

All information is strictly confidential.
Please complete application in BLACK ink.

Please Print Clearly or Type.

Please include a CURRENT FAMILY PHOTO.

Please enclose check or money order with this Application,
Made Out To: Lutheran Family & Children's Services of MO
Non-Refundable Home Study &/or Application Fee:\$ _____
If RUSH - - - - Additional Fee:\$ _____
Applic. Pkt. Mailed on: _____ By: _____
Included w/packet: _____

ADOPTION APPLICATION

When completed, return to: Lutheran Family and Children's Services of Missouri
Attn.: Jan Scheurer, Director, Child Welfare Services
8631 Delmar Boulevard, St. Louis, Missouri 63124
Telephone: (314) 787-5100 - - FAX: (314) 534-1588

Date: _____

Name: _____
(Applicant-Male) Last First Middle

Name: _____
(Applicant-Female) Last First Middle Maiden Name

Home Address: _____
 Street Answering Machine () Yes () No

City State County Zip Code

Phone Number: () () ()
 Home Phone Applicant-Male Work Phone Applicant-Female Work Phone
 Cell: _____ Cell: _____

Email Address: _____

How did you hear about our agency (referral source)? _____

Are you related to anyone at LFCS? _____ What is the relationship? _____

Please answer each of the following questions for both husband and wife, if applicable.

1.	Date of Marriage? Place? How many years married?						
2.	Have either of you been married before? If so, please give dates, to whom, and how and when the marriage ended?						
3.	Do you have any children? Give age, sex, date of birth, Soc. Sec. #, and whether by birth or adoption. If by adoption, through which agency? Also note if child no longer lives at home.	<u>NAME</u>	<u>AGE</u>	<u>SEX</u>	<u>DOB</u>	<u>SS#</u>	<u>ADOPTED?</u> <u>AGCY.?</u>

4.	Have you pursued adoption previously and/or had a home study done before? If yes, explain. What other adoption agencies have you worked with before or are you working with now?		
5.	What type of adoption are you interested in (agency, relative, independent/other agency, or international - what countries?, etc.)? If international, name of placing agency.		
6.	Is there anyone else living in your home? If so, give name, relationship to you, age, and occupation.		
7.	What is the age and sex of a child you would like to add to your family?		
		Applicant - Male	Applicant - Female
8.	What is your date of birth?		
9.	What is your age?		
10.	What is your height <u>and</u> weight?		
11.	What is your race, hair color, eye color, <u>and</u> complexion?		
12.	What is your Social Security Number?		
13.	What is your nationality, ethnic heritage (i.e. German, Irish, Hispanic, Native American - state Tribal affiliation/ registration, etc.)?		
14.	What was the last grade in school you completed and the degree attained and/or specialty?		
15.	What is your church affiliation (i.e. Lutheran, Methodist etc.)?		
16.	What church do you attend and how frequently?		
17.	If you and your spouse attend different churches, how do you plan to raise your child?		
18.	What is the name <u>and</u> address of your current employer?		
19.	What is your current position, <u>and</u> what type of work do you do (&/or job responsibilities)?		
20.	How long have you been working at your present employment?		

21.	If you have been at your present employment for less than five years, list previous employers, the state where located, <u>and</u> the reason for leaving.		
22.	Do you have any chronic illnesses (physical/mental)? Describe.		
		Applicant - Male	Applicant - Female
23.	Have you completed a fertility examination? When? If so, what was the diagnosis/prognosis? Are you under treatment at the present time?		
24.	Are you under a physician's care at present? If yes, state reason and medications, if applicable, and name of physician and address:		
25.	List all physicians and therapists consulted during the past 10 years and for what, including fertility specialists.		
26.	Have you lived in Missouri for the last 5 years? If not, in what states did you reside?		
27.	Do you have any pets? If yes, please designate what they are, how many of each, and if immunizations are up-to-date.		
POST-PLACEMENT PLANS			
28.	Do both parents plan to continue paid employment after placement of a child? Will one of you be a stay-at-home parent?		
29.	If yes, who will take a leave of absence and for what period of time?		
30.	Does your employer grant leave of absence (paid or unpaid) for adoptive parents?		
31.	We require that all applicants provide us with any and all information regarding previous arrests and/or convictions. This must include arrests that resulted in charges being dropped or expunged from your permanent record. We require that you inform us of the original charge(s) against you, as well as the final disposition of the charge(s). Failure to disclose arrests could lead to disqualification from this program.		

	Applicant - Male	Applicant - Female
a. Have you ever been arrested? No___ Yes___		
b. Have you ever been convicted of a crime? No___ Yes___		
c. Have you ever been reported to Child Abuse and Neglect Unit? (Hotlined?) No___ Yes___		
If your answer is YES to any of these, please state (in applicable spaces above) what the charges were, dates of occurrence, place of occurrence (city/state), disposition of the charges, and penalties applied.		

32. What do you think makes a good parent?

33. Will you be a stay-at-home parent?

34. What is your child-care &/or day-care plan?

35. Please write a short paragraph about why you want to adopt, and on a scale of 1 - 10, describe your motivation to parent him or her.

36. Please write a short paragraph telling us anything about yourselves that you would like us to know.

37. Directions to your home:

I/We agree that the information submitted by us on this application is true and correct. We understand that acceptance into the program and placement of a child is not guaranteed. If the source of a child is other than Lutheran Family and Children's Services of Missouri (LFCS) (independent, international, other agency), we agree that we are contracting for the home study service from Lutheran Family and Children's Services of Missouri, and Lutheran Family and Children's Services of Missouri is not responsible for the actions taken by other agencies, organizations, or attorneys.

I/We understand the importance of providing full, complete, and accurate information. I/We understand that, if the information contained herein is not complete, correct, and true, I/We may be disqualified as an adoptive applicant.

Signature: _____
Applicant - Male

Date: _____

Signature: _____
Applicant - Female

Date: _____

REFERENCES FOR: _____

ADOPTIVE PARENT(S)

PLEASE PRINT, CLEARLY, OR TYPE. REQUESTS FOR REFERENCE LETTERS CANNOT BE SENT OUT IF INFORMATION IS NOT ACCURATE. PLEASE SHOW COMPLETE ADDRESSES, WITH ZIP CODES, AND INDICATE IF REFERENCES ARE MALE OR FEMALE (or MR., MS., or MRS.).

SIX DIFFERENT REFERENCES ARE REQUