

**FOR FILING PURPOSES**  
 NAME OF APPLICANT(S):  
 AGENCY NAME:

NEW YORK STATE  
 OFFICE OF CHILDREN AND FAMILY SERVICES  
**ADOPTIVE PARENT APPLICATION**  
**ADOPTION ONLY**

**Instructions:**

**Applicant(s):** Each applicant must complete a separate application form. The home finder/agency worker will notify the applicant if supporting documentation is required.

<b>APPLICANT INFORMATION</b>								
<b>NAME OF APPLICANT:</b>								
LAST, FIRST, MIDDLE INITIAL:								
DATE OF BIRTH: / /	SOCIAL SECURITY NUMBER: - -	EMAIL ADDRESS:						
PHONE CONTACT INFORMATION:								
HOME PHONE: ( ) - <input type="checkbox"/> N/A				CELL PHONE: ( ) - <input type="checkbox"/> N/A				
CURRENT ADDRESS:								
CITY:				STATE:		ZIP CODE:		
HOW LONG HAVE YOU: <input type="checkbox"/> Owned <input type="checkbox"/> Rented				SCHOOL DISTRICT:				
<b>MARITAL STATUS:</b>		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Separated <input type="checkbox"/> Couple living together						
<b>DEMOGRAPHICS<sup>1</sup></b>								
<b>SEX:<sup>2</sup></b> <input type="checkbox"/> Female <input type="checkbox"/> Male								
<b>WHAT ARE YOUR PRONOUNS?</b> <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other								
<b>GENDER IDENTITY:<sup>3</sup></b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Other/Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer								
<b>SEXUAL ORIENTATION:<sup>4</sup></b> <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other/Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer								
RACE:			ETHNICITY:			RELIGIOUS AFFILIATION:		
LANGUAGES SPOKEN:								
<b>NATIVE AMERICAN?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, tribal/nation affiliation:</i>								
<b>HOUSEHOLD MEMBER INFORMATION</b> *Social Security Number (SSN) is required for all household members 18 years of age or older.								
<input type="checkbox"/> N/A								
	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	
DATE OF BIRTH	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
RELATIONSHIP TO APPLICANT								
RELIGION								
SEX								

<sup>1</sup> Applicant has the right to decline to answer questions in this section without any impact to their application.  
<sup>2</sup> "Sex" refers to a person's biological and physiological characteristics.  
<sup>3</sup> "Gender Identity" refers to a person's internal sense of themselves, regardless of anatomy.  
<sup>4</sup> "Sexual Orientation" refers to a person's emotional, romantic and sexual attraction to other persons.

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NAME OF APPLICANT(S):
AGENCY NAME:

<b>ETHNICITY</b>							
<b>LANGUAGE</b>							
<b>MARITAL STATUS</b>							
<b>*SSN</b>							

Are any children in your household, who are in foster care, awaiting adoption finalization?  
 No  Yes *If yes, please explain:*

Are any children in your household, who are not in foster care, awaiting adoption finalization?  
 No  Yes  
*If yes, please explain:*

OTHER CHILDREN (UNDER 18) RESIDING OUTSIDE THE HOUSEHOLD	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO APPLICANT
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N/A

	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

ADULT CHILDREN RESIDING OUTSIDE THE HOUSEHOLD	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO APPLICANT
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N/A

	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

BOARDERS/RENTERS	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
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N/A

	/ /	
	/ /	
	/ /	
	/ /	

<b>FOR FILING PURPOSES</b>
NAME OF APPLICANT(S):
AGENCY NAME:

	/ /	
PETS/OTHER ANIMALS – TYPE PER LOCAL ORDINANCE	VACCINATED?	LICENSED?
<input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**FOSTER/ADOPTIVE PARENTING EXPERIENCE**

Are you currently an approved adoptive parent?  No  Yes  
*If yes, please provide approval date(s), the approving agency name(s) and contact information.*

APPROVAL DATE	APPROVING AGENCY	CONTACT INFORMATION
/ /		
/ /		
/ /		

Have you previously applied to be a foster or adoptive parent in this state or another state?  No  Yes  
*If yes, please provide agency name(s) and contact information.*

AGENCY	CONTACT INFORMATION

Were you accepted, withdrawn or denied?  Accepted  Withdrawn  Denied  
*If withdrawn or denied, what was the reason?*

Have you had a foster parent certification or approval revoked, suspended, surrendered or lapsed?  
 N/A  No  Yes  
*If yes, what was the reason?*

**TRANSPORTATION**

What are your plans for transporting the child as needed?

