



1515 East 66th St.
Richfield, Minnesota 55423
(612) 866-7643
www.nlfs.org

For office use only:
Approval date: _____
Approved by: _____
Contract #: _____

APPLICATION FOR ADOPTION OF ADDITIONAL CHILD

Application Instructions:

1. Please include family photo with application.
2. Do not send money with application.
3. Please fill out the application on this paper. Do not alter application layout.
4. Use additional paper if the information requested does not fit in this format.
5. Please note the following information requested is a compilation of State required questions as well as questions originated by New Life Family Services to assess eligibility for our program.

NAMES:

Husband

_____	_____	_____	_____
First	Middle	Last	Former (if applicable)

Wife

_____	_____	_____	_____
First	Middle	Last	Former (if applicable)

ADDRESS:

_____	_____	_____	_____	_____
Number and Street	City	State	Zip	County

DIRECTIONS FROM AGENCY:

HOME PHONE: _____

E-MAIL: _____

Husband

Wife

Work #: _____

Work #: _____

Cell #: _____

Cell #: _____

Other # (indicate): _____

Other # (indicate): _____

LENGTH OF TIME IN MINNESOTA as a married couple: _____

HOUSING: (check all that apply)

- Own Rent Single Family House Wood Burning Stove
 Mobile Home Multi-Unit Second Floor or Fireplace
 Attached Garage Basement Above Second Floor

Briefly describe home neighborhood. Include information regarding the type of community (e.g. rural, urban, residential, industrial), ethnic composition, and information regarding resources such as medical facilities, churches, shopping, and recreational opportunities.

DESCRIPTION OF HOME AS IT PERTAINS TO ADOPTON OR FOSTER CARE OF CHILDREN:

School district in which home is located: _____

Children placed in the home would attend the following schools:

Elementary: _____

Middle/Junior High: _____

High School: _____

Transportation to school: Bus Other

Does this applicant plan to home school? Yes No

If yes, has applicant's home school plan been approved by the public school district? Yes No

Are there pets in the home? Yes No Does any family member smoke? Yes No

Type of pet? _____ Is smoking allowed in the house? Yes No

Do pets meet local safety requirements? Yes No

Do pets have current vaccinations? Yes No

Do you operate a business from the residence? Yes No

Explain: _____

If child care, is applicant licensed? Yes No

Is business adult foster care? Yes No

Is business board and lodge? Yes No

If applicable, describe impact of home business on Foster/Adoption plan: _____

CHILDREN AND ADULTS LIVING OR WORKING IN THE HOME:

<u>Name</u>	<u>Date of Birth</u>	<u>Race</u>	<u>Ethnic Background</u>	<u>Languages Spoken</u>	<u>Religion</u>	<u>Highest grade Completed</u>
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CHILDREN OUT OF HOME:

<u>Name</u>	<u>Date of Birth</u>	<u>Adopted? Biological? Foster?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILDREN DECEASED: (give date and include miscarriages, stillbirths, etc.)

_____	_____
_____	_____

HAVE YOU EVER HAD AN ABORTION? ___Yes ___No If yes, how many and when?

APPLICANT DESCRIPTORS:

<u>Husband</u>	<u>Wife</u>
Date of Birth: _____	_____
Birth place: _____	_____
Ethnic background: _____	_____
Height: _____	_____
Weight: _____	_____
Color of eyes: _____	_____
Color of hair: _____	_____

MARRIAGE:

Date and Place: _____

Previous marriages:	<u>Date</u>	<u>Place</u>	<u>Date Terminated</u>	<u>Reason</u>
Husband:	_____	_____	_____	_____
Wife:	_____	_____	_____	_____

EDUCATION:

	<u>High School</u>	<u>Year Graduated</u>	<u>College</u>	<u>Year Graduated</u>	<u>Highest Degree Earned</u>	<u>Area of Specialized Ed.</u>
Husband:	_____					
Wife:	_____					

MILITARY:

Husband

Wife

Date:	_____	_____
Branch:	_____	_____
Duty:	_____	_____
Type of Discharge:	_____	_____
Discharge Rank:	_____	_____
Current Reserve Status, if any:	_____	_____

EMPLOYMENT:

