



449 Pennsylvania Avenue / P.O. Box 579/ Fort Washington, PA 19034
Phone: (215) 540-8999 / Fax: (215) 540-2765
E-mail: info@livinghopeadoption.org

APPLICATION FOR ADOPTION SERVICES

Applications are valid for one year from date of receipt

Please print or type

NOTE: Omission of data may extend the approval process.

The completed application must include the following items:

- One photograph featuring all applicants
Check for \$300.00 made payable to: "Living Hope Adoption Agency"

Application for: Home Study and Placement Placement Only Home Study Only

Intercountry Adoption and Placement Services (Check all that apply):

Country: China Honduras Uganda

Program: Healthy Child Special Needs Older Child

Home Study Services:

Check One: Domestic International Country:

CONTACT INFORMATION

Full Legal Name

Same as Passport

Last

First

Middle

DOB

Father:

Mother:

Street Address:

City: State: Zip:

Length of time at current residence: (Years and months):

Phone

Father

Mother

Preferred

Home:

Cell:

Work:

Email:

Alternative Contact:

**ADOPTION HISTORY**

Please list any adoption agency/lawyer/resources you are presently working with:

\_\_\_\_\_

Have you (or both of you) ever been rejected as an applicant for adoption? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state the reason(s) why:

\_\_\_\_\_

If you have previously completed an adoption(s), please list the agency/lawyer involved and dates began and completed: \_\_\_\_\_

\_\_\_\_\_

**PROSPECTIVE ADOPTIVE PARENT INFORMATION**

Information	Prospective Adoptive Father	Prospective Adoptive Mother
Height		
Weight		
Birth Place		
US citizen (Yes/No)		
Education Level		
Degree/Diploma		
Religious Preference (optional)		
Race/National Origin (optional)		
Current Employer		
Current Position		
Dates of Employment		
Gross Annual income		
Previous Employer		
Previous Position		
Dates of Employment		
Gross Annual income		
Present Marriage Date		
Previous Marriage(s):		
Dates		
Previous Spouse		
Reason for termination		
If necessary, use a separate sheet of paper for additional information or explanation		

Do you have a medical health insurance plan that will also include your adopted child at time of placement?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**(Answer if adopting from China only)** Do you have a net worth of at least \$80,000? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you hear about Living Hope Adoption Agency? \_\_\_\_\_

**FAMILY INFORMATION**

List all of your children and other persons living in your home; include relatives, boarders, roommates, and employees. Use a separate sheet of paper if necessary. For adopted children, include country.

**CHILDREN**

Name	Relationship	DOB	Country if Adopted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHERS IN HOME**

Name	Relationship	DOB	In Home Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**GENERAL HEALTH & OTHER INFORMATION**

	FATHER		MOTHER	
	Yes	No	Yes	No
Have you been treated by a mental health professional?				
Have you been prescribed anxiety or depression medication?				
Have you been treated for substance abuse or alcoholism?				
Have you had any major surgeries?				
Have you been diagnosed with a significant disease?				
Do you suffer from any physical limitations?				
Have you been arrested?				
Have you had a history of alcohol, substance abuse, or a history of taking drugs including opium, morphine, marijuana, cocaine, heroin, smokable methamphetamine, etc.?				
Have you been a perpetrator of child abuse, sexual or domestic violence?				
Has a complaint ever been filed against you for child abuse or neglect?				
Do you have any special communication needs?				

If you answered yes to any of the above questions please explain circumstances in a letter, including date(s), city/state of the incident, details of the incident, and the outcome, as well as your name at the time of the incident.

To the best of our knowledge and belief, the above information is true and complete. We understand that failure to provide true and complete information may result in contract termination. We, the applicants, agree to comply with the requirements of the Application Process. We will submit all requested documents. We have enclosed a check for \$300.00 as a non-refundable application fee.

\_\_\_\_\_  
Signature of Prospective Father

\_\_\_\_\_  
Signature of Prospective Mother

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail your completed application to: **Living Hope Adoption Agency**  
**449 Pennsylvania Ave.**  
**Fort Washington, PA 19034**

**FOR LHAA USE ONLY**

Application reviewed by: \_\_\_\_\_  
LHAA Authorized Personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Denied

Reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_