<b>FOR FILING PURPOSES</b>
NAME OF APPLICANT(S):
AGENCY NAME:

If your answer was "personal vehicle":

Do you have a:

Valid driver's license?  No  Yes    *If yes, expiration date:*    /    /  
 Valid car insurance?  No  Yes    *If yes, expiration date:*    /    /  
 Valid registration?  No  Yes    *If yes, expiration date:*    /    /  
 Valid inspection?  No  Yes    *If yes, expiration date:*    /    /

**Proof Provided?**

No  Yes  
 No  Yes  
 No  Yes  
 No  Yes

**REFERENCES**

List three references who can serve as personal references.

NAME	ADDRESS	PHONE/EMAIL ADDRESS

**EMPLOYMENT INFORMATION**

CURRENT EMPLOYER:		START DATE:
EMPLOYER ADDRESS:		
CITY:	STATE:	ZIP CODE:
POSITION:	SCHEDULE:	
EMPLOYER CONTACT NAME:	EMPLOYER CONTACT NUMBER:	EMPLOYER CONTACT EMAIL:

**EMPLOYMENT HISTORY**

Employer: Dates of employment:    /    /    To    /    / Position: Hours worked per week: Reason for leaving:
Employer: Dates of employment:    /    /    To    /    / Position: Hours worked per week: Reason for leaving:
Employer: Dates of employment:    /    /    To    /    / Position: Hours worked per week: Reason for leaving:

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NAME OF APPLICANT(S):
AGENCY NAME:

**HOME BUSINESS INFORMATION**

Do you operate a business out of your home?  No  Yes

*If yes,*

- a. *What are the hours of operation?*
- b. *Do you have a license for any of the businesses in your home?*
- c. *Describe:*

Do you operate a child care/ day care program in your home?  No  Yes

*If yes,*

- a. *What are the hours of operation?*
- b. *Number of children?*
- c. *Describe:*

Do you operate a Family-Type Home for Adults?  No  Yes

*If yes:*

*Describe:*

**PLAN FOR SUPERVISION**

What are your plans for supervision of a child(ren) when you are not available (i.e., during work hours, after school, summer, etc.)?

**EDUCATION HISTORY**

HIGHEST EDUCATION COMPLETED:  Grade School  High School  TASC (GED)  Associate's Degree  
 Bachelor's Degree  Master's Degree  Ph. D.  Other:

*Provide Details [such as name of school(s)/college(s)/university(ies); major(s)/course of study(ies); years of attendance; graduation date(s)]:*

**FINANCIAL INFORMATION**

INCOME FROM EMPLOYMENT (verified by W-2 or 1040):	
OTHER INCOME AND SOURCE:	<input type="checkbox"/> PA <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Other, specify:
TOTAL MONTHLY INCOME:	

**MONTHLY EXPENSES:**

Is your family experiencing any financial stressors (i.e., foreclosure, bankruptcy, etc.)?  No  Yes

*If yes, please explain:*

Does your family have medical insurance coverage?  No  Yes

► rent/mortgage	\$
► utilities (including phones and cable)	\$
► car payments	\$
► car insurance	\$

<b>FOR FILING PURPOSES</b>
NAME OF APPLICANT(S):
AGENCY NAME:

▶ other insurance	\$
▶ loans/debts, credit cards	\$
▶ food, clothing, etc.	\$
▶ entertainment	\$
<b>Total monthly expenses</b>	\$

APPLICANT'S SIGNATURE: <b>X</b>	DATE: / /
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**SWORN STATEMENT – One per applicant**  
Please answer the questions below in full.

LASTNAME:	FIRSTNAME:	MIDDLE NAME:
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MAIDEN NAME OR ANY OTHER ALIAS:

CURRENT MAILING STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
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1. Have you ever been convicted of a crime within New York State or any other jurisdiction or state?  No  Yes

*If yes, provide an explanation for each crime for which you were convicted of, including the type of crime, the location, the date and circumstances:*

2. Has any person age 18 or older currently residing in the home ever been convicted of a crime within New York State or any other jurisdiction or state?  No  Yes

*If yes, provide an explanation for each crime for which the person(s) was/were convicted of, including the type of crime, the location, the date and circumstances:*

**To the best of my knowledge, I hereby affirm that the information provided above is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in disqualification as an applicant for deliberately presenting false or misleading information.**

APPLICANT'S SIGNATURE: <b>X</b>	DATE: / /
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