| logo -GS 2color  1340 Partridge Avenue  St. Louis, MO 63130  Phone 314-854-5700  Fax 314-854-5750 | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| Prospective adoptive father | | | | | |
| Full Name: | | | | | |
| Address: | | | Date and Place of Birth: | | |
| Cell Phone Number: | | | Email: | | |
| Present Height: | | | Present Weight: | | |
| Citizenship: | | |  | | |
| Race: | | | How did you hear about our agency?: | | |
| SSN: | | | | | |
| Last grade completed and the degree or specialty obtained: | | | | | |
| Have you ever been reported to the Child Abuse and Neglect Unit/Hotlined? | | | | | |
| Chronic illnesses? Physical/mental illnesses?: | | | | | |
| Have you been arrested or convicted of a crime?: | | | | | |
| Have you lived in Missouri the last 5 years?: | | |  | | |
| Have you pursued adoption previously and/or had a home study completed or rejected (please explain): | | | | | |
| prospective adoptive mother   |  |  | | --- | --- | | Full Name: | | | Address: | Date and Place of Birth: | | Cell Phone Number: | Email: | | Present Height: | Present Weight: | | Citizenship: |  | | Race: |  | | SSN: | | | Last grade completed and the degree or specialty obtained: | | | Have you ever been reported to the Child Abuse and Neglect Unit/Hotlined? | | | Chronic illnesses? Physical/mental?: | | | Have you been arrested or convicted of a crime?: | | | Have you lived in Missouri the last 5 years?: | | | Have you pursued adoption previously and/or had a home study completed or rejected (please explain): | | | | | | | |
| CHILDREN | | | | | |
| 1.Full Name: | Number of Children: | | Adopted or biological? | | Sex: |
| DOB: | Any special needs or health concerns: | | | | SSN# |
| CHILDREN | | | | | |
| 2. Full Name: | Number of Children: | | Adopted or biological? | | Sex: |
| DOB: | Any special needs or health concerns: | | | | SSN#: |
|  | | |
| MARRIAGE | | | | | |
| **Prospective Adoptive Father** | | | **Prospective Adoptive Mother** | | |
| Present Marriage Date: | | | | | |
| Place of Marriage: | | | | | |
| Previous Marriage Date: | | | Previous Marriage Date: | | |
| Date of Divorce or Death: | | | Date of Divorce or Death: | | |
| EMPLOYMENT | | | | | |
| Occupation: | | | Occupation: | | |
| Place Employed: | | | Placed Employed: | | |
| Business Address: | | | Business Address: | | |
| Work Telephone: | | | Work Telephone: | | |
| Type of adoption: | | | | | |
| Age preference: | | | | | |
| Races you would consider: | | | | | |
| Openness you would consider: | | | | | |
| Birth parent fees you would consider: | | | | | |
| FINANCIAL INFORMATION-VALUE OF ASSETS | | | | | |
| **Prospective Adoptive Father** | | | **Prospective Adoptive Mother** | | |
| Current Gross Income: | | | Current Gross Income: | | |
| Wages: | | | Wages: | | |
| Bonus: | | | Bonus: | | |
| Other: | | | Other: | | |
| Checking: | | | Checking: | | |
| Savings: | | | Savings: | | |
| Bonds: | | | Bonds: | | |
| Stocks: | | | Stocks: | | |
| Farm or Property (other than residence): | | | Farm or Property (other than residence): | | |
| Other (Retirement, etc.): | | | Other (Retirement, etc.): | | |
| FINANCIAL INFORMATION-INSURANCE | | | | | |
| Life Insurance Amount/Type: | | | Life Insurance Amount/Type: | | |
| Company: | | | Company: | | |
| Medical Insurance Co.: | | | Medical Insurance Co.: | | |
| Automobile: | Coverage Amount: | | Automobile Insurance: | | Coverage Amount: |
| Home Owners Company & Amount of Coverage: | | | | | |
| FINANCIAL INFORMATION-Residence | | | | | |
| Home – Owned: | | | Home – Rented: | | |
