



Caseworker	_____
Date app recv'd	_____
App fee recv'd	_____
Program/Country	_____

# LIFELINK® International Adoption

## ADOPTION APPLICATION

**Parent #1** \_\_\_\_\_ / \_\_\_\_\_  Male  Female  
Last Name First Name

**Parent #2** \_\_\_\_\_ / \_\_\_\_\_  Male  Female  
Last Name First Name

Address \_\_\_\_\_  
Number & Street City County State Zip

How long at this address? \_\_\_\_\_ Marriage Date/Place (if applicable) \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

	Parent #1	Parent #2
Cell Phone		
Work Phone		
E-mail Address		

Directions to Home \_\_\_\_\_  
 \_\_\_\_\_

**1. APPLICANT INFORMATION:** Please feel free to use additional sheets to elaborate on answers.

	Parent #1	Parent #2
Birth Date / Age		
Birthplace Including county		
Citizenship		
Social Security #		
Education		

	Parent #1	Parent # 2
Military Service Type of discharge		
Employer Position Hire date/salary		
Previous Employer Length of employment		
Previous Marriage Date married/date ended How terminated		
Religion		
States/Countries of Residence Since age 18 (Include dates of residence)		

## 2. MEDICAL HISTORY:

Please list all hospitalizations during the past five (5) years and recurring medical problems.

Parent #1 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent #2 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your interest in adoption relate in any way to fertility difficulties? If so, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. FAMILY CONSTELLATION:** Use added sheets as needed, include children not living with you.

	Child #1	Child #2	Child #3	Child #4
Name/Gender				
Birth Date				
SS #				
Address				
Adopted, Foster or Biological?				
Special Need/ Disability				

**4. OTHERS LIVING IN THE HOME:**

Name	Birth Date	SS #	Relationship	Need/ Disability

**5. PARENT #1 - PARENTS:**

	Father	Mother
Name		
Age		
Occupation		
Where Residing (Date of death, if deceased)		

**6. PARENT #1 - SIBLINGS:**

Name & Location	Year of Birth	Sex	Marital Status	# of Children	Occupation

**7. PARENT #2 - PARENTS:**

	Father	Mother
Name		
Age		
Occupation		
Where Residing (Date of death, if deceased)		

**8. PARENT #2 - SIBLINGS:**

Name & Location	Year of Birth	Sex	Marital Status	# of Children	Occupation

**9. UNRELATED REFERENCES:** Please type or print clearly, include zip codes.

Name & Address	Phone #	Relationship

In addition to these references we may contact other individuals, including family members, friends and employers, for more information. Your signature on this application indicates your understanding and authorization.

**10. How and why did you become interested in adoption?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Have you ever applied to adopt a child before?** Parent #1:  Yes  No Parent #2:  Yes  No  
If Yes, which agency(ies)? \_\_\_\_\_ When? \_\_\_\_\_  
Current status \_\_\_\_\_

**12. Have you ever been rejected as a prospective adoptive parent or been the subject of an unfavorable home study?** Parent #1:  Yes  No Parent #2:  Yes  No  
If Yes, please explain and attach.

**13. Have you ever been arrested (regardless of whether convicted) or been convicted of a crime or is prosecution pending?** Parent #1:  Yes  No Parent #2:  Yes  No  
If Yes, please explain and attach.

**14. Have you ever received counseling, treatment and/or hospitalization for emotional, mental or marital problems?** Parent #1:  Yes  No Parent #2:  Yes  No  
If Yes, please explain and attach.

**15. Do you have a history of substance abuse, sexual abuse, child abuse, or domestic violence?**  
Parent #1:  Yes  No Parent #2:  Yes  No If Yes, please explain and attach.

**16. Please describe the type of child or children you believe you could most comfortably parent.**  
Include age, gender, siblings, special needs: \_\_\_\_\_  
\_\_\_\_\_

**17. Please clearly print your full legal name as it appears on your passport:**

\_\_\_\_\_

**18. Please attach a snapshot and a check for \$250 (payable to Lifelink) to the application.**

By signing this application, I confirm that the information provided above is true and correct.  
I understand that checking Yes to questions #12-15 does not necessarily lead to disapproval of my/our application. However, I do understand that providing false, incomplete or misleading information will be sufficient reason for immediate disapproval of my/our application. I understand that upon receipt, Lifelink will begin to process this application including verification of the information provided and background checks. I understand that completion of this application does not guarantee placement of a child with me/us.

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

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

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

Please mail your application to the most convenient Lifelink office location!

**THANK YOU FOR CHOOSING LIFELINK!**



# **LIFELINK® ADOPTION SELF STUDY OUTLINE**

Please use this outline as a guide to drafting a narrative history of your family, current situation, and decision to adopt a child. Your narrative may be typed or handwritten. Please enclose the narrative with your application. This information will be retained in your file and used to prepare you for the content of the Home Study interviews; it will also provide your caseworker with background information as she/he seeks to make the most of your time together. Thank you!