Husband

Wife

Present Employer:	_____	Present Employer:	_____
Date Started:	_____	Date Started:	_____
Address:	_____	Address:	_____
Phone:	_____	Phone:	_____
Occupation:	_____	Occupation:	_____
Salary: Start \$ _____ Present \$ _____		Salary: Start \$ _____ Present \$ _____	
Job Responsibilities:	_____	Job Responsibilities:	_____
_____		_____	
Hours of work in normal work week: _____		Hours of work in normal work week: _____	
Future Employment and/or Educational Plans	_____	Future Employment and/or Educational Plans	_____

Additional Jobs Held During the Last Ten Years (use additional paper if necessary)

Husband

Wife

Company:	_____	Company:	_____
Dates: _____ to _____		Dates: _____ to _____	
Company:	_____	Company:	_____
Dates: _____ to _____		Dates: _____ to _____	

FINANCIAL:

Savings Accounts

Type of Account (bank passport, CD, stock, etc)	Current Balance	Is this account an IRA or Pension Plan? (403b, 401k, etc.)

Automobiles

Make/Model/Year	Approximate Current Value	Loan Balance	Monthly Payment

Real Estate/Major Assets

Type of Property (homestead, rental, other)	Approximate Current Market Value	Current Mortgage Balance	Current Monthly Payment

Other Indebtedness

Type (credit cards, home improvement, school loans, tuition, etc.)	Current Balance	Monthly Payment

Total Assets: _____ Total Liabilities: _____ Total Payments: _____

	Husband	Wife	Other
Total Gross Annual Income	\$ _____	\$ _____	\$ _____
Total Net Monthly Income	\$ _____	\$ _____	\$ _____

After all expenses are paid each month, how much do you have left over? \$ _____

FINANCIAL, CONT.:

Do you have Life Insurance? ___Yes ___No Term or Cash Value? _____

Amount of coverage? Husband \$ _____ Wife \$ _____

Do you have medical insurance? ___Yes ___No

If yes, will it provide coverage for a child at the time of placement, prior to finalization? ___Yes ___No

Insurance Company: _____

Type of Plan: _____

If you own vehicles: Are there age-appropriate infant car seats? ___Yes ___No
 * If not, will you obtain them before having a child in your home? ___Yes ___No
 Do you have insurance for all vehicles? ___Yes ___No
 Do you have access to a city bus? ___Yes ___No
 * If yes, what is the distance to nearest bus stop? _____

Describe alternative transportation plan if family does not own an operational vehicle or live on a bus line:

PERSONAL HISTORY:

Regardless of how long ago, have you or family members including children, experienced any of the following:

- ___Yes ___No Physical health problems
- ___Yes ___No Mental health problems and/or treatment
- ___Yes ___No Drug or alcohol abuse and/or treatment
- ___Yes ___No Domestic abuse (this includes sexual abuse and child abuse)
- ___Yes ___No Domestic violence
- ___Yes ___No Counseling: individual, and/or others (family, group, etc.)
- ___Yes ___No Treatment or hospitalization for any of the preceding
- ___Yes ___No Any of your own minor children are now living away from your home
- ___Yes ___No Received city, county and/or state social services
- ___Yes ___No Been charged, and/or adjudicated with any offense even if dismissed

If you checked yes to any of the above, give the name of the person and explain diagnosis, date(s) of diagnosis, and type of treatment(s) and date(s):

Regardless of how long ago and regardless of where you were living, have you:

- ___Yes ___No Been ticketed and/or arrested by any law enforcement officer?
- ___Yes ___No Been charged and/or convicted with any offense even if dismissed?
- ___Yes ___No Been charged with or convicted of a juvenile offense?
- ___Yes ___No Been involved in an assault whether or not legal charges were brought?
- ___Yes ___No Abused, neglected, and/or molested any child whether or not there was an investigation?
- ___Yes ___No Been abused, neglected, and/or molested whether or not there was an investigation?

If you checked yes to any of the above, give the name of the person and explain the circumstances and date(s):

PERSONAL HISTORY, CONT.:

Regardless of how long ago, have you been involved with any of the following:

- Yes No Any juvenile or adult probation or parole programs?
- Yes No Any local, state or county federal law enforcement departments?