| Date Purchased: | | | Date Rented: | | |
| Monthly Payment: | | | Monthly Payment: | | |
| Balance Owed: | | |  | | |
| FINANCIAL INFORMATION-VEHICLES | | | | | |
| Car #1 - Make/Model/Year: | | | Car #2 – Make/Model/Year | | |
| Purchase Price: | | | Purchase Price: | | |
| Monthly Payment: | | | Monthly Payment: | | |
| Balance Due: | | | Balance Due: | | |
| FINANCIAL INFORMATION-CHARGE ACCOUNTS | | | | | |
| Creditor: | | | Balance: Monthly Payment: | | |
| Creditor: | | | Balance: Monthly Payment: | | |
| Creditor: | | | Balance: Monthly Payment: | | |
| Creditor: | | | Balance: Monthly Payment: | | |
| any other debts: | | | | | |
| MISCELLANEOUS FINANCIAL INFORMATION | | | | | |
| Are your assets and liabilities in joint ownership? Explain. | | | | | |
|  | | | | | |
| Do you have medical coverage that would cover the child at placement? | | | | | |
|  | | | | | |
| CHURCH | | | | | |
| Church Name: | | | Religion: | | |
| Address: | | | Name of Pastor: | | |
| PERSONAL REFERENCES | | | | | |
| **1. Name**: | | | Address: | | |
| City/State/Zip: | | | Occupation: | | |
| Phone: | | | Email Address: | | |
| **2. Name:** | | | Address: | | |
| City/State/Zip: | | | Occupation: | | |
| Phone: | | | Email Address: | | |
| **3. Name:** | | | Address: | | |
| City/State/Zip: | | | Occupation: | | |
| Phone: | | | Email Address: | | |
| family references | | | | | |
| **1. Name:** | | | Address: | | |
| City/State/Zip: | | | Occupation: | | |
| Phone: | | | Email Address: | | |
| **2. Name:** | | | Address: | | |
| City/State/Zip: | | | Occupation: | | |
| Phone: | | | Email Address: | | |
| OTHERS LIVING IN HOME | | | | | |
| 1. Name: | | | Name: | | |
| Relationship: | | Age: | Relationship: | | Age: |
| Occupation: | | Time in Home: | Occupation: | | Time in Home: |
|  | | |  | | |
| MILITARY EXPERIENCE (IF APPLICABLE) | | | | | |
| Is husband/wife active or a veteran in the military?: | | | Length & Branch of Service: | | |
| Type of Discharge: | | | Disability: |  | |
| Amount: | | | Reason for Discharge: | | |
| Good Shepherd requires all applicants provide us with any and all information regarding interactions with the Children’s Division, law enforcement, arrests, convictions and any other incident(s). This must include interactions that resulted in charges being dropped or expunged from your permanent record. We require that you inform us of the original charge(s) against you, as well as the final disposition of the charge(s). Failure to disclose information could lead to disqualification of the program. Please state, in narrative form on a separate sheet, a summary of the incident, date of occurrence, place of occurrence, what the charges were, disposition of the charges and penalties applied.  I/We understand the importance of providing full, complete and accurate information. I/We understand the importance of keeping the agency advised of changes in our family as we pursue adoption, included but not limited to changes in residence, jobs, the addition of other family members, including the caring of children through foster care, arrests, changes in the family such as a major illness/marriage dissolution, and the use of another agency/attorney for adoption.  We agree \_\_\_ or do not agree \_\_\_ information may be exchanged via email. I/We understand Good Shepherd cannot guarantee the security of information exchanged via email communication. | | | | | |
| SIGNATURES | | | | | |
| X  Prospective Adoptive Father | | | | | Date: |
| X  Prospective Adoptive Mother | | | | | Date: |
| X  Adoption Specialist | | | | | Date: |