## **I. IDENTIFYING INFORMATION**

### **A. IDENTIFYING INFORMATION**

*Couples: Complete jointly*

1. Family name
2. Address
3. Birthdates
4. Date and place of marriage
5. Religion
6. Others in the home: names and dates of birth

### **C. EDUCATION**

*Couples: Complete individually*

1. Name of last educational institution attended
2. Last grade completed
3. Any degrees received and in what areas

### **B. EMPLOYMENT: BRIEF HISTORY**

*Couples: Complete individually if applicable*

1. Employer
2. Length of time
3. Job title
4. Description of your job, daily tasks
5. How do you feel about it?

### **D. HOME: BRIEF PARAGRAPH**

*Couples: Complete jointly*

1. Describe physical layout (interior & exterior)
2. Does it reflect your personalities and how?

## **II. INDIVIDUAL HISTORY - To be completed individually\***

\* *Couples: Each spouse must complete this section. It is not acceptable for one spouse to write his/her spouse's individual history.*

**A. Trace your life from your earliest memories up to the present time. Be sure to include such things as:**

### **1. WHERE YOU GREW UP**

### **2. PARENTS**

- a. How and who handled discipline
- b. Personalities and roles in the home
- c. How decisions were made
- d. How disagreements were handled
- e. Financial situations
- f. Work situation
- g. Religion - attitudes towards

### **3. SIBLINGS**

- a. Ages in relation to yours
- b. Relationship with siblings

### **4. OTHER FAMILY INFORMATION**

- a. Current contact with your family members
- b. How would you characterize your extended family's reaction to your adoption plans? If supportive, why?

### **5. YOURSELF**

- a. How you were as a child - describe yourself and personality
- b. Relationship with friends
- c. School
  - Feelings about school
  - Type of student
  - Parents' expectations about school
  - Changes in your feelings between elementary and high school
  - If higher education, describe your feelings and experiences
- d. How you handle separation and loss (give example)
- e. Activities
  - Things you enjoyed as a child
  - Things you enjoyed in high school
  - Things you enjoyed after school
  - Things you enjoy now - by yourself
  - Your religious activities and attitudes

**The following information is required by Immigration.**

**6. Have you ever been to a counselor?** *If yes, please give reason for seeking counseling, duration of counseling, and name and address of counselor. Please explain your counseling experience and list any medication you have been on or are currently taking that may have been prescribed by your counselor.*

**7. Have you ever been treated for a substance abuse problem?** *If yes, please explain.*

## **ADOPTION SELF STUDY OUTLINE – Continued**

8. Have you ever been arrested (even if you were not convicted or if the record was expunged) for a crime?  
*If yes, please explain.*
9. Is there a history of sexual abuse, child abuse, substance abuse?
10. Is there a history of domestic violence?
11. Have you ever been, or applied to be, foster care or adoptive parents? *Please explain.*
12. Have you ever had an unfavorable home study? *Please explain.*

### **B. PREVIOUS MARRIAGE (If applicable)**

1. Date of marriage
2. Length of marriage
3. Describe marriage and reason for termination
4. If any children, give birthdates, whereabouts and your contact with them.

### **C. DATING AND COURTSHIP (Single Applicant)**

1. Briefly describe dating experiences in general
2. Attitude and expectation of marriage in the future

### **C. DATING AND COURTSHIP (Couples)**

1. Briefly describe dating experiences in general
2. Attitude and expectation of marriage
3. Courtship
  - a. How you met
  - b. What attracted you to your spouse
  - c. Length and type of dating
  - d. Why you married
  - e. Parents' feelings about your decision to marry and towards spouse.

## **III. CURRENT SITUATION - Couples complete jointly**

### **A. DAILY LIVING & MARRIAGE (If applicable)**

*Single Applicant: Please complete questions 1, 3c, 3d, 5, and 6.*

1. Daily routine
2. Roles in the marriage system
3. Communication patterns
  - a. How decisions are made
  - b. How disagreements are handled - example
  - c. How anger is handled - example
  - d. How finances are handled
  - e. What are your family rules and how are they made?
4. Sexual relationship
5. Most enjoyable times
6. Most trying times
7. How marriage is different now than when first married
8. What you most and least like about your spouse
9. Activities you enjoy as a couple and as a family
10. "Pet peeves" and how you handle them

### **B. CHILDREN (If currently parenting)**

1. Child(ren)'s personality and physical description
2. Activities you do with your child(ren)
3. School
4. Are they involved in decision making and how?
5. How is discipline handled?
  - a. Forms of discipline
  - b. For what?
  - c. Who administers discipline?
  - d. Do you and your spouse ever disagree about methods of discipline?
6. What do your child(ren) do to irritate you most and how do you handle it?
7. What do you like most and least about parenting?
8. What would you like to see your child grow to be?

### **C. OTHERS IN HOME**

1. Who?
2. How long have they been there and how long will they stay?
3. Their role in the family system

### **D. MOTIVATION FOR ADOPTION**

*Single Applicant: Please complete all questions except 5d.*

1. Why do you want to adopt?
2. How did you make the decision to adopt?
3. How long did you think about adoption?
4. What has been your experience in trying to adopt?
5. Infertility
  - a. Is there a problem with infertility?
  - b. What have you done about it?
  - c. What did you feel about it and how did you handle it?
  - d. When did you accept the fact of infertility?
6. Do you have any experiences with or know of adopted children?
7. What is your own child(ren)'s understanding of adoption?
8. What do you think adoption will be like for you and your family?

### **E. PARENTING ABILITY**

1. What do you see as your strengths to parent a child?
2. Where do you think you might need help in parenting?
3. Describe your experiences with children.