



“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 application fee (this fee is WAIVED ONLY for Pastors and Missionaries who plan to adopt) 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

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

PERSONAL INFORMATION

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

OTHER PERSONS LIVING IN YOUR HOME AND EXISTING CHILDRENS INFORMATION

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

EMPLOYMENT INFORMATION

	ADOPTIVE MOTHER	ADOPTIVE FATHER
EMPLOYER NAME		
EMPLOYER ADDRESS		
OCCUPATION		
LENGTH OF EMPLOYMENT		
ANNUAL SALARY		
ADDITIONAL ANNUAL INCOME		

REFERENCES

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

OTHER INFORMATION

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

ADOPTION / RELATIONSHIP INFORMATION (ATTACH ADDITIONAL SHEETS IF NECESSARY)

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

Continued on next page,

ADOPTION / RELATIONSHIP INFORMATION (continued from previous page.)

<p>DESCRIBE HOW YOU BECAME A CHRISTIAN: (HUSBAND)</p>	
<p>DESCRIBE HOW YOU BECAME A CHRISTIAN: (WIFE)</p>	
<p>DESCRIBE YOUR SPIRITUAL GROWTH SINCE BECOMING A CHRISTIAN: (HUSBAND)</p>	
<p>DESCRIBE YOUR SPIRITUAL GROWTH SINCE BECOMING A CHRISTIAN: (WIFE)</p>	
<p>WHAT COUNTRY OR COUNTRIES ARE YOU MAINLY INTERESTED IN?</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>AGE OF CHILD / CHILDREN DESIRED:</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>SEX OF CHILD DESIRED:</p>	<p><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> EITHER</p>
<p>RACE OF CHILD DESIRED: (DOMESTIC / UNITED STATES)</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>WILL YOU ACCEPT A CHILD / CHILDREN WITH SPECIAL NEEDS? (CHECK ALL THAT YOU ARE WILLING TO ACCEPT)</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>

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

	ADOPTIVE MOTHER	ADOPTIVE FATHER
<p>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.)</p>		
<p>WOULD YOU LIKE TO BE PRESENT AT THE BIRTH, IN THE DELIVERY ROOM ?</p>		
<p>ARE YOU WILLING TO SEND THE BIRTH MOTHER PICTURES AND UPDATE LETTERS THROUGH BUNDLE OF HOPE MINISTRIES?*</p>		

**** MOST BIRTHMOTHERS WILL ONLY REQUEST A PICTURE AT BIRTH, SIX MONTHS, ONE YEAR AND POSSIBLY ONCE A YEAR THEREAFTER; EACH ATTORNEY MAY HAVE DIFFERENT REQUIREMENTS. BUNDLE OF HOPE MINISTRIES REQUESTS A PICTURE IN JUNE AND DECEMBER EACH YEAR UNTIL THE CHILD IS 18 YEARS OLD, AS WE CONSIDER OURSELVES A PART OF YOUR EXTENDED FAMILY.**

HOME STUDY PROCESS AND PAST ADOPTION ATTEMPTS

<p>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.</p>	
<p>DO YOU ALREADY HAVE A COMPLETED HOME STUDY? IF YES, WHAT IS THE DATE OF COMPLETION AND TOTAL COST INCURRED?</p>	
<p>HAVE YOU HAD ANY FAILED ADOPTIONS? IF SO, WHAT WERE THE CIRCUMSTANCES OF THE SITUATION AND REASON FOR FAILURE? (ATTACH ADDITIONAL SHEET IF NECESSARY)</p>	

REFERRAL SOURCE

HOW DID YOU HEAR ABOUT BUNDLE OF HOPE MINISTRIES?	
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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
13119 Professional Drive, Suite 200
Jacksonville, Florida 32225**

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: