



*With Hope and Love  
Adoption Agency, Inc.  
Specializing in Forever Families*

**Application**

- Adoption
- Home Study
- Post Placement
- Re-Adoption

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

**General Family Information** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Mother cell phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_ Father cell phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Email Address for agency communication: \_\_\_\_\_

	Father	Mother
Full Name		
Date of Birth		
Place of Birth		
Age		
Race		
Hair Color / Eye Color		
Height / Weight		
Social Security Number		
Driver's License Number		
Citizenship/ Passport Number		
Passport Date of Issue		

<b>Passport Place of Issue</b>		
<b>Passport Expires</b>		
<b>Education (No of years, degree)</b>		
<b>Employer / Title</b>		
<b>Work address</b>		
<b>Work phone</b>		
<b>Work fax</b>		
<b>Work email</b>		
<b>Length of Employment</b>		
<b>Annual Salary</b>		
<b>Previous Employer if above is less than two years</b>		
<b>Previous Title</b>		
<b>Length of Previous Employment</b>		
<b>Annual Salary</b>		
<b>Date of Marriage</b>		
<b>Place of Marriage</b>		
<b>Number of Previous Marriages</b>		
<b>Number of Divorces</b>		
<b>Nationality/Ethnic Background</b>		
<b>Religious Affiliation</b>		
<b>Hobbies</b>		
<b>Additional Income</b>		

## Children

Please list any children you have ever fathered or given birth to and your current relationship with that child

Name	Gender	Relationship	Date of Birth	Does child live with you?	Adopted or Biological

## Others Living in Your Home

Name	Gender	Relationship	Date of Birth

Do you own or rent your home? \_\_\_\_\_

\_\_\_\_\_

Please explain your motivation to adopt: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Legal Information

If the answer to any of the following questions is “yes”, please provide a detailed explanation on a separate sheet of paper.

<i>Note: Include any traffic offenses such as DUI and Suspended License</i>	<b>Father</b>	<b>Mother</b>
<b>Have you ever been arrested?</b>		
<b>Is there any reason that you would not be approved for FBI and /or State background checks?</b>		
<b>Do you have a history of drug or alcohol abuse?</b>		
<b>Have you ever been questioned, charged, and convicted in relation to a crime, including and form of abuse?</b>		
<b>Has your application to adopt or foster parent ever been rejected by any other adoption, child-placing, or Home Study agency?</b>		
<b>Have you ever had parental rights terminated by a court of law?</b>		

## References

Please list the three people who will be writing a reference letter on your behalf. Please ask them to use the form that has been provided with this application or to send us a signed letter, which addresses the questions on the form. It is your responsibility to follow-up with them to make sure they submit their reference in a timely manner. For your convenience, we will accept copies of the reference letters you collect for your home study as reference letters for your application. The copies must be received as part of your application package before you will be approved.

We encourage you to choose people from different areas of your life, and this may include friends, neighbors, co-workers or your clergyman/woman. References should not include relatives or your employer.

*Reference letters must be received and favorable prior to entering into a contractual agreement with With Hope and Love Adoption Agency, Inc.*

Name & Relationship	Address	Telephone	Email

## Emergency Contacts:

Name	Phone	Relationship

**I hereby consent to give With Hope and Love Adoption Agency, Inc. the right to contact the references and contacts I have provided to obtain additional information about our family history and parenting abilities.**

\_\_\_\_\_  
Initial Mother

\_\_\_\_\_  
Initial Father

## Home Study

Have you selected a home study agency in your state? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Home Study Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone Number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Agency Email Address: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Date Home Study Approved: \_\_\_\_\_

Have you received I.N.S. Advance Processing Approval? \_\_\_\_\_ Date of approval: \_\_\_\_\_

When do you want to adopt a child? \_\_\_\_\_ within 6 mos. \_\_\_\_\_ within 1 yr. \_\_\_\_\_ within 2 yr.

