CATHOLIC SOCIAL SERVICES OF WASHTENAW COUNTY
ADOPTION PROGRAM

APPLICATION FOR ADOPTION SERVICES

Application & Consultation fee: $300

Please complete and return with Application & Consultation fee to:
Elly Falit, Adoption Counselor
Catholic Social Services
4925 Packard Rd.
Ann Arbor MI 48108-1521

FOR AGENCY USE ONLY
Date of Orientation: ____/____/____
Date of Intake: ____/____/____
Payment $____
Case No____

Application is hereby made for: q Entire Adoption process q Family Assessment only
q Supervision only q Adoptive Parent Preparation Group only

APPLICANT 1 -- NAME (LAST, FIRST, MIDDLE, MAIDEN)	**APPLICANT 2** -- NAME (LAST, FIRST, MIDDLE, MAIDEN)

STREET ADDRESS	CITY	COUNTY	ZIP

HOME PHONE	WORK PHONE - **APP 1**	WORK PHONE - **APP 2**	DATE OF MARRIAGE OR COMMITMENT
( )	( )	( )	

EMAIL ADDRESSES

APPLICANT 1	**APPLICANT 2**
BIRTHDATE ____/____/____ US CITIZEN?____	BIRTHDATE ____/____/____ US CITIZEN?____
RELIGION____	RELIGION____
ATTEND: q WEEKLY q BI-WEEKLY q MONTHLY q HOLIDAYS q NEVER q OTHER	ATTEND: q WEEKLY q BI-WEEKLY q MONTHLY q HOLIDAYS q NEVER q OTHER
RACE____	RACE____
OCCUPATION____	OCCUPATION____
EMPLOYER____	EMPLOYER____
COUNTY OF EMPLOYMENT____	COUNTY OF EMPLOYMENT____
GROSS ANNUAL INCOME $____	GROSS ANNUAL INCOME $____
PREVIOUSLY MARRIED?____ DATES____	PREVIOUSLY MARRIED?____ DATES____
CHILDREN OF PREVIOUS MARRIAGE OR RELATIONSHIP:	CHILDREN OF PREVIOUS MARRIAGE OR RELATIONSHIP:

NAME	BIRTHDATE	NAME	BIRTHDATE

CHILDREN OF PRESENT MARRIAGE/RELATIONSHIP: OTHERS LIVING IN YOUR HOME:

NAME	BIRTHDATE	NAME	AGE	RELATIONSHIP

How did you hear about Catholic Social Services? q Phone Book q Church q Friend q Former CSS client q Other: ____

Have you ever had a previous Homestudy/Family Assessment? q Yes q No If yes, when? ____ Agency: ____

Do you have an application on file with any other Agency or attorney?____ If yes, name: ____

Would you consider a child with a physical challenge? q Yes q No q Possibly
…a mental challenge? q Yes q No q Possibly
…of a race other than your own? q Yes q No q Possibly if yes, what races?____

-- O V E R --

Have you ever experienced a voluntary or involuntary disruption (removal) of an adoptive or foster care placement through any state or private agency? q Yes q No

If Yes Please explain:

What kind of relationship do you think you could offer birth parents?

Have you consulted a physician re: a problem with conceiving or birthing a child? q Yes q No when?_____

What is the nature of your inability to conceive or birth a child?

What has been the course of treatment?

Are you still in treatment? q Yes q No What course of treatment are you pursuing and for how long?

Have you (female) ever been pregnant? q Yes q No When?_____ What were the results?

Have you, as an individual or as a couple, ever seen a therapist? q Yes q No Who, when, why and how long?

Describe any health problems for which you are receiving or have received treatment:

To the best of my knowledge, the statements on this application are complete and truthful.

_____ ____/____/____ _____ ____/____/____

Signature - Applicant #1 **Date** **Signature - Applicant #2** **Date**