

Date :
Chk amt and #:

The Barker Foundation

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

301-664-9664 ♦ 301-664-9604 (fax)

**Project Wait No Longer: Permanency for Foster Youth
Older Child Adoption**

Please include \$200 for the non-refundable application fee and one recent photo of each applicant. Each applicant must complete his or her own information. All information is confidential.

Please print all information clearly

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)				
MALE OR FEMALE				
BIRTHDATE/AGE				
EDUCATION (degree/school)				
OCCUPATION/ EMPLOYER				
SALARY				
CELL PHONE				
WORK PHONE				
Is it ok to contact you at work?	YES	NO	YES	NO
EMAIL				
RELIGION				
# PRIOR MARRIAGES				
SOCIAL SECURITY #				

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

Date and Place of Present Marriage: _____

Marriage License No.: _____

CHILDREN IN HOUSEHOLD

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:

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

CHILDREN RESIDING OUTSIDE THE HOUSEHOLD

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 Birthdate 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 other 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, 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? _____

Have you attended workshops or completed training for older child adoption? _____
When? _____ Through what agency? _____

Why are you considering adoption at this time? _____

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: *(Please check all that apply)*

6-7 years _____ 8-10 years _____ 11-13 years _____ 14-17 years _____

Siblings _____ (a sibling group of _____)

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.

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. This list is not exhaustive but is provided as a guideline.

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

	Yes	Possibly	Probably Not
1. History of drug and/or alcohol use/abuse during pregnancy	_____	_____	_____
2. History of physical abuse	_____	_____	_____
3. History of sexual abuse	_____	_____	_____
4. History of neglect	_____	_____	_____
5. Developmental delays	_____	_____	_____
6. Physical limitation, such as missing limb, hearing loss	_____	_____	_____
7. Use of wheelchair	_____	_____	_____
8. Lifetime medical care	_____	_____	_____
9. HIV or AIDS	_____	_____	_____
10. Use of medication(s)	_____	_____	_____
11. Mental illness in birth family	_____	_____	_____
12. Depression	_____	_____	_____
13. Mental retardation	_____	_____	_____
14. ADHD or other behavioral issues	_____	_____	_____
15. Learning disabilities	_____	_____	_____
16. Child conceived as a result of rape	_____	_____	_____
17. Aggressive behavior	_____	_____	_____

I will not consider: _____

I/We understand that The Barker Foundation is seeking 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	_____	_____	_____
Caucasian	_____	_____	_____
Hispanic	_____	_____	_____
Multiracial/Biracial	_____	_____	_____

Additional Preferences/Comments: _____

A. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 (use reverse side 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 conviction? _____ If so, please explain: _____

Do you have a history of substance abuse (including illegal substances and/or prescription drugs)? (Please describe any past use) _____

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. _____

EDUCATION:

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

FAMILY HISTORY:

Father: _____ Age (if living): _____
Address: _____
Education: _____
Occupation (if retired, list previous): _____
Nationality/Ethnic Background: _____

Religion: _____
(If deceased, please list age/ cause/ year of death): _____

Mother: _____ Age (if living): _____
Address: _____
Education: _____
Occupation (if retired, list previous): _____
Nationality/Ethnic Background: _____
Religion: _____
(If deceased, please list age/ cause/ year of death): _____

Brothers and Sisters (Use additional paper if necessary)

Name: _____ **Age:** _____ **Sex:** _____
Address: _____
Occupation: _____
Marital Status: _____ Children: (No. & Age) _____
(If deceased, please list age/ cause/ year of death): _____

Name: _____ **Age:** _____ **Sex:** _____
Address: _____
Occupation: _____
Marital Status: _____ Children: (No. & Age) _____
(If deceased, please list age/ cause/ year of death): _____

Name: _____ **Age:** _____ **Sex:** _____
Address: _____
Occupation: _____
Marital Status: _____ Children: (No. & Age) _____
(If deceased, please list age/ cause/ year of death): _____

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

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 (use reverse side 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 conviction? _____ If so, please explain: _____

Do you have a history of substance abuse (including illegal substances and/or prescription drugs)?
(Please describe any past use) _____

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. _____

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

Employer Position Dates of employment

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

FAMILY HISTORY:

Father: _____ Age (if living): _____

Address: _____

Education: _____

Occupation (if retired, list previous): _____

Nationality/Ethnic Background: _____

Religion: _____

(If deceased, please list age/ cause/ year of death): _____

Mother: _____ Age (if living): _____
Address: _____
Education: _____
Occupation (if retired, list previous): _____
Nationality/Ethnic Background: _____
Religion: _____
(If deceased, please list age/ cause/ year of death): _____

Brothers and Sisters (Use additional paper if necessary)

Name: _____ Age: _____ Sex: _____
Address: _____
Occupation: _____
Marital Status: _____ Children: (No. & Ages) _____
(If deceased, please list age/ cause/ year of death): _____

Name: _____ Age: _____ Sex: _____
Address: _____
Occupation: _____
Marital Status: _____ Children: (No. & Ages) _____
(If deceased, please list age/ cause/ year of death): _____

Name: _____ Age: _____ Sex: _____
Address: _____
Occupation: _____
Marital Status: _____ Children: (No. & Ages) _____
(If deceased, please list age/ cause/ year of death): _____

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.):

(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 do you anticipate?

E. FINANCES:

Please list assets (savings, stocks, property other than residence, 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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F. GUARDIANSHIP

1. What provisions will you make for your child in the event of your death? Please list name, address and relationship to you:

Name	Address	Relationship
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2. Has this been discussed with the individual(s) named above? Yes No

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 request a letter of reference from each of your references. These letters must be in our office before we can begin the home study interviews.

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. We are also required to follow receipt of a written reference with telephone contact. Please keep these requirements in mind when choosing your references.

1) **Name:** _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: (H) _____ (O) _____

Number of years this person has known you: _____

2) **Name:** _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: (H) _____ (O) _____

Number of years this person has known you: _____

3) **Name:** _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: (H) _____ (O) _____

Number of years this person has known you: _____

4) **Name:** _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: (H) _____ (O) _____

Number of years this person has known you: _____

5) **Name and title of School reference** for child(ren) in Gr. K-12: (if applicable omit # 4):

Name of School: _____

Address	City	State	Zip
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Name & Title of contact: _____

Phone Number: (Office) _____

Number of years this person has known your child(ren): _____

EACH APPLICANT PLEASE READ THE FOLLOWING, SIGN AND DATE:

By the submission and acceptance of this application, and the undertaking of the homestudy process, I understand that The Barker Foundation is not obligated, nor am I obligated, to complete the adoption process. I understand that The Barker Foundation may discontinue the process at any time prior to the actual placement of a child in my home without obligation or liability. I also understand that I must complete 27 hours of training, including 3 hours of CPR, prior to beginning the home study process. I also understand I may choose to discontinue the process at any time during or after completion of the home study. If I decide to adopt through another of Barker's programs instead of *Project Wait No Longer*, I will sign a fee contract for that program and will be responsible for paying the fees. I further understand that if I decide to adopt through another agency and request to have my completed home study released to that agency, I will reimburse Barker \$1,500 for the home study. I understand that no one connected with The Barker Foundation can guarantee any applicant a child.

The agency's family list is sometimes made available to other Barker families for agency purposes only (i.e. formation of a play group, volunteer activities, etc.).

Would you like to be included on this list? Yes No

Applicant A signature

Date

Applicant B signature

Date