



## Application for Assistance

### Applicant 1 (preferred contact)

Last Name	First Name	Middle Name	Date of Birth	Gender	Race/Ethnicity*
Maiden Name	AKA's		Place of Birth		
Driver License Number*	SSN*	Education (circle) High School GED 2 year degree 4 year degree Post Graduate	Current Marital Status (circle)		
Occupation	Employers Name		Married	Single	Widowed
Work Phone	Cell Number		Divorced	Separated	Partnership
Email Address			Annual Income (Circle All Applicable)	Amount : _____	
			Wage Earnings	Do you receive public Assistance:	
		Support Payments	Yes No		
		SSI/Social Security	Other: _____		
		Retirement			

\*Denotes optional

### Applicant 2

Last Name	First Name	Middle Name	Date of Birth	Gender	Race/Ethnicity*
Maiden Name	AKA's		Place of Birth		
Driver License Number*	SSN*	Education (circle) High School GED 2 year degree 4 year degree Post Graduate	Current Marital Status (circle)		
Occupation	Employers Name		Married	Single	Widowed
Work Phone	Cell Number		Divorced	Separated	Partnership
Email Address			Annual Income (Circle All Applicable)	Amount : _____	
			Wage Earnings	Do you receive public Assistance:	
		Support Payments	Yes No		
		SSI/Social Security	Other: _____		
		Retirement			

\*Denotes optional

## Applicant(s) Address

Home Address	City	State	Zip Code	Area Code	Home Phone
Mailing Address (if different)	City	State	Zip Code		

Please list places of residence for each applicant for the last 5 years (if applicable)

Dream 4 Adoption

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## Marital History (if applicable)

Date of current marriage/Partnership		Place of Marriage/Partnership (city and state)		(Circle) Marriage
				Domestic Partner
Former Marriages Applicant No.	Full Name	Date & Place	Divorce Date & Place (If applicable)	Death Date & Place (If applicable)

## Agency Information

Fill out as applicable, if unknown, please mark as such

Name of Agency or Service provider		Name of Contact for Agency or Service provider		Website address	
Address	City	State	Zip Code	Area Code	Phone
Name of home study provider		Name of Social Worker		Website address (if applicable)	
Address	City	State	Zip Code	Area Code	Phone



## Agency/Service Provider Information

A. Does applicant 1 or applicant 2 have employer provided adoption benefits? Yes No

If so indicate amount: \_\_\_\_\_

B. Has applicant 1 or applicant 2 been rejected or otherwise denied for a Home study or adoption? Yes No

C. Have the applicant(s) decided to pursue domestic or international adoption? DOM INT

If international, please share the country that is being pursued, if known: \_\_\_\_\_

D. Please identify age range of child, if known: \_\_\_\_\_

E. Is your application for adoption for ONE TWO or MORE children? (please circle)

F. Please circle any special needs that are acceptable for your prospective adoption:

Minor Medical Major Medical Aging Out Other: \_\_\_\_\_

## Foster Information

A. Is applicant 1 licensed/certified for foster care Yes No

If so indicate state licensed/certified: \_\_\_\_\_

B. Is applicant 2 licensed/certified for foster care Yes No

If so indicate state licensed/certified: \_\_\_\_\_

C. Has either applicant been previously licensed/certified to foster? Yes No

D. Has either applicant been denied license/certification to foster? Yes No

## Criminal History (Attach a sheet to describe any "Yes" answer in this section)

	Applicant 1	Applicant 2
A. Have you ever been arrested for an offense other than a minor traffic stop?	Yes/No	Yes/No

B. Have you ever been convicted of a crime in any state, federal court, military or jurisdiction outside of the United States?	Yes/No	Yes/No
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C. Have you ever been reported to Child Protective Services or law enforcement for alleged child abuse, neglect, abandonment or other domestic dispute?	Yes/No	Yes/No
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## Information Release

Dream4Adoption would like to share your journey in adoption. If given a grant from our organization, Dream4Adoption would like permission to utilize your story, photographs or other basic information for our use in electronic and printed media. This information would be used in an effort to promote our organization for the benefit of adoptions. Specific names, afflictions or other personally identifiable information would not be used unless permission was exclusively agreed upon and reviewed by the family.

Please circle below.

YES

NO

## Signatures

In completing this application, the applicant(s) are submitting for a selection process in which Dream4Adoption grants based on funds available, grant team selection and there is absolutely no guarantee of funding.

I/We, the undersigned, affirm that the information provided is true and complete to the best of my/our knowledge. False, misleading or missing information may exclude this application for the grant process.

Applicant 1

Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Applicant 2

Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_