

1 ADOPTION APPLICATION

Adoption Hope International
284 Shoreward Drive
Myrtle Beach, SC 29579
Phone (843) 236-7520

Date of Application _____

Email address _____

Name(s) _____

Address _____
Street City State Zip

Home Telephone _____

Years at this Address _____

Cell Phones Numbers: Name: _____

Name: _____

Emergency Phone Number _____

If currently married, date and place of marriage _____

If you already have children, please indicate the following:

Name	Sex	Birth Date	In Home	Not in Home
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Other People Living in the Home:

Name	Birth Date	Relationship
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Have you ever applied to another agency to adopt a child? _____ If so, give name of agency, date of application, and disposition of application _____

Have you ever adopted a child? _____ If yes, please list date of the adoption and the name and address of the agency _____

Applicant Information

Name: _____

Date and Place of Birth _____

Religious Denomination _____

Date of Previous Marriage(s) _____

Citizenship _____

Date/How Terminated _____

Education:

	Name	Graduation Date	Degree Received
High School	_____	_____	_____
College	_____	_____	_____
Graduate	_____	_____	_____
Vocational	_____	_____	_____
Other	_____	_____	_____

Military Service: From _____ to _____ Type of Discharge _____

Present Employment:

Occupation _____

Employer _____ Phone _____

Address _____ How Long Employed _____

Annual Income _____

Previous Employer _____ How long employed _____

Reason for leaving _____ Annual income _____

Relatives

Name	Age	Sex	Marital		City & State	Occupation & Date of Death if applicable
			Marital	Status		
Mother	_____	_____	_____	_____	_____	_____
Father	_____	_____	_____	_____	_____	_____
Sibling	_____	_____	_____	_____	_____	_____
Sibling	_____	_____	_____	_____	_____	_____
Sibling	_____	_____	_____	_____	_____	_____
Sibling	_____	_____	_____	_____	_____	_____

Have you ever been convicted of a crime? _____ Have you ever been investigated for child abuse? _____

Do you have a history of substance abuse? _____

Do you have a history of sexual or child abuse or domestic violence even if it did not result in an arrest or conviction? _____

Have you ever been rejected as a prospective adoptive parent or had an unfavorable homestudy? _____

If you answered yes to any of the above questions, please explain _____

If Joint Application Please Complete Information on Second Applicant:

Name: _____

Date and Place of Birth _____ Religious Denomination _____

Date of Previous Marriage(s) _____ Citizenship _____

Date/How Terminated _____

Education:

	Name	Graduation Date	Degree Received
High School	_____	_____	_____
College	_____	_____	_____
Graduate	_____	_____	_____
Vocational	_____	_____	_____
Other	_____	_____	_____

Military Service: From _____ to _____ Type of Discharge _____

Present Employment:

Occupation _____

Employer _____ Phone _____

Address _____ How Long Employed _____

Annual Income _____

Previous Employer _____ How long employed _____

Reason for leaving _____ Annual income _____

Relatives

Marital
Marital

Cause &

Name	Age	Sex	Status	City & State	Occupation & Date of Death if applicable
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Mother _____

Father _____
Sibling _____
Sibling _____
Sibling _____
Sibling _____

Have you ever been convicted of a crime? _____ Have you ever been investigated for child abuse? _____

Do you have a history of substance abuse? _____

Do you have a history of sexual or child abuse or domestic violence even if it did not result in an arrest or conviction? _____

Have you ever been rejected as a prospective adoptive parent or had an unfavorable homestudy? _____

If you answered yes to any of the above questions, please explain _____

How many children do you plan to adopt? _____

Do you have a preference regarding sex of the child? _____ If so, what sex child do you prefer? _____

Specify age range of child/ren in which you are interested: _____

Country from which you hope to adopt _____

How many children do you wish to adopt? _____

HOMESTUDY ONLY _____

How did you hear about our agency? _____

References:

Personal reference should be non-relatives who have known you for at least five years.

Name

Address

1. _____

2. _____

3. _____

I/we understand that I/we are responsible to pay all fees for services rendered and have enclosed the \$500 non-refundable application fee. I/We have carefully and honestly answered the questions above, and herewith present the application for your consideration. I/We will advise Adoption Hope International immediately when any change occurs regarding the information on this application.

My/our signature is evidence of the fact I/both of us have agreed on making this application.

Please enclose a family photo with this application.

Signature _____

Signature _____

Date _____

Date _____

For applicants residing outside South Carolina, please identify your homestudy agency

Name

Address

Contact Person

Phone Number

Release of Information

I/we consent to Adoption Hope International, Inc. releasing and receiving information from my/our homestudy agency and referral source which is pertinent to the services requested until such time that my/our Adoption Hope International file has been closed

Signature _____

Signature _____

Date _____

Date _____