

**FACE SHEET OF APPLICATION**

Date: _____		
Male applicant: _____	Work phone: _____ OK to call? Y N	
	Cell phone: _____	
	E-mail address: _____	
Female applicant: _____	Work phone: _____ OK to call? Y N	
	Cell phone: _____	
	E-mail address: _____	
Address: _____	Home phone number: _____	
	Fax # and location: _____	
County: _____		
Emergency Contact Name: _____ Relationship: _____ Phone: _____		
	NAME:	NAME:
Birth date & Birthplace:		
Nationality/ Ethnic background:		
Highest grade completed:		
College attended & degree:		
Citizen:? <small>(If not native born give date, naturalization certificate # , and place of naturalization.)</small>		
Social security number:		
Religion:		
Date & place married:		
If previously married, how terminated?		
Date of previous marriage, date terminated:		

Present occupation:		
Name of employer:		
Length of time in present employment:		
Number of siblings:	Brothers          Sisters	Brothers          Sisters
Names & addresses of parents:		
Age range of child you want to adopt:	Program/Country Chosen:	
Other special requirements:		

Full names of child(ren)	Birth date	Birthplace	School grade	If adopted, when
1.				
2.				
3.				
Name any other member of household. (If over 18 years old, child abuse and criminal history clearances must be submitted.)		Birth date	Relation to you	
1.				
2.				

Name and address of agencies to which you have applied and/or have previously placed a child in your home. Include date of placement. Caring Adoption Associates will contact these agencies to acquire information regarding their experience with you.

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Applicants sometimes have concerns that they may be disqualified from adopting for a variety of reasons. We ask that you answer the following questions so that we may address these concerns before you proceed with the adoption process.

Have you ever been arrested or fingerprinted in connection with and/or convicted of a crime? \_\_\_\_\_

If so, give date and offense: \_\_\_\_\_

Please list and explain significant health and/or financial issues about which you are concerned.  
\_\_\_\_\_  
\_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\* Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.*

*Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.*

*Any individual/client/or adoptive family (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:*

*Caring Adoption Associates  
209 Cresswell Street  
Ridley Park, PA 19078*

*U.S. Dpt. Of Health & Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111*

*Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105*

*PA Human Relations Commission  
Harrisburg Regional Office  
Riverfront Office Center  
1101 S. Front Street, 5<sup>th</sup> Floor  
Harrisburg, PA 17104*

*U.S. Dpt. Of Health & Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111*