



Application for Adoption

Name	Applicant 1			Applicant 2		
	Last	First	Middle	Last	First	Middle
Address <i>(Residential)</i>	Number/Street			Number/Street		
	City/Village			City/Village		
	State/Zip			State/Zip		
	Home Phone			Home Phone		
	Other Phone			Other Phone		
	Own /Rent/Military			Own /Rent/Military		
Email Address						
Mailing Address <i>(If Different From Above)</i>						
Birth Date						
Birth Place						
Gender						
Race/Ethnicity						
Citizenship						
Driver License Number						
Social Security Number						
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried			<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried		

Level of Education	<input type="checkbox"/> 8th Grade <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED Graduate <input type="checkbox"/> Trade/Vocational Graduate <input type="checkbox"/> 2 Year College Graduate <input type="checkbox"/> 4 Year College Graduate <input type="checkbox"/> Post Graduate	<input type="checkbox"/> 8th Grade <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED Graduate <input type="checkbox"/> Trade/Vocational Graduate <input type="checkbox"/> 2 Year College Graduate <input type="checkbox"/> 4 Year College Graduate <input type="checkbox"/> Post Graduate
Employment <i>(Contacts must account for one year of employment history)</i>	Employer	Employer
	Address	Address
	Date of Hire	Date of Hire
	Supervisor	Supervisor
	Phone	Phone
Life Insurance	Company	Company
	Coverage	Coverage
Reason for Adoption	Please Explain:	
Additional Comments		
Other Adoption Applications	If you have applied or are currently applying to adopt elsewhere, please indicate date & place:	
	Reason for non-completion of adoption:	

Foster Care/Adoption History						Yes	No	
	Have you been or are you currently a foster parent?							
Desired Child	Has a child been identified?							
	If so, is the child currently living in your home?							
	Name	DOB	County	Placement Date	Relation	School/Grade		

IF A CHILD HAS NOT BEEN IDENTIFIED, PLEASE INDICATE YOUR PREFERENCES:

Age(s)	Gender	Ethnicity	Siblings (Total Children)	Mark All Conditions You are Willing to Accept	
<input type="checkbox"/> 0-3	<input type="checkbox"/> Male Only	<input type="checkbox"/> Caucasian	<input type="checkbox"/> 2	<input type="checkbox"/> History of Physical Abuse/Neglect	<input type="checkbox"/> Learning Disabled
<input type="checkbox"/> 4-8	<input type="checkbox"/> Female Only	<input type="checkbox"/> Chamoru	<input type="checkbox"/> 3	<input type="checkbox"/> History of Sexual Abuse	<input type="checkbox"/> Alcohol/Drug Exposed
<input type="checkbox"/> 9-12	<input type="checkbox"/> No Preference	<input type="checkbox"/> Asian	<input type="checkbox"/> 4	<input type="checkbox"/> History of Mental Illness	<input type="checkbox"/> Oppositional/Defiant Behavior
<input type="checkbox"/> 13-15		<input type="checkbox"/> African/American	<input type="checkbox"/> 5	<input type="checkbox"/> Medically Fragile	<input type="checkbox"/> Adverse Parental Background
<input type="checkbox"/> 16-18		<input type="checkbox"/> Native American		<input type="checkbox"/> Physically Disabled	<input type="checkbox"/> Different Religious Faith
		<input type="checkbox"/> Hispanic		<input type="checkbox"/> Intellectually Challenged	<input type="checkbox"/> Different Ethnic and/or Cultural Background
		<input type="checkbox"/> Other			

Military Service	Number of Years:	Branch:
	Tour of Duty End Date:	
	Willing to extend if necessary?	

Marital History	Date of Current Marriage/Domestic Partnership:	
	Place of Marriage/Domestic Partnership (City & State):	
	Former Marriages	
	Applicant 1	Applicant 2
	Names of Former Spouses	Names of Former Spouses
	1	1
	2	2
	Marriage Date & Place	Marriage Date & Place
	1	1
	2	2
	Divorce Date & Place	Divorce Date & Place
	1	1
	2	2
	Death Date & Place	Death Date & Place
	1	1
2	2	
Criminal History <i>(if the answer to any of these questions is yes, please include a letter of explanation on a separate page, along with any other pertinent documents)</i>	Applicant 1	Applicant 2
	Have you ever been arrested for an offense other than a minor traffic violation?	Have you ever been arrested for an offense other than a minor traffic violation?
	Have you ever been convicted of a crime in Guam?	Have you ever been convicted of a crime in Guam?
	Have you ever been convicted of a crime in another state, federal court, military or a jurisdiction outside of the U.S.?	Have you ever been convicted of a crime in another state, federal court, military or a jurisdiction outside of the U.S.?

	Have you ever been reported to Children’s Protective Services or Law Enforcement for alleged child abuse, neglect or abandonment?	Have you ever been reported to Children’s Protective Services or Law Enforcement for alleged child abuse, neglect or abandonment?
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Children of Applicants	Name	DOB	Lives in Home? Yes/No	Financial Provider	Related to Applicant 1, 2, or Both	Adopted/ Guardian

Other Members of Household	Name	Relation	Sex	DOB	School/ Occupation

Relatives in Close Contact With Family	Name	Mailing Address	Phone

References

List 3 references you've known for at least one year to include one employer, one religious leader (or additional work associate, if not applicable), and one community member.

Please provide a reference form, found in the home study documents, to each reference and have them return it directly to: Contact@OhalaAdoptions.org

Name	Relation	Telephone Number	Email Address
1			
Mailing Address:			
2			
Mailing Address:			
3			
Mailing Address:			

I affirm that the information provided on this form is true and correct to the best of my knowledge.

In signing this application, I understand that the completion of routine forms will be required of my references, physician, and employer, and that my financial and marital status will be verified and a criminal background check will be conducted.

I understand that this application expires in one year and must be renewed in order to be considered.

Applicant 1 Signature	Date
Applicant 2 Signature	Date

