

CATHOLIC SOCIAL SERVICES OF WASHTENAW COUNTY  
ADOPTION PROGRAM

**APPLICATION FOR ADOPTION SERVICES**

**Application & Consultation fee: \$400**

**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 \_\_\_\_\_

<b>Application is hereby made for:</b>			
<input type="checkbox"/> Entire Adoption process	<input type="checkbox"/> Family Assessment only		
<input type="checkbox"/> Supervision only	<input type="checkbox"/> Adoptive Parent Preparation Group only		
<b>APPLICANT 1 -- NAME (LAST, FIRST, MIDDLE, MAIDEN)</b>		<b>APPLICANT 2 -- NAME (LAST, FIRST, MIDDLE, MAIDEN)</b>	
STREET ADDRESS		CITY	COUNTY
			ZIP
HOME PHONE	WORK PHONE - <b>APP 1</b>	WORK PHONE - <b>APP 2</b>	DATE OF MARRIAGE OR COMMITMENT
( )	( )	( )	
EMAIL ADDRESSES			

**APPLICANT 1**

**APPLICANT 2**

BIRTHDATE ____/____/____ US CITIZEN? _____	BIRTHDATE ____/____/____ US CITIZEN? _____
RELIGION _____	RELIGION _____
ATTEND: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> NEVER <input type="checkbox"/> OTHER	ATTEND: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> NEVER <input type="checkbox"/> 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 of Washtenaw County?

Phone Book  Church  Friend  Former CSSW client  Other: \_\_\_\_\_

Have you ever had a previous Homestudy/Family Assessment?  Yes  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?

Yes  No  Possibly

...a mental challenge?

Yes  No  Possibly

...of a race other than your own?

Yes  No  Possibly if yes, what races? \_\_\_\_\_

**-- OVER --**

Have you ever experienced a voluntary or involuntary disruption (removal) of an adoptive or foster care placement through any state or private agency?  Yes  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?  Yes  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?  Yes  No What course of treatment are you pursuing and for how long?

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

Have you, as an individual or as a couple, ever seen a therapist?  Yes  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