

Applicant Forms

How to complete various forms
needed for the assessment process
to care for children

Anything worthwhile takes time

Being assessed for the care of children is logically a lengthy, in-depth process of getting to know you and what types of child(ren) you are best suited to parent. But hopefully this presentation will help shorten the amount of time a little by explaining some of the forms you'll need to complete in the process.

Application for Adoption of a Child

This form is our initial introduction – our chance to get to know a bit about you. The form is set up so that it can be completed by a single applicant or co-applicants.

Let's take a look

There is another section like this for a co-applicant

APPLICATION FOR ADOPTION OF A CHILD

Please give us your full, legal name

I. IDENTIFYING INFORMATION

APPLICANT 1

LAST NAME		FIRST NAME		MIDDLE NAME	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER
DRIVER LICENSE NO.	ETHNICITY	HISPANIC OR LATINO ORIGIN: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		LEVEL OF EDUCATION	MARITAL STATUS: <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED		
OCCUPATION	EMPLOYER'S ADDRESS				PRIMARY INCOME:		
					<input type="checkbox"/> EARNINGS <input type="checkbox"/> MILITARY <input type="checkbox"/> PUBLIC ASSISTANCE <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> SUPPORT PAYMENTS <input type="checkbox"/> MULTIPLE SOURCES <input type="checkbox"/> SSI <input type="checkbox"/> OTHER INCOME		
WORK TELEPHONE ()	CELL TELEPHONE NUMBER ()		ANNUAL INCOME \$				

Please list your job experiences for the past ten years. Start with your most recent employment.

PERIOD OF EMPLOYMENT	JOB TITLE	REASON FOR LEAVING
FROM TO		
/ / / /		
/ / / /		

This part is for a single applicant or co-applicants together

APPLICANT(S) ADDRESS

Home Address	City	County	Zip Code	Home Telephone Number ()
Mailing Address	City	County	Zip Code	

This part is about the applicant's current marriage/ domestic partnership and each applicant's own marital history

II. MARITAL HISTORY

Date of Current Marriage/Domestic Partnership		Place of Marriage/Domestic Partnership (City and State)		<input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	
Former Marriages	Names of Former Spouses	Marriage Date & Place	Divorce Date & Place	Death Date & Place	
Applicant 1					
Applicant 2					

This part is about each applicant's own criminal history

III. CRIMINAL HISTORY

Applicant 1

Applicant 2

A. Have you ever been arrested for an offense other than a minor traffic violation? Yes No Yes No

B. Have you ever been convicted of a crime in California? Yes No Yes No

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

C. Have you ever been convicted of a crime in another state, federal court, military or a jurisdiction outside of the U.S.? Yes No Yes No

Criminal convictions from another state or federal court are considered the same as criminal convictions in California.

D. Have you ever been reported to Children's Protective Services or Law Enforcement for alleged child abuse, neglect or abandonment? Yes No Yes No

E. Other states resided in within last five years.

IV. CHILDREN OF APPLICANT(S)

MINOR CHILDREN OF APPLICANT(S)

Full Name	Date of Birth	Gender	Lives in Home Yes/No	Do you Financially Support Child Yes/No	Related to:		Adopted Yes/No
					<input type="checkbox"/> Applicant 1	<input type="checkbox"/> Applicant 2	
					<input type="checkbox"/> Applicant 1	<input type="checkbox"/> Applicant 2	
					<input type="checkbox"/> Applicant 1	<input type="checkbox"/> Applicant 2	
					<input type="checkbox"/> Applicant 1	<input type="checkbox"/> Applicant 2	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> These can be children from prior relationships or children you have together </div>							
					<input type="checkbox"/> Applicant 1	<input type="checkbox"/> Applicant 2	

ADULT CHILDREN OF APPLICANT(S)

Full Name	Date of Birth	Gender	Lives in Home Yes/No	Do you Financially Support Adult Child Yes/No	Related to:	Address/Phone Number	Adopted Yes/No
					<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2		
					<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2		

V. OTHER PERSONS IN THE HOME
ADULT(S) AND/OR MINOR(S)

Full Name	Date of Birth	Relationship to Applicant(s)
Give us the full, legal names of others living with you		
Were you and/or you co-applicant ever foster parents? Tell us your history.		

