

FAC

PRELIMINARY APPLICATION

PLEASE TYPE OR USE BLACK INK

APPLICANT #1

APPLICANT #2

NAME: FIRST, MIDDLE, LAST

STREET ADDRESS

CITY/VILLAGE/TOWNSHIP

STATE ZIP CODE

COUNTY

PHONE (Contact)

PHONE (Alternate)

E MAIL ADDRESS

DATE OF BIRTH

CITIZENSHIP (Country)

EDUCATION

OCCUPATION

EMPLOYER

DATE OF MARRIAGE

PREVIOUS MARRIAGES
Yes/No? How Many?

FAMILY INFORMATION

CHILDREN NAME (S) (Add 2 nd sheet if necessary)	M/F	DATE OF BIRTH	RELATIONSHIP (Birth, Stepchild, Adoption)	WHERE LIVING?

FINANCIAL INFORMATION

Applicant 1:	Gross Annual Income:	\$	Other income (real estate, retirement, etc.)	
Applicant 2:	Gross Annual Income:	\$	Source: _____	Amount: \$
TOTAL ANNUAL INCOME		\$	Source: _____	Amount: \$
Savings: \$ _____		Investments: \$ _____	TOTAL ASSETS: \$	

FAC PROGRAM

International: What Country? _____

Domestic: Infant _____ Toddler _____ Older Child _____

Racial Acceptance: African American _____ Asian _____ Caucasian _____ Hispanic _____ Biracial (specify) _____

Age Range* _____ **Gender** _____ **Male** _____ **Female** _____ **Both** _____ **Siblings** _____ **# of Children** _____

*Infants are considered age's birth to two years.

Applicants may specify gender of child for China and Kazakhstan only

HEALTH INFORMATION

Applicant #1		MEDICAL HISTORY	Applicant #2	
Height		<i>*Body Mass Index (BMI) can be calculated at the following website: www.mhlbisupport.com/bmi</i>	Height	
Weight			Weight	
BMI*			BMI*	
NO	YES	<i>If you answer yes to any medical conditions, please provide a detailed explanation below.</i>	NO	YES
		Communicable Disease/ HIV +/- Sexually Transmitted/ Tuberculosis/ Hepatitis B or C		
		Tumor/ Cancer		
		Heart/ Liver/ Kidney/ Gastrointestinal/ Respiratory Disease		
		Depression/ Mental Illness/ Anxiety		
		Counseling/Therapy		
		Alcoholism/ Substance Abuse		
		Any Genetic Disease		
		Epilepsy/ Seizure Disorder/ Multiple Sclerosis		
		Diabetes/ Eating Disorders/ Neuropathy		
		Operations/Surgeries/Hospitalizations (include Vasectomy)		
		Physical impairment (e.g. any degree of blindness, deafness, paralysis, wheelchair use, etc.)		
		Are you currently Pregnant? Or could you be Pregnant?		

Are you currently taking any medications? If so, list each medication, dosage, reason it was prescribed and how long you have been taking it.

DISCLOSURES

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a Home Study? Date Completed: _____ Agency: _____
		If yes, was it for a Domestic or International Adoption? <input type="checkbox"/> Domestic <input type="checkbox"/> International
<input type="checkbox"/>	<input type="checkbox"/>	Did you adopt with that Home Study?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been denied placement of a child?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever refused a referral?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a child removed from your care?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a history of any arrest and/or conviction (excluding minor traffic tickets), or other criminal history in the U.S. or abroad, as an adult or a minor, even if acquitted, charged and dismissed, dropped, not fingerprinted or if the record as been expunged, sealed, pardoned, or the subject of any other amelioration (including driving convictions)?
<input type="checkbox"/>	<input type="checkbox"/>	Have you, or any member of your immediate family, ever been investigated for child abuse or neglect?
<input type="checkbox"/>	<input type="checkbox"/>	Do you, or any member of your immediate family, have a history of substance abuse?
<input type="checkbox"/>	<input type="checkbox"/>	Do you, or any member of your immediate family, have a history of domestic violence?

If you answered "Yes" to any of the above questions, please provide a detailed explanation

PLACING AGENCY: Name, Address and Phone Number of Child Placing Agency you are working with if requesting FAC do the Home Study and Follow Up Only: _____

Please include any additional information that might be helpful in determining your suitability and strengths as an adoption parent:

SIGNATURE APPLICANT #1	DATE	SIGNATURE APPLICANT #2	DATE

THANK YOU FOR THIS OPPORTUNITY TO WORK WITH YOU ON BEHALF OF THE CHILDREN WHO WAIT.