If you checked yes to any of the above, give the name of the person and explain the circumstances and date(s):

MEDICAL:

For what conditions other than childhood diseases have you needed medical treatment in your lifetime? (Physical, Mental or Chemical) Please provide dates.

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<hr/>	<hr/>
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RESIDENTIAL HISTORY:

Please list residences for the past ten years including current residence:

Previous addresses (including city, state and county) Date moved to this address

FAMILY BACKGROUND:

Husband

<u>Parents</u>	<u>Father</u>	<u>Mother</u>	<u>Stepparent(s)</u>
Name:	<hr/>	<hr/>	<hr/>
Age:	<hr/>	<hr/>	<hr/>
Marital Status:	<hr/>	<hr/>	<hr/>
Spouse's Name:	<hr/>	<hr/>	<hr/>
City of Residence:	<hr/>	<hr/>	<hr/>
Christian Status:	<hr/>	<hr/>	<hr/>

FAMILY BACKGROUND, CONT.:

Husband, cont.

Siblings: Please list in birth order (including self) adding miscarriages, deceased, etc.

<u>Name</u>	<u>Age</u>	<u>Marital Status</u>	<u>City of Residence</u>	<u># of Children</u>	<u>Christian Status</u>

Wife

<u>Parents</u>	<u>Father</u>	<u>Mother</u>	<u>Stepparent(s)</u>
Name:			
Age:			
Marital Status:			
Spouse's Name:			
City of Residence:			
Christian Status:			

Siblings: Please list in birth order (including self) adding miscarriages, deceased, etc.

<u>Name</u>	<u>Age</u>	<u>Marital Status</u>	<u>City of Residence</u>	<u># of Children</u>	<u>Christian Status</u>

OTHER INFORMATION:

Have you previously applied, worked with, or are you presently working with another foster care/adoption agency?

Please provide agency's name, dates of involvement and outcome. If denied, please explain.

REFERENCES:

Please fill out completely including all information requested below for mailing purposes.

- List references outside your family.
- If no co-workers are available, name another family friend.
- Married couples count as one reference.
- List Pastor or church authority who knows you personally.

Please note: New Life Family Services does not accept as a reference anyone who is or has been associated with New Life in a professional role OR anyone who is or has been a client of the agency.

Personal Friend: _____

Address: _____
Number/Street City State Zip Phone

Personal Friend: _____

Address: _____
Number/Street City State Zip Phone

Personal Friend: _____

Address: _____
Number/Street City State Zip Phone

Co-Worker: _____

Address: _____
Number/Street City State Zip Phone

Co-Worker: _____

Address: _____
Number/Street City State Zip Phone

Pastor or Church Leader: _____

Address: _____
Number/Street City State Zip Phone

Family Doctor/Clinic: _____

Emergency contact name: _____ Phone: _____

Relationship to you: _____

INDIVIDUAL QUESTIONS, CONT.:

Wife

Why have you chosen to adopt an additional child?

How has your family and friends responded to your first adoption?

What age child do you prefer and why?

How have your views on openness changed since your last adoption?

What are the most prominent ways adopting a child will affect your life, home, marriage, etc.?

ADOPTION CRITERIA:

Check if you meet the following agency criteria for adoption:

(Note: The first two criteria may be waived if families are open to special needs or minority children adoptions.)

- Applicant's ages shall be a maximum of 45 years of age and minimum of 21 years of age.
- Applicants shall live within 50 miles of the Richfield office or 75 miles of the Rochester NLFS offices.
- Applicants shall be residents of Minnesota for at least one year by the time of finalization.
- Applicants shall show evidence of understanding, faith and growth in Jesus Christ:
 - a. Both having received Jesus Christ as Savior and Lord.
 - b. Both jointly attending a Christ-centered church.
 - c. Both being able to share the plan of salvation with others and with a child.
 - d. Both agreeing with New Life Family Services Statement of Faith.
- Applicants shall be married for at least two years and able to verify marriage.
- The most recent addition to the applicant's family has been in the home for at least 12 months.

AUTOBIOGRAPHY:

We ask that you provide us with a written update to your autobiography. Your full autobiography is on file with New Life Family Services should you want to review a copy before completing this section. If you would like to see your original autobiography please request that a copy be sent by our Social Work Program Assistant. As with the previous questions, we ask that you write these individually. Address each area completely. Please note that this information is for your Adoption Study process only and is not viewed by potential birth parents.

I. Relationships

- A. Describe how your relationships with your own mother and father have been affected since becoming a parent.
- B. Describe how your relationships with your siblings have been affected since becoming a parent.

II. Work and Family Life

- A. Have your attitudes about work changed since adopting? Describe how/if your relationships with friends and acquaintances have changed since becoming a parent? Tell us about how you stay emotionally and physically healthy.
- B. Tell us how your marriage has changed since becoming a parent. What are some of the adjustments you have had to make? How do you manage the adjustments and problems that arise in your marriage? What are the strengths of your marriage? What role does God play in your marriage?
- C. How have your views on adoption, parenting, and discipline changed?

III. Faith

- A. What does being a Christian mean to you on a daily basis? What mile markers in your faith can you see where God grew you or built your character?
- B. Describe your spiritual growth since the time of your last home study? Since becoming a parent?

The information that I have provided on this application is true and accurate. If the Commissioner of Human Services grants me a license, I agree to comply with the requirements contained in Minnesota Rules at all times during the term of the license. I agree that the Commissioner's representative has the right to request any documentation required by Minnesota Rules or Laws and to inspect my home and its grounds at any time during the hours that I provide care. Further, I agree that the documentation and inspection required for the Commissioner to determine where I am complying with Minnesota Rules and Laws.

Finally, I agree that any documentation that I provide or representations that I make to the Commissioner's representative during the time that I am licensed or throughout the adoption assessment process or during the license application process will be true and accurate and that any misrepresentations or other violations of Minnesota Rules and Laws may result in immediate suspensions, suspension, revocation or denial of the license.

I (we) understand that failure to disclose complete and accurate information may result in termination of adoption services or denial of the application.

We authorize New Life Family Services to contact any individuals(s) or organizations deemed to have pertinent information regarding us. We understand that all information obtained from or about us will be kept confidential. We agree not to pursue adoption elsewhere while active with New Life Family Services.

Husband's Signature

Date

Wife's Signature

Date

A Minnesota Law implemented in the 1987 Session requires the following written notice be given to proposed adoptive parents. This notice clarifies parental responsibilities.

MINNESOTA STATUTES, SECTION 459.59, PROVIDES THAT UPON LEGALLY ADOPTING A CHILD, ADOPTIVE PARENTS ASSUME ALL THE RIGHTS AND RESPONSIBILITIES OF BIRTH PARENTS. THE RESPONSIBILITIES INCLUDE PROVIDING FOR THE CHILD'S FINANCIAL SUPPORT AND CARING FOR HEALTH, EMOTIONAL AND BEHAVIORAL PROBLEMS. EXCEPT FOR SUBSIDIZED ADOPTION UNDER MINNESOTA STATUTES, SECTION 259.67, OR ANY OTHER PROVISIONS OF LAW THAT EXPRESSLY APPLY TO ADOPTIVE PARENTS AND CHILDREN, ADOPTIVE PARENTS ARE NOT ELIGIBLE FOR STATE OR FEDERAL FINANCIAL SUBSIDIES BESIDES THOSE THAT A BIRTH PARENT WOULD BE ELIGIBLE TO RECEIVE FOR A CHILD. ADOPTIVE PARENTS MAY NOT TERMINATE THEIR PARENTAL RIGHTS TO A LEGALLY ADOPTED CHILD FOR A REASON THAT WOULD NOT APPLY TO A BIRTH PARENT SEEKING TO TERMINATE RIGHTS TO A CHILD. AN INDIVIDUAL WHO TAKES GUARDIANSHIP OF A CHILD FOR THE PURPOSE OF ADOPTING THE CHILD SHALL, UPON TAKING GUARDIANSHIP FROM THE CHILD'S COUNTRY OF ORIGIN, ASSUME ALL THE RIGHTS AND RESPONSIBILITIES OF BIRTH AND ADOPTIVE PARENTS AS STATED IN THIS PARAGRAPH.

(Minnesota Statutes, section 256. 35. Subd.1)