VI. FOSTER CARE/ADOPTION HISTORY

1. Are you licensed for foster care? Yes No
 If yes, check one: County State/CCL
2. Are you certified for foster care with a Foster Family Agency (FFA)? Yes No
 If yes, name of Agency(s): _____
3. Were you previously licensed or certified for foster care? Yes No
 If yes, name of Agency(s): _____
4. Have you previously applied for adoption? Yes No
 If yes, name of Agency(s): _____

VII. CHILD DESIRED

IF A CHILD HAS BEEN IDENTIFIED:

Is child currently in the home? Yes No

Full Name	Date of Birth	County of Dependency	Date of Placement or Future Date to be Placed	Relationship to Applicant(s)	Education (Name & Address of School & Grade)

If you already know the specific child(ren) you would like to parent, please fill in this section.

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

Age(s)	Gender	Ethnicity	Sibling (Group of)	Check All Conditions that You are Willing to Accept
<input type="checkbox"/> 0 to 3 yrs.	<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"/> History of Sexual Abuse <input type="checkbox"/> Alcohol/Drug Exposed <input type="checkbox"/> History of Mental Illness <input type="checkbox"/> Oppositional/Defiant Behavior <input type="checkbox"/> Medically Fragile <input type="checkbox"/> Adverse Parental Background <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Different Religious Faith <input type="checkbox"/> Intellectually Challenged <input type="checkbox"/> Different Ethnic and/or Cultural Background
<input type="checkbox"/> 4 to 8 yrs.	<input type="checkbox"/> Female Only	<input type="checkbox"/> Hispanic	<input type="checkbox"/> 3	
<input type="checkbox"/> 9 to 12 yrs.	<input type="checkbox"/> No Preference	<input type="checkbox"/> African/Amer	<input type="checkbox"/> 4	
<input type="checkbox"/> 13 to 15 yrs.		<input type="checkbox"/> Asian	<input type="checkbox"/> 5 or more	
<input type="checkbox"/> 16 to 18 yrs.		<input type="checkbox"/> Native American <input type="checkbox"/> Other		

If don't already know the specific child(ren), would you prefer to parent a boy or a girl or both or twins? How old? Give us an idea about the type of child(ren) you think you would like to parent.

These should be people who know you well. Remember that at least 2 of them should not be related to you.

VIII. REFERENCES

Please list the name, address and telephone numbers of four individuals who have knowledge of your home environment, lifestyle and capability to be an adoptive parent. At least two of these must be unrelated to you.

Name	Telephone Number	Mailing Address/City/State/Zip

Provide Directions To Your Home:

See how easy that was?

Now that we know some overall information about you and the child(ren) you would like to parent, let's get a more well rounded picture of you.

We use the Structured Analysis Family Evaluation or S.A.F.E. format for our assessment process.

Each applicant will be asked to complete S.A.F.E. Questionnaire 1.

Let's take a look

SAFE Questionnaire I

This Questionnaire is designed to help us understand more about what helped you become the person you are now. Please answer as completely as possible.

INSTRUCTIONS

- Please answer the following questions as they apply to you.
- Check all the choices that apply. **Most of the questions have more than one answer.**

Print Name: _____ Date: _____

1. Who primarily raised you?

- | | | |
|--|--|---|
| <input type="checkbox"/> Mother and Father | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Older Sibling(s) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Maternal Grandparent(s) | <input type="checkbox"/> Adoptive Parent(s) |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Paternal Grandparent(s) | <input type="checkbox"/> Foster Parent(s) |
| <input type="checkbox"/> Mother and Stepparent | <input type="checkbox"/> Aunt(s) and/or Uncle(s) | <input type="checkbox"/> Institutional Caretaker(s) |
| <input type="checkbox"/> Father and Stepparent | <input type="checkbox"/> Mother/Mother | <input type="checkbox"/> Legal Guardian(s) |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Father/Father | <input type="checkbox"/> Other: |

