

**ADOPTION CENTER FOR FAMILY BUILDING**

8707 Skokie Blvd., Suite 208, Skokie, IL 60077 (847-674-3231)

AND

8645 Connecticut St., Merrillville, IN 46410 (219-795-9900)

**ADDRESS ALL CORRESPONDENCE TO OUR ILLINOIS OFFICE**

APPLICATION FOR ADOPTION PREPARATION AND HOME STUDY

DATE \_\_\_\_\_

LAST NAME OF APPLICANT(S) \_\_\_\_\_

1<sup>ST</sup> APPLICANT \_\_\_\_\_

First Middle Last **(name you prefer to be called)**

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Education \_\_\_\_\_

Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Annual Income \_\_\_\_\_

2<sup>ND</sup> APPLICANT \_\_\_\_\_

First Middle Last **(name you prefer to be called)**

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Education \_\_\_\_\_

Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Annual Income \_\_\_\_\_

CURRENT MARITAL STATUS: married \_\_\_ single \_\_\_ divorced \_\_\_ separated \_\_\_ other (describe) \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

Street City State Zip County  
How long resided \_\_\_\_\_ Own \_\_\_ Rent \_\_\_ # of Rooms \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

CONTACT INFORMATION

(Home Phone) \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

(Cellular) \_\_\_\_\_

\_\_\_\_\_

(Business) \_\_\_\_\_

\_\_\_\_\_

If other than cellular

(Email) \_\_\_\_\_

\_\_\_\_\_

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MARRIAGE DATE AND PLACE \_\_\_\_\_  
Previous marriages (date, place and where terminated) \_\_\_\_\_  
\_\_\_\_\_

CHILDREN Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, names and ages \_\_\_\_\_  
By birth \_\_\_\_\_ By adoption \_\_\_\_\_ By remarriage \_\_\_\_\_

OTHER MEMBERS OF YOUR HOUSEHOLD \_\_\_\_\_

RELIGION (if applicable) \_\_\_\_\_

CURRENT HEALTH STATUS \_\_\_\_\_

REFERENCES (Please provide the names and addresses of two close relatives and five unrelated persons who know how you care for children.)

RELATIVES

A. \_\_\_\_\_

B. \_\_\_\_\_

PERSONAL

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

Are any of the following in your backgrounds (current or past): criminal record (both arrests & convictions), history of drug use, hospitalizations, mental health issues (such as counseling)? If yes, please comment.

\_\_\_\_\_

How long have you lived in Illinois or Indiana? 1<sup>st</sup> Applicant \_\_\_\_\_ 2<sup>nd</sup> Applicant \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you had an initial three-hour consultation at ACFB? If so, date \_\_\_\_\_ With whom \_\_\_\_\_

Have you attended a 30-minute ACFB Open House? If so, date \_\_\_\_\_ With whom \_\_\_\_\_

Are you requesting a Domestic or International homestudy? \_\_\_\_\_

If you working with an out of state agency for a domestic adoption, please provide name, address and contact person: \_\_\_\_\_

If international, what placing agency and country? \_\_\_\_\_

The information we/I have provided on this application is true to the best of our/my knowledge.

SIGNATURE(s) \_\_\_\_\_

(1<sup>st</sup> Applicant)

(2<sup>nd</sup> Applicant)

PRINT NAME \_\_\_\_\_

Date \_\_\_\_\_

Please return Application, Simple Fee Schedule and Information Disclosure Acknowledgement to our Skokie office, along with the \$375 application fee.



**Adoption Center for Family Building  
8707 Skokie Blvd., Ste. 208  
Skokie, IL 60077**

**INFORMATION DISCLOSURE  
to Expectant Parent(s)**

**WE/I, ACKNOWLEDGE THAT INFORMATION ABOUT THE FOLLOWING HAS BEEN PROVIDED BY THE CENTER\*:**

1. Description of adoption services and programs
2. Summary of Policies and Practices
3. General Eligibility requirements
4. General description of fees and refund policy
5. Written Rights and Responsibilities of Birth and Adoptive Parents, as provided by DCFS
6. Grievance Procedure
7. Confidentiality Policy
8. I have been informed that I have the right to receive information about the perspective adoptive family.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**\*Information is on our Website and in our Information Packet. The Information Packet is mailed or given to you directly.**

**Confidentiality Policy:** It is the policy of the Adoption Center for Family Building to respect the privacy and confidentiality of birth parents, adoptive parents and children placed for adoption through this agency. All client information is considered confidential and is to be released only as authorized by the individual.

April 2013