

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) _____

1ST APPLICANT _____

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

Birthdate _____ Birthplace _____

Education _____

Employment _____

Occupation _____

Social Security # ____ - ____ - ____ Annual Income _____

2ND 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? 1st Applicant _____ 2nd 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) _____

(1st Applicant)

(2nd Applicant)

PRINT NAME _____

Date _____

Please return Application, Simple Fee Schedule and Information Disclosure Acknowledgement to our Skokie office, along with the \$450 application fee.