2. Were you separated from either or both of your parents during your childhood for any of the following reasons?

- | | | |
|---|--|--|
| <input type="checkbox"/> No separations | <input type="checkbox"/> Abandoned by parent(s) | <input type="checkbox"/> Removed from your home by police or social services |
| <input type="checkbox"/> Parents separated | <input type="checkbox"/> Parent(s) long-term hospitalization | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Parent(s) in military | |
| <input type="checkbox"/> Death of parent(s) | <input type="checkbox"/> Parent(s) in prison | |

3. How old were you when you first moved away from your parent(s) or primary caretaker(s) home?

- | | |
|---|---|
| <input type="checkbox"/> ___ years of age | <input type="checkbox"/> I currently live with my parent(s) or primary caretaker(s) |
|---|---|

4. What were the circumstances that led you to leave home? Were there circumstances that led you to return?

17. Check the boxes that best describe your parents'/primary caretakers' attitudes about sexuality when you were a child:

Mother or Primary Caretaker

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Awkward | <input type="checkbox"/> Comfortable discussing | <input type="checkbox"/> Liberal sexual attitudes |
| <input type="checkbox"/> Open about sexuality | <input type="checkbox"/> Believing | <input type="checkbox"/> Old fashioned | <input type="checkbox"/> Conservative attitudes |
| <input type="checkbox"/> Comfortable discussing | <input type="checkbox"/> Liberal sexual attitudes | <input type="checkbox"/> Never discussed sex | <input type="checkbox"/> Sexually repressed |
| <input type="checkbox"/> Old fashioned | <input type="checkbox"/> Conservative attitudes | <input type="checkbox"/> No sex before marriage | <input type="checkbox"/> Sexually irresponsible |
| <input type="checkbox"/> Never discussed sex | <input type="checkbox"/> Sexually repressed | <input type="checkbox"/> Condemned | <input type="checkbox"/> Supported |
| <input type="checkbox"/> No sex before marriage | <input type="checkbox"/> Sexually irresponsible | <input type="checkbox"/> homosexuality | <input type="checkbox"/> sex education |
| <input type="checkbox"/> Condemned | <input type="checkbox"/> Supported | <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Other: |
| <input type="checkbox"/> homosexuality | <input type="checkbox"/> sex education | | |
| <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Other: | | |

Some questions may seem to be irrelevant but, they all help us get a better picture of how you became you and what child(ren) might be the best match for you.

18. Check the boxes that best describe what you were like as a child (pre-teenage years):

- | | | | | |
|--|---|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Awkward | <input type="checkbox"/> Responsible | <input type="checkbox"/> Rebellious | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Temperamental | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Sad | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Curious |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Friendly | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Compliant |
| <input type="checkbox"/> Unhappy | <input type="checkbox"/> Calm | <input type="checkbox"/> Anxious/Nervous | <input type="checkbox"/> Sickly | <input type="checkbox"/> Thoughtful |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Serious | <input type="checkbox"/> Active | <input type="checkbox"/> Insecure | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Funny | <input type="checkbox"/> Obedient | <input type="checkbox"/> Other: |

19. Check the boxes that best describe what you were like as a teenager:

- | | | | | |
|--|---|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Awkward | <input type="checkbox"/> Responsible | <input type="checkbox"/> Rebellious | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Temperamental | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Sad | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Curious |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Friendly | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Compliant |
| <input type="checkbox"/> Unhappy | <input type="checkbox"/> Calm | <input type="checkbox"/> Anxious/Nervous | <input type="checkbox"/> Sickly | <input type="checkbox"/> Thoughtful |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Serious | <input type="checkbox"/> Active | <input type="checkbox"/> Insecure | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Funny | <input type="checkbox"/> Obedient | <input type="checkbox"/> Other: |

20. When you were a child, with whom would you confide?

Current Financial Resources

This form will help us understand how you support yourself and what resources will help you support an addition to your family.



CURRENT FINANCIAL RESOURCES

Return to: [Redacted], CSW

[Redacted] Address

[Redacted] Address

(Large bank accounts, high earnings, and home ownership are not essential)

INCOME FROM ALL SOURCES

JOINT GROSS INCOME (according to last year's income tax return):

If self employed, attach accountant's statement of profit and loss for the last six months or last year's income tax return.

