



APPLICATION FOR CHILD
(For Agency's Confidential Use Only)

APPLICANT'S NAME LAST FIRST MIDDLE

APPLICANT'S NAME LAST FIRST MIDDLE

ADDRESS

CITY COUNTY STATE ZIP CODE

HOME PHONE NUMBER DATE OF MARRIAGE

OFFICE PHONE OFFICE PHONE:

CELL PHONE NUMBER CELL PHONE NUMBER

EMAIL ADDRESS EMAIL ADDRESS

CHILDREN:

NAME AGE

NAME AGE

ADOPTIVE APPLICANT: NAME

BIRTHPLACE BIRTH DATE

If foreign born, are you a naturalized citizen? Years in Atlanta

EDUCATION NAME OF SCHOOL DEGREE EARNED GRADUATE DATE

HIGH SCHOOL

COLLEGE

GRADUATE SCHOOL

OCCUPATION:  
PLACE OF EMPLOYMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
INCOME

From occupation \_\_\_\_\_ From stocks, bonds, etc. \_\_\_\_\_

Property owned \_\_\_\_\_

Type \_\_\_\_\_ Value \_\_\_\_\_ Income from property \_\_\_\_\_

TOTAL INCOME \_\_\_\_\_ Credit Card Debt \_\_\_\_\_

Have you ever declared bankruptcy?

INSURANCE

Amount	Company	Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____

PREVIOUS MARRIAGE (if applicable):

Date of marriage \_\_\_\_\_ Name of former spouses \_\_\_\_\_

Cause of dissolution \_\_\_\_\_ Date of divorce \_\_\_\_\_

Children, if any, by previous marriage:

SEX	AGE	LIVING WITH YOU OR FORMER SPOUSE
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADOPTIVE APPLICANT'S FAMILY (Give names)

FATHER \_\_\_\_\_ ADDRESS \_\_\_\_\_

MOTHER \_\_\_\_\_ ADDRESS \_\_\_\_\_

SIBLING \_\_\_\_\_ ADDRESS \_\_\_\_\_

SIBLING \_\_\_\_\_ ADDRESS \_\_\_\_\_

SIBLING \_\_\_\_\_ ADDRESS \_\_\_\_\_

ADOPTIVE APPLICANT: NAME \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_

BIRTHPLACE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

If foreign born, are you a naturalized citizen? \_\_\_\_\_ Years in Atlanta \_\_\_\_\_

Years in U.S. \_\_\_\_\_ Naturalization Date and Place \_\_\_\_\_

EDUCATION	NAME OF SCHOOL	DEGREE EARNED	GRADUATION DATE
-----------	----------------	---------------	-----------------

HIGH SCHOOL	_____	_____	_____
-------------	-------	-------	-------

COLLEGE	_____	_____	_____
---------	-------	-------	-------

GRADUATE SCHOOL	_____	_____	_____
-----------------	-------	-------	-------

OCCUPATION:

PLACE OF EMPLOYMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

INCOME

From Occupation \_\_\_\_\_ From Stocks, Bonds \_\_\_\_\_

Property owned

\_\_\_\_\_

Type \_\_\_\_\_ Value \_\_\_\_\_ Income from property \_\_\_\_\_

TOTAL INCOME \_\_\_\_\_ Credit card debt \_\_\_\_\_

Have you ever declared bankruptcy? \_\_\_\_\_

INSURANCE

Amount	Company	Beneficiary
_____	_____	_____

Previous Marriage (if applicable)

Date of marriage \_\_\_\_\_ Name of former spouse \_\_\_\_\_

Cause of dissolution \_\_\_\_\_ Date of divorce \_\_\_\_\_

Children, if any, by previous marriage:

SEX	AGE	LIVING WITH YOU OR FORMER SPOUSE
_____	_____	_____
_____	_____	_____

ADOPTIVE APPLICANT'S FAMILY (give names):

FATHER \_\_\_\_\_ ADDRESS \_\_\_\_\_

MOTHER \_\_\_\_\_ ADDRESS \_\_\_\_\_

SIBLING \_\_\_\_\_ ADDRESS \_\_\_\_\_

SIBLING \_\_\_\_\_ ADDRESS \_\_\_\_\_

SIBLING \_\_\_\_\_ ADDRESS \_\_\_\_\_

MEMBERS OF HOUSEHOLD (give names, ages, relationship-include hired help who live on premises)

\_\_\_\_\_

WHY DO YOU WANT TO ADOPT A CHILD?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBERSHIPS:                      ADOPTIVE APPLICANT                      ADOPTIVE APPLICANT

SYNAGOGUE/CHURCH \_\_\_\_\_

ORGANIZATION/CLUB \_\_\_\_\_

ORGANIZATION/CLUB \_\_\_\_\_

ALL PHYSICIANS NAMES & ADDRESSES (include infertility specialist, if applicable): and the reason for treatment:

