



If you are interested in adopting a child, please complete this Pre-Application form and mail it to the address below along with a non-refundable check for \$200 made out to Gift of Life Adoptions. Please specify to which Fee Program you are applying. Please indicate your choices on the Pre-Application below. Once we approve your Pre-Application, we will mail you a Formal Application to our program. If you have questions, please contact us. We are here to assist you every step of the way. Our business hours are Monday through Friday, 8:30 a.m. to 4:30 p.m. We would be happy to answer any of your questions and we look forward to working with you.

Last Name: _____ Date: _____

Address: _____

Referred by: _____

Home Phone: _____

Adoptive Father

Adoptive Mother

Name: _____

Name: _____

First Middle Last

First Middle Last

Date of Birth: _____

Date of Birth: _____

Religious Affiliation: _____

Religious Affiliation: _____

Ethnic Origin: _____

Ethnic Origin: _____

Nationality: _____

Nationality: _____

Are you a U.S. citizen or do you have the legal right to remain permanently in the United States?

Are you a U.S. citizen or do you have the legal right to remain permanently in the United States?

_____yes _____no

_____yes _____no

Level of Education: _____

Level of Education: _____

Military Service: _____

Military Service: _____

Dates of Service: _____

Dates of Service: _____

Occupation: _____

Occupation: _____

Employer's Name & Address:

Employer's Name & Address:

Employer Phone: _____

Employer Phone: _____

Annual Income: \$ _____

Annual Income: \$ _____

Length of Employment: _____

Length of Employment: _____

Adoptive Father

Adoptive Mother

Number of Previous Marriages: _____

Number of Previous Marriages: _____

Prior arrest/convictions other than traffic violations? ____ Yes ____ No

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(If yes, provide explanation on separate sheet of paper.)

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How long have you resided in your state of residence? _____

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If you have resided in any other states since age eighteen, please list states and dates:

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State _____ Dates _____

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State _____ Dates _____

Adoptive Couple

Date of present marriage: _____

How long at present address: _____ Own: _____ Rent: _____

If less than three years, provide previous address: _____

How long at previous address: _____ Own: _____ Rent: _____

(Please use separate sheet of paper if needed. List addresses and dates for past five (5) years)

Other Adults

Are there any other adults residing in your household? _____ Yes _____ No

(If yes, please provide information below)

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Pets

Breed/Age: _____

Children (Use separate sheet of paper if number of children exceeds two)

Name: _____ DOB: _____ Gender: _____

Biological: _____ Adopted: _____ Residence: _____

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Biological: _____ Adopted: _____ Residence: _____

Family Medical History

Any history of or current chronic illnesses including mental illness or substance abuse/addiction?

(If yes, please explain on a separate sheet of paper.)

Adoptive Father: _____ Yes _____ No

Adoptive Mother: _____ Yes _____ No

Has infertility been diagnosed? If yes, please explain: _____

Do you drink alcohol? Husband: _____ Wife: _____ If yes, how often? _____

Do you smoke tobacco? Husband: _____ Wife: _____ If yes, how often? _____

Medical Insurance

Providers Name: _____

Providers Address: _____

Providers Phone Number: _____

Policy Number: _____

Adoption History

How long have you been considering adoption? _____

Have you applied (now or in the past) to any other adoption agencies or worked with any adoption attorneys? If so, please provide the name of agency/attorney, location and dates.

Have you ever been denied approval of a home study? _____

(If yes, please provide explanation on separate sheet of paper.)

Please explain your decision to adopt a child:

Check which fee program you are applying:

See Program Services Guide for specifics on each. Once accepted in our program, a formal Application will be forwarded to you.

_____ **Traditional Flat Fee (\$40,000)**

_____ **Contemporary Fee (\$24,000 + Birth Mother Expenses)**

Child Desired

Age:

Newborn to six (6) months: _____

Six (6) months to one (1) year: _____

One (1) year to _____ years: _____

Twins: _____ Yes _____ No

Siblings (two (2) children): _____

Siblings (two (2) or more children): _____

**** A RECENT FAMILY PHOTOGRAPH AND THE \$200 NON-REFUNDABLE
PROCESSING FEE**

MUST BE INCLUDED WITH THIS PRE-APPLICATION **

**By signing below, we attest that the information provided in this Pre-Application is
accurate to the best of our knowledge and belief.**

Prospective Adoptive Father Signature

Prospective Adoptive Mother Signature