

## ADOPTION APPLICATION

Rutherford County Department of Social Services

-All Information Herewith Strictly Confidential-

Date of Application: \_\_\_\_\_

Applicant(s) Name:

\_\_\_\_\_ (First) (Middle) (Last)

\_\_\_\_\_ (First) (Middle) (Last)

Mailing Address:

Street Address:

City/State/Zip:

Telephone Number(s):

Driving Directions

To Your Home:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please Complete the Following Information

	Applicant #1	Applicant #2
Date of Birth		
Place of Birth		
Height/Weight		
Race		
Sex		
Social Security Number		
Education (Highest Completed)		
Present Employer		
Length of Time Employed		
Hours of Work		
Annual Income from Employment		
Other Income/Source		

	Applicant #1	Applicant #2
Length of Residency In Rutherford County		
Length of Residency in North Carolina		
Other Places of Residency (if less than five years residency in North Carolina)		
Present Date of Marriage		
Place of Marriage		
Previous Marriage(s) Date(s)		
Former Spouse's Name(s)		
Physician's Name and Address		
Approximate Value of Real and Personal Property		

Please List Other Members of Your Household

Name of Household Member	Date of Birth/Age	Social Security Number	Relationship to Applicant

Please Complete the Following Information

	Applicant #1	Applicant #2
Parents' Names		
Parents' Addresses		
Parents' Telephone Number		
Parents' Employment		
Number of Marriages		
Siblings (list), Ages, Marital Status		

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Please List at Least Three References (18 Years of Age or Older) Who Have Known You at Least Two Years. All Adult Members of the Foster Home Must Provide Three References from Non-Relatives. Please Be Sure to Provide Complete Addresses and Names for Your References. References Will Be Contacted by Letter.

Adult Household Member Name:		
Reference Name	Reference Mailing Address	Reference Telephone Number

Adult Household Member Name:		
Reference Name	Reference Mailing Address	Reference Telephone Number

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Please Answer the Following Questions. Feel Free to Attach Additional Pages, If Needed.

1. Have you ever applied to adopt a child in the past? If so, please give the name of the agency applied with along with the dates. Also, please specify whether or not you had an approved Adoption Home Study through that agency or whether or not you adopted through that agency.

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2. Have you ever had an application to adopt a child denied? If so, please explain. \_\_\_\_\_

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3. Have you been charged with or convicted of a misdemeanor or felony criminal offense within the past five years? If so, please explain. \_\_\_\_\_

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4. Have you ever been charged with or convicted of any criminal offense toward a child or disabled adult? If so, please explain. \_\_\_\_\_

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5. How many children do you wish to adopt? \_\_\_\_\_

6. What ages would you consider adopting? \_\_\_\_\_
7. Do you have preferences regarding the sex of the child you wish to adopt? \_\_\_\_\_  
\_\_\_\_\_ Male only      \_\_\_\_\_ Female only      \_\_\_\_\_ Male and Female
8. Would you take placement of a child who was not yet legally cleared to be adopted? \_\_\_\_\_  
If yes, would you consider becoming licensed as a foster parent with the specific purpose of fostering to adopt? \_\_\_\_\_
9. Please describe your experience providing care for children. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you ever provided care for a child not related to you?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
11. If so, please describe your experiences in doing so. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Do you own your own home?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
13. How many rooms does your home have? \_\_\_\_\_  
#of bedrooms \_\_\_\_\_ # of bathrooms \_\_\_\_\_

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Along with this application, I/We understand that a social worker will meet with all members of the household and that an Adoption home study will be conducted.

I/We understand that in making this application, there is no definitive commitment being made by you, the applicant, or by us, the Rutherford County Department of Social Services.

I/We understand that a Fingerprint Background Check will be conducted on all adult members (18 years of age and older) of my household.

I/We understand that any statement made in this application found to be false or inaccurate could result in this application being denied.

\_\_\_\_\_  
Applicant Signature- Date

\_\_\_\_\_  
Applicant Signature- Date