---

---

---

REFERENCES TO WHOM YOU ARE WRITING (including one member of extended family)

---

---

---

---

---

Has either applicant ever been accused or convicted of child abuse?  YES  NO  
If so, please explain:

---

Has either applicant ever received psychiatric or psychological counseling?  YES  NO  
If so, please explain:

---

Include date, name and address of physician

---

Does either applicant have a history of prolonged usage of alcohol, drugs or narcotics, either personal or family?  YES  NO  
If so, please explain:

---

Has either applicant ever suffered any sexual or physical abuse in adult or childhood?  
If so, please explain:

---

Has either applicant ever been arrested or convicted of any criminal offense? (These include but are not limited to DUI, Domestic Violence, trespassing, etc., even if found not guilty).  YES  NO  
If so, please explain:

---

If You Are Adopting Domestically From Cradle of Love

We, \_\_\_\_\_ and \_\_\_\_\_, applicants, to Cradle of Love a/k/a Jewish Family & Career Services for adoption placement, adoption counseling, and services, acknowledge, understand and agree as follows:

We have given Cradle of Love a \$2,500 application fee. Of this fee \$500 is refundable, and \$2,000 is non-refundable in the event we withdraw our application.

We will also pay a \$1,800 home study fee which is non-refundable. This includes post placement visits. This fee is due at the completion of the home study.

In addition to the above sums, we will pay the adoption fee of \$25,000. Of this fee, when matched with a birthmother, we will put \$10,000 in an escrow for birthmother expenses. If the birthmother changes her mind and does not place the baby, we will lose whatever has been spent by the birthmother expenses. The rest will be returned to us. If birth mother expenses exceed \$10,000, which is unusual, we will be contacted to put more money in the escrow account. When we are matched with a second birthmother, we will not have to pay another \$10,000 for living expenses. The agency will cover the second birthmother's expenses. If that placement goes through, you will pay the remaining balance of \$15,000.00.

If a birthfather's rights have to be terminated in court by our legal counsel or a private detective needs to be hired to locate a birthfather, we are responsible for these legal costs and will be advised of such a need by Cradle of Love.

If the efforts of Cradle of Love result in our adopting a child through a third party, we will pay Cradle of Love a \$1,500 fee for its services in addition to the application and home study fees.

We have received a copy of this application.

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

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

Have you made application to any other source to adopt? \_\_\_\_\_yes \_\_\_\_\_no

If yes, which ones? \_\_\_\_\_

Cradle of Love Home Studies

Domestic:

We/I agree to pay Cradle of Love Adoption a fee of \$1800 to complete a home study for us/me. We/I understand that this fee is non-refundable. This includes 2-3 post placement visits. In addition, we understand that one-half of the home study fee is due at the initial interview and the balance is due on or before the date of the home visit. State regulations require criminal checks and physical exams which we understand are at our expense.

International:

We/I agree to pay Cradle of Love Adoption \$1200 plus \$200 per post placement visit, which may include three visits the first year, one the second year, and one the third year. This is non refundable, and due as noted above. Addendums are \$50 each.

Post Placement Visits Only

We/I agree to pay Cradle of Love \$200, whether domestic or international, due at the home visit.

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

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

I hereby acknowledge that prior to beginning my adoption home study with Cradle of Love Adoption, I received in the mail, at their website, and/or in person, an orientation/information packet regarding Cradle of Love's policies, fees, and refund policies, procedures, eligibility requirements, approximate time the assessment and adoption process will take, and the types of children available for adoption. I also understand the legal procedures involved in adoption, the requirements for an adoptive home, and the procedures for the home study, the selection, and placement process, the process children use to locate birth parents when they are 21 or older in Georgia, and the Agency's grievance procedures.

I understand that there are no guarantees that I will be approved to adopt. I understand that although Cradle of Love is helping me complete my home study, Cradle of Love considers the best interests of the child when approving a parent to adopt. I will seek no legal action if I am not approved to adopt.

If I am adopting internationally, I have had an orientation including but not limited to the adoption requirements of the country of origin, the health issues of the country of origin, institutional disorders, and developmental delay.

If I am applying to be a foster parent, I understand the Agency's purpose and the approval process for foster parenting. I understand that I will have one child in my home unless there is an emergency, and no discipline procedures are to be used for newborns. I understand the roles and responsibilities of foster parents, the types of children served, the support services available, and the financial reimbursement for expenses in foster care. I understand the Agency's grievance policies and procedures, the training requirements of 8 hours annually, and the Agency's policies and procedures for handling medical emergencies, and managing use of medications.

Please sign name/names below and date:

Name (s) \_\_\_\_\_ Date \_\_\_\_\_