

# HEART AND SOUL ADOPTIONS

YOUR FULL-SERVICE LICENSED CHILD PLACEMENT AGENCY



## *Adoptive Parent Application*

---

### **APPLICANT #1**

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ (F) \_\_\_\_\_  
Date and place of birth \_\_\_\_\_ Social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
If married, place and date \_\_\_\_\_ Email \_\_\_\_\_  
Type and place of employment \_\_\_\_\_  
Height \_\_\_\_\_ ' \_\_\_\_\_ " Weight \_\_\_\_\_ lbs Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
Nationality \_\_\_\_\_ Religion \_\_\_\_\_  
Highest Educational Degree \_\_\_\_\_ Primary Language \_\_\_\_\_  
Marital Status \_\_\_\_\_ Number of previous marriages \_\_\_\_\_

### **APPLICANT #2**

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ (F) \_\_\_\_\_  
Date and place of birth \_\_\_\_\_ Social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
If married, place and date \_\_\_\_\_ Email \_\_\_\_\_  
Type and place of employment \_\_\_\_\_  
Height \_\_\_\_\_ ' \_\_\_\_\_ " Weight \_\_\_\_\_ lbs Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
Nationality \_\_\_\_\_ Religion \_\_\_\_\_  
Highest Educational Degree \_\_\_\_\_ Primary Language \_\_\_\_\_  
Marital Status \_\_\_\_\_ Number of previous marriages \_\_\_\_\_

Please give two emergency contact people who will know how to reach you at all times. *(This is very important when we have news of a baby.)*

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Children: *(please list ages and if they are biological or adopted)*

---

---

---

Who else lives in your home?

---

---

---

---

Describe the house or apartment

---

---

---

---

Pets/ what kind?

---

---

---

---

What types of things do you enjoy as a family?

---

---

---

---

Has either applicant ever been investigated for Child Abuse? (If yes please explain in detail and give outcome.)

---

---

---

---

Has either applicant ever been convicted of Child Abuse or a felony? (If yes, explain in detail.)

---

---

---

---

Have you ever had a child placed with you for adoption, and not finalized? (If yes give details including dates and agency overseeing that adoption.)

---

---

---

---

**FINANCIAL INFORMATION**

Applicant #1: Monthly Salary \_\_\_\_\_ Applicant #2: Monthly Salary \_\_\_\_\_

Other Sources of Income \_\_\_\_\_

Monthly expenses \_\_\_\_\_ Savings \_\_\_\_\_

Investments \_\_\_\_\_ Home owned or rented? \_\_\_\_\_ Value \_\_\_\_\_

Life Insurance \_\_\_\_\_ Health Insurance \_\_\_\_\_

Will the insurance cover a birth mothers medical? \_\_\_\_\_

Will the insurance cover the adopted child from the date of placement? \_\_\_\_\_

Is either applicant the primary support for any other person besides the applicants and children within the household? \_\_\_\_\_

How much money do you have access to for this adoption? \_\_\_\_\_

If you do not have money set aside for the adoption, how do you plan to fund the adoption and when will you have the funds to adopt?

**ADOPTION GOALS**

Please circle the sex of the baby you are seeking to adopt: Male / Female / Open to M or F

Age range of child interested in adopting? \_\_\_\_\_

Race \_\_\_\_\_ Open to a sibling group? \_\_\_\_\_

Are you open to special needs? \_\_\_\_\_

If yes, what types of special needs are you open to? *(physical handicaps, or mental challenges, drug exposed, alcohol exposed etc.)*

Are you looking for a specific sex of the baby? \_\_\_\_\_ If yes, male or female? \_\_\_\_\_

When will you be ready to accept a child into your home? \_\_\_\_\_

What degree of openness would you like to have with the Birth family? \_\_\_\_\_

Do you have a current Homestudy? \_\_\_\_\_

Who performed the Homestudy? *(Please give the address and phone number.)*

If you do not have a homestudy, when would you like to have one conducted? \_\_\_\_\_

Heart and Soul Adoptions, Inc. requires that adoptive families send pictures and letters every month for the first year. After the first year it will be on Holidays or special events, or when a birth parent request them. The pictures and letters are sent through the agency. Are you willing to do this?

I/We understand that the receipt of this application by Heart and Soul Adoptions, Inc. does not constitute a contract of any type. It is merely an application. There is no guarantee that a child will be placed with us by Heart and Soul Adoptions, Inc. at any time. This application will be good for one year or until a placement is made.

Signature of Applicant #1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant #2 \_\_\_\_\_ Date \_\_\_\_\_

\*\*Please send your complete packet of forms, signed to:

**Heart and Soul Adoptions, Inc.**  
P.O. Box 689 · Farmington · UT · 84025

**FAMILY ADOPTION ASSESSMENT**

Families interested in adopting an African-American child are asked to complete the following self-assessment. Married couples may answer jointly. There are no right or wrong answers. Please return this to Heart and Soul Adoptions, Inc. with your completed application and signed documents.

**MOTIVATION AND SUPPORT SYSTEM**

1. When and how did you decide to adopt an African-American child? And what is your motivation?

---

---

2. Have you discussed your plans to adopt a child of color with your extended families? If yes, what is their level of support?

---

---

3. How often and to what extent do your extended families interact with African-American people?

---

---

4. Are there any African-American persons in your immediate or extended family?  
If yes, please describe the relationship you have with them.

---

---

**UNDERSTANDING THE ROLE OF RACIAL AND ETHNIC HERITAGE**

1. What have you done to prepare yourself to understand the ethnic and cultural heritage of your child to be?

---

---

2. There are unique differences in growing up “Black in America” versus growing up white in America. Are you aware of some of these differences? Please discuss. \_\_\_\_\_

---

**COMMUNITY ROLE MODELS AND PEER RELATIONSHIPS**

1. Describe the racial composition of your neighborhood. \_\_\_\_\_

---

2. Describe the nature of your relationships with your neighbors. \_\_\_\_\_

---

3. Concerning the neighborhood in which you live, how do you think people will treat your prospective child?

---

---

4. What social contacts do you have with African-American people outside your community?

---

---

5. What African-American role models would your child be exposed to on a regular basis?

---

---

6. What is the racial composition of the school in your neighborhood? Please make reference to the students as well as the teaching staff.

---

---

7. What church do you attend (if you attend one) and what is the racial composition of your place of worship?

---

---

8. Do you have plans to move to another part of the city, different city, or state?

---

---

9. Are you members or do you plan on joining a diverse adoptive parent support group?

---

---

**LIFESTYLE AND PARENTING ACTIVITIES**

1. Families vary in economic, regional, racial, cultural, and educational backgrounds. Are you aware of any significant differences between African-American and Caucasian lifestyles? Please discuss these in relation to customs, history, struggles, and accomplishments between 2 groups.

---

---

---

---

2. African American families must possess coping skills in order to survive in society. It is of great value to a child to have a positive affirming attitude, pride, and knowledge regarding his/her past. Believing this to be so, how will you teach coping skills to your child? What might some of these skills be?

---

---

---

---

