

Application Date:
Check amt. and #:

The Barker Foundation

7979 Old Georgetown Rd., 1ST Floor , Bethesda, MD 20814

301-664-9664 ♦ 301-664-9604 (fax)

APPLICATION FOR ADOPTION

Please include \$500 for the non-refundable application fee and two recent photos of each applicant. Each applicant must complete his or her own information. All information is confidential.

Please print all information clearly

Please indicate program(s) in which you may be interested:

International: China Colombia Ethiopia India Korea

Nepal ***Program is on hold - please call for updated information.*

Home study only -Name of Placement Agency _____

Domestic: Comprehensive

Individual Services: Agency/Attorney _____

Last Name (s): _____ Home No.: _____

Address _____ Apt. # _____

City _____ County _____ State _____ Zip Code _____

Directions to your home by car: _____

Applicant - A		Applicant - B		
NAME (first and middle)				
BIRTHDATE/AGE				
EDUCATION (degree/school)				
OCCUPATION/ EMPLOYER				
CELL PHONE				
WORK PHONE				
Is it ok to contact you at work?	YES	NO	YES	NO
SALARY				
EMAIL				
RELIGION				
# PRIOR MARRIAGES				
SOCIAL SECURITY #				
PASSPORT #/EXP.DATE				
CITIZENSHIP				

CURRENT MARRIAGE (If you are married, please complete this section.)

Date and Place of Present Marriage: _____

Marriage License No.: _____

CHILDREN IN HOUSEHOLD (add more pages if necessary)

1. _____
Name of Child Birth date School Grade Relationship to Applicant

If this child is adopted, please list the agency or source of adoption, and date of the final decree of adoption: _____

If adopted abroad, is this child a U. S. citizen? _____ Citizenship # _____

2. _____
Name of Child Birth date School Grade Relationship to Applicant

If this child is adopted, please list the agency or source of adoption, and date of the final decree of adoption: _____

Country where the child was born: _____

If adopted abroad, is this child a U. S. citizen? _____ Citizenship # _____

CHILDREN RESIDING OUTSIDE THE HOUSEHOLD (The Barker Foundation will contact and interview, where possible, children 18 years and older) (add more pages if necessary)

1. _____
Name Birth date Custody/Visitation Schedule

Address City State, Zip Phone number

What is the child support arrangement for this child? _____

Has there ever been any court action in regard to delinquent child support payments?

2. _____
Name Birth date Custody/Visitation Schedule

Address City State, Zip Phone number

What is the child support arrangement for this child? _____

Has there ever been any court action in regard to delinquent child support payments?

OTHER ADULTS IN HOUSEHOLD

Are there any adults in the household other than the applicant(s)? _____

If so, please name _____

Relationship to applicants: _____

BACKGROUND

If you have been in treatment for infertility, what was the diagnosis, what is the status of treatment (including the date of treatment termination), and how long have you been in treatment?

If you have had a prior home study, please list by whom and the date (we also will need a copy of it). _____

Have you ever applied to another agency and not completed the process? _____

If yes, please explain: _____

Are you currently working with another agency? _____ If so, what agency are you working with and what is your status with that agency? _____

How did you hear about the Barker Foundation? _____

What was the date of the Barker information meeting you attended? _____

Age of child I am/we are considering:

Newborn - 1 year _____ 1 - 3 years _____ 4 - 7 years _____ Over 7 years _____ Siblings _____

Prospective parents always have concerns about the health and well-being of a child who will become part of their family. Whether a child enters a family by adoption or birth, becoming a parent involves certain risks. Our goal is to help you understand the health issues and risks specific to adoption.

The majority of the children Barker places are healthy. However, it is important for families to think about what kind of health conditions they could consider. While we realize that your thoughts and ideas may change over time, the purpose of this sheet is simply to stimulate thought and discussion about your ideas at this point in time.

At the present time I am/we are open to thinking about and discussing:

	Yes	Possibly	Probably Not
1. Correctable problem such as Club foot, cleft palate	_____	_____	_____
2. Prematurity and low birth weight	_____	_____	_____
3. Child who is abandoned - no background information	_____	_____	_____
4. Limited or no health history	_____	_____	_____
5. History of drug and/or alcohol use/abuse during pregnancy	_____	_____	_____
6. Child conceived as a result of rape	_____	_____	_____
7. Malnutrition	_____	_____	_____
8. Slow physical development - cause unknown	_____	_____	_____
9. Physical limitation, such as missing limb, hearing loss	_____	_____	_____
10. Mental illness in background	_____	_____	_____
11. Mental retardation	_____	_____	_____

I/We understand that The Barker Foundation needs adoptive families for children of different backgrounds, races and cultures. I/We would consider adopting a child whose background is:

	Yes	Possibly	Probably Not
African-American	_____	_____	_____
Asian	_____	_____	_____
Caucasian	_____	_____	_____
East Indian	_____	_____	_____
Hispanic	_____	_____	_____
Middle Eastern	_____	_____	_____
Multiracial/Biracial	_____	_____	_____
Additional Comments: _____			

A. Applicant -A- (must be completed by the individual)

Name (as it appears on your birth certificate):

(First) (Middle) (Last)

Date of Birth: _____ Birthplace: _____

Ethnic Group & Nationality: _____ Complexion: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

List the complete address of your residency for the past 5 years:

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

MEDICAL HISTORY:

Do you have any current condition needing medical attention? If so, please explain your diagnosis, treatment, prognosis, and how it currently affects your lifestyle (attach additional sheets if necessary):

Have you had any surgeries or medical conditions in the past that required on-going treatment (not including fertility treatment or conditions, which were short-term, and had no continuing medical consequences)? If so, please describe, giving dates, diagnosis, treatment, and how it continues to affect your lifestyle (Attach additional sheets if necessary):

Are you taking any medication? If so, please describe: _____

Have you received counseling from a mental health professional? Please give dates and a brief description of treatment: _____

Do you have any eye, ear, speech, or other physical limitations? _____

Do you smoke? If so, approximately how much? _____

Please describe your pattern of alcohol use. _____

Have you ever had a DWI arrest or conviction? _____ If so, please explain: _____

Do you have a history of substance abuse (including prescription drugs)? _____

Have you ever been arrested? _____ If so please give dates and reason: _____

Have you ever been charged with a crime, convicted of a crime, or had an expungement? _____
If so, please give dates, reason, and dispositions. _____

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EDUCATION:

Dates of Attendance Name of Institution Degree / Field of Study

Dates of Attendance Name of Institution Degree / Field of Study

EMPLOYMENT HISTORY:

Occupation: _____

Name and Address of Employer: _____

Date Employed: _____ Annual Income: _____

Past employment history:

Employer Position Dates of employment

Employer Position Dates of employment

Hobbies, talents & interests, and organizations that are meaningful to you: _____

*** I certify that the above information is true and correct to the best of my knowledge:**

Signature of Applicant A

Date

B. Applicant -B -(Must be completed by the individual)

Name (as it appears on your birth certificate):

(First) (Middle) (Last)

Date of Birth: _____ Birthplace: _____

Ethnic Group & Nationality: _____ Complexion: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

List the complete address of your residency for the past 5 years:

Number and Street City State Zip

EMPLOYMENT HISTORY:

Occupation: _____

Name and Address of Employer: _____

Date Employed: _____ Annual Income: _____

Past employment history:

Employer	Position	Dates of employment
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Employer	Position	Dates of employment
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Hobbies, talents & interests, and organizations that are meaningful to you: _____

*** I certify that the above information is true and correct to the best of my knowledge:**

Signature of Applicant B

Date

C. PREVIOUS MARRIAGES (If you or your spouse have been married previously, please complete this section.): (To list additional information, please use the back of this sheet.)

(1) _____

(Which applicant?)

(Previous spouse's name)

(Date of Marriage/City & State)

(Date of Divorce/City & State)

Reason for Divorce: _____

(2) _____

(Which applicant)

(Previous spouse's name)

(Date of Marriage/City & State)

(Date of Divorce/City & State)

Reason for Divorce: _____

D. CHILD CARE ARRANGEMENTS:

If a child is placed in your home, what employment adjustments, if any, do you anticipate?

E. FINANCES:

Please list assets (savings, stocks, IRA's, etc.):

Liabilities (loans, credit card balances over \$1000, cars, etc.)

Item	Date Purchased	Balance due	Monthly payment
Item	Date Purchased	Balance due	Monthly payment
Item	Date Purchased	Balance due	Monthly payment

Primary residence

Do you live in an apartment or a house? _____

Are you buying or renting ? Monthly payment: \$ _____

If you are purchasing your home, what is the equity?: _____

Value of property: _____

If you own your home, what name(s) appear on the deed? _____

Other property owned or purchasing

Type of property: _____ Value of property: _____

Equity: _____ Monthly Payment: \$ _____

Do you generate income from this property? No Yes

If yes, what is the annual income: \$ _____

Life Insurance:

Company	Type	Amount	Beneficiary
Company	Type	Amount	Beneficiary

Medical Insurance:

Company	Type
Company	Type

Home-owner's Insurance:

Company	Policy Number
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REFERENCES

Please list four people, unrelated to you, who know you well. (Note: married couples count as one reference). If you have a child or children in the household attending school (Grades K-12 only), one additional reference must be a teacher, administrator, or counselor employed by the school which the child or children attend. Please provide the full address with zip code and business and home telephone numbers with area code. The Barker Foundation will send each of your references a letter, explaining the information we seek, and asking that your references return the letters directly to our office. These letters must be in our office before we can begin the homestudy interviews. We are also required to follow receipt of a written reference with telephone contact.

In addition, we will have a face to face interview with one of your references, usually in our office. Please place an asterisk next to the name of your in-person reference. Please keep these requirements in mind when choosing your references.

1) **Name:** _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: (H) _____ (O) _____

Email address: _____

Number of years this person has known you: _____

2) **Name:** _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: (H) _____ (O) _____

Email address: _____

Number of years this person has known you: _____

3) **Name:** _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: (H) _____ (O) _____

Email address: _____

Number of years this person has known you: _____

4) **Name:** _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: (H) _____ (O) _____

Email address: _____

Number of years this person has known you: _____