If income from employment:Applicant #1 gross income per month: [Redacted]

.....Applicant #2 gross income per month: [Redacted]

OTHER INCOME—Source: (rentals, veteran's compensation etc.)	Probable Duration	Monthly Amount
If you're unemployed, let us know that too and if you are getting unemployment		
[Redacted]	[Redacted]	[Redacted]

RESOURCES

REAL ESTATE:

Type	Purchase Price	Balance Owed	Equity
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

BANK ACCOUNTS

Name and Location

Name and Location		Balance
Checking:	[Redacted]	[Redacted]
Savings:	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

Tell us where the bulk of your resources go each month. You may use extra paper if you need in order to give us a better financial picture.

MAJOR EXPENSES

(include mortgage payment or rent installment and child support payments)

Nature of Payment	Monthly Amount	Balance Due

If you answer "yes" to a previous bankruptcy, it does not necessarily mean you can not be approved to care for children.

Social Security Number(s)

Have you filed for bankruptcy? Yes No

Are you Foster Parents? Yes No

If so, receive _____

Number of persons supported, including self: _____

Applicant #1: _____

Applicant #2: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct:

Executed at _____, California on _____ Date

Signature of Applicant: > _____

Signature of Applicant: > _____

Each applicant's Social Security Numbers go here

Employment Verification

This form is for those who are employed; for the most part, it's completed by your employer. If you're self employed or unemployed, you don't need to complete this form but will need last year's tax return instead.

This form is simple to fill out in that you only have to put in your name and sign it. Then you give it to your employer with your social worker's return envelope and, once s/he fills it out, s/he sends it back to your social worker. Easy!

COUNTY OF LOS ANGELES

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

EMPLOYMENT VERIFICATION



I, _____, am being considered by the COUNTY OF LOS ANGELES DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) as a possible adoptive parent of a Child. I hereby authorize you to provide DCFS with information concerning my employment.

Signature of Adoptive Applicant (employee)

VERIFICACION DE EMPLEO

Yo _____, estoy siendo considerado como un posible padre adoptivo de un niño por el CONDADO DE LOS ANGELES, DEPARTAMENTO DE SERVICIOS PARA NIÑOS Y FAMILIAS, (DSNF). Por medio de esta autorizo que se le provea a DCFS información tocante a mi empleo.

Firma del Solicitante Adoptivo (empleado)

Name and address of business or company

Position Title: _____

Relative Chart

This form is simple too in that each applicant lists his/her family members. Knowing who is in your family helps us understand your family dynamics and who might be a resource to you and/or your child(ren).

ADOPTIVE PARENTS' RELATIVE CHART



APPLICANT - 1: _____

APPLICANT - 2: _____

RELATIVES OF:

APPLICANT - 1	First Name	Last Name	Phone No.	Address	Zip	Marital Status	Age
Father							
Mother							
Brothers							
Sisters							

There is another section like this for a co-applicant

ABCDM 228

Could it sound any more like alphabet soup? In actuality, this is a very important form called the

Applicant's Authorization for Release of Information

These forms are sent to other parties, like doctors or counselors to obtain information from them about you and the signed form lets them know that we have your permission to ask them for the information.

ST

You may need to complete more than one of these Release of Information forms during the assessment process.

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

(AGENCY OR INDIVIDUAL FROM WHOM INFORMATION IS REQUESTED)

To: _____

I, _____, RESIDING AT _____

_____, HEREBY AUTHORIZE YOU TO RELEASE TO THE

_____, SPECIFIC
(NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER)

INFORMATION REQUESTED BY THIS AGENCY WHICH I CANNOT PROVIDE CONCERNING _____

Each applicant will have to complete his or her own Releases of Information because each form needs the signature of the person allowing the release.

THIS FORM WAS COMPLETED IN ITS ENTIRETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIGNING.

SIGNATURE OF APPLICANT		DATE
BIRTHPLACE	BIRTHDATE	MAIDEN NAME OF MOTHER
SIGNATURE OR NAME OF SPOUSE		DATE
BIRTHPLACE OF SPOUSE	BIRTHDATE OF SPOUSE	MAIDEN NAME OF SPOUSE'S MOTHER

That's it for the forms you fill out

The rest of the assessment process is a total team effort.

You and your social worker will navigate the road ahead side by side.

Enjoy the Journey!