Please specify a preference of a child. Indicate Country / Age / Gender / Number of children. With Hope and Love Adoption Agency, Inc. strongly encourages the Adoptive Parent(s) to remain very flexible with regard to age and gender of the prospective child. Some programs allow you to list a gender preference, but you should recognize that there are no guarantees regarding what children may be adoptable when you are ready for a referral. Some countries have restrictions on the age of the adoptive parents in relation to the age of the child requested such as no more than 45 years age difference. We suggest that Adoptive Parent(s) understand and accept that *changes are possible* to the foreign guidelines, regulations and laws regarding adoption, or even to the approach by the foreign officials in a specific region of a foreign country where their dossier has already been registered. In addition, the children who are available for adoption at the time of referral may or may not meet the Adoptive Parent(s)' parameters with regard to age or gender. The Agency will attempt to remind the officials of the Adoptive Parent(s)' preferences, but that ultimately, it is best for Adoptive Parent(s) to be open regarding the issue of age or gender. The officials are hoping to find a family for a child and thus they may suggest children who are outside the age range or gender that the Adoptive Parent(s) request.

Country: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Would you consider a child with correctable medical issues? (e.g. cleft palate, rickets, crossed eyes, etc.) \_\_\_\_\_

Please tell us more about a child you wish to adopt: \_\_\_\_\_

Have you been referred to our agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify by whom? \_\_\_\_\_

I/We certify that all information given on this information sheet is true and correct and that any misstatement or omission of fact may be grounds for immediate disqualification for adoption. I/We understand that there is a possibility of sudden change of adoption policies by foreign governments in the country I/We have chosen for adoption, or changes in international relations between the foreign country and the United States. I/We understand that the submission of an information sheet does not guarantee a favorable recommendation at the home study stage or approval by the Immigration and Naturalization Service. I/We am/are willing to accept all the risks associated with adoption and the raising of an adopted child.

I/We understand:

1. That there are risks in adoption and realize that a target country has the power and authority to close its doors to adoption if they should so decide.
2. That information on health and all other matters on the adoptive child received through With Hope and Love Adoption Agency, Inc. is limited, and based on all available data sent by adoption officials in the foreign country.
3. Should I/We travel to the foreign country and decide not to continue with the adoption after meeting and spending time with our prospective child(ren), I/We understand that With Hope and Love Adoption Agency, Inc. will not be held responsible for financial expenses that I/We may have incurred to that point and that all fees are non-refundable. I/We acknowledge that With Hope and Love Adoption Agency, Inc. cannot be held responsible for the ultimate decision of the court officials in the adoptive country or for financial loss that may result from my/our adoption petition being denied and that all fees are non-refundable.
4. I/We understand any approval is based on our family as it is now and that any changes to that family status prior to completing our adoption may result in an inability for With Hope and Love Adoption Agency, Inc. to complete our adoption and necessitate terminating our contract and forfeiting all application, contract, dossier, and other adoptive fees incurred up to that point. Family status changes that could jeopardize our adoption may include but are not limited to: legal separation, divorce, pregnancy, addition of children to our home through child birth, adoption, foster children, gaining custody from previous marriages, etc. I/We agree to immediately notify With Hope and Love Adoption Agency, Inc. of any family status changes.
5. I/We understand that With Hope and Love Adoption Agency, Inc. retains the right to decline applicants for any reason. I/We understand that With Hope and Love Adoption Agency, Inc. doesn't discriminate against applicants for any reason, but that if the overseas team does not feel an applicant's petition to adopt will be approved in the country of adoption (for example: due to the parents age, criminal background, history of illness, etc.) that my/our application will be denied to prevent me/us from experiencing unnecessary financial loss.

Adoptive Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Adoptive Father: \_\_\_\_\_ Date: \_\_\_\_\_

With increasing cost for paper and postal expenses we prefer to provide you with softcopies of all documents via email. If you would like to receive hardcopies of all documents at your home, additional charge of \$200 will be applied.

Please check the checkbox if you do and send a separate check for \$200 with your application.

Please return this Application Form to With Hope and Love Adoption Agency, Inc. at 53 Margaret Drive Somerset, NJ 08873. Please feel free to contact our office if you have any questions regarding the application at (732) 688-7978 or [www.whaladoption.org](http://www.whaladoption.org)