SO, AT WHAT AGE?</b>	
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**BIRTH MOTHER CONTACT - DOMESTIC ADOPTIONS ONLY**

	ADOPTIVE MOTHER	ADOPTIVE FATHER
<b>ARE YOU WILLING TO ESTABLISH SOME TYPE OF RELATIONSHIP WITH THE BIRTHMOTHER DURING HER PREGNANCY? (PLEASE SPECIFY TO WHAT LEVEL, IE. PHONE, PERSONAL MEETING, LETTER, ETC.)</b>		
<b>WOULD YOU LIKE TO BE PRESENT AT THE BIRTH, IN THE DELIVERY ROOM ?</b>		
<b>ARE YOU WILLING TO SEND THE BIRTH MOTHER PICTURES AND UPDATE LETTERS THROUGH BUNDLE OF HOPE MINISTRIES?*</b>		
<b>**BIRTH MOTHER AND ADOPTED FAMILY WILL GIVE ONE ANOTHER AN EMAIL ADDRESS THAT THEY CAN CONTACT EACH OTHER BY FOR PICTURES AND UPDATES AFTER THE BIRTH OF THE BABY.  **BUNDLE OF HOPE WILL REQUIRE PICTURES AT THREE MONTHS, SIX MONTHS, ONE YEAR, AND ONE YEAR THERE AFTER UNTIL THE CHILD IS FIVE YEARS OF AGE. WE ASK FOR THEM ON BIRTHDAYS OR AT CHRISTMAS AND CAN BE EMAILED.</b>		

**HOME STUDY PROCESS AND PAST ADOPTION ATTEMPTS**

<b>HAVE YOU SELECTED A HOME STUDY AGENCY/SOCIAL WORKER TO CONDUCT YOUR HOMESTUDY AND POST PLACEMENTS? IF YES, PLEASE LIST THE AGENCY/SOCIAL WORKER NAME, ADDRESS AND PHONE NUMBER.</b>	
<b>DO YOU ALREADY HAVE A COMPLETED HOME STUDY? IF YES, WHAT IS THE DATE OF COMPLETION AND TOTAL COST INCURRED?</b>	
<b>HAVE YOU HAD ANY FAILED ADOPTIONS? IF SO, WHAT WERE THE CIRCUMSTANCES OF THE SITUATION AND REASON FOR FAILURE? (ATTACH ADDITIONAL SHEET IF NECESSARY)</b>	

**QUESTIONNAIRE FOR APPLICANTS WHO MAY CONSIDER ADOPTING CHILDREN OF OTHER RACES AND CULTURES (One copy per family)**

<p><b>What has influenced you to consider adopting a mixed race child, a child of another race, or a child from another culture?</b></p>	
<p><b>Have you discussed your interest for parenting a mixed race child, a child of another race or a child from another culture with your family? What was their reaction?</b></p>	
<p><b>Do you have friends or neighbors who are of the same race as the child that you wish to parent?</b></p>	
<p><b>What is the racial composition of your neighborhood?</b></p>	
<p><b>Are there other persons in your life that could be models to the child as a regular part of that child's life?</b></p>	
<p><b>How will a child in your home learn about his/her own race, culture, and history?</b></p>	
<p><b>How do you feel your decision to parent a racially mixed child will benefit you? How do you feel it will benefit the child?</b></p>	
<p><b>How will you teach coping skills to a child of different race?</b></p>	
<p><b>What problems do you think might come up in school, or your neighborhood? How would you handle this?</b></p>	
<p><b>What have you done to learn about other races and cultures? (Specifically the race of the child you are wanting to parent)</b></p>	
<p><b>How might you help your child deal with the discrimination he/she will experience?</b></p>	



**REFERRAL SOURCE**

<b>HOW DID YOU HEAR ABOUT BUNDLE OF HOPE MINISTRIES?</b>	
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We certify that all information given in this statement is true and correct and that any misstatement of fact may be grounds for disqualification for adoption. Bundle of Hope is a non-profit adoption agency. We also acknowledge that there is a possibility that some conditions could develop that are beyond Bundle of Hope Ministries control, i.e. *Internationally*; the sudden change of adoption policies by foreign governments in the country we have chosen for adoption, changes in international relations between the foreign country and the United States, or a change in the physical condition of an assigned child and cost variance orphanage to orphanage. We further understand that an adopted child could arrive with medical problems, minor or major, that have been partially diagnosed or totally undiagnosed. *Domestically*; a birthmother may decide to parent the child, the birthfather may decide to parent the child, there may be medical problems that went undiagnosed and the attorneys and birthparents have the right to deny an application. We have made an honest assessment of our strengths and weaknesses in parenting. We are willing to accept all the responsibilities and risks associated with foreign and/or domestic adoptions and the raising of an adopted child.

Adoptive Applicant Mother's Signature:	Date:	Adoptive Applicant Father's Signature:	Date:
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**MAIL OR RETURN COMPLETED APPLICATION WITH CONSULTATION FEE AND CURRENT FAMILY PHOTOGRAPH TO:**

**Bundle of Hope Ministries  
433 Harrison Ave.  
Panama City, Florida 32401**

**NOTARY PUBLIC**

State of:

City / County of:

Subscribed to, and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By: \_\_\_\_\_ (Notary Public)

My commission expires: \_\_\_\_\_

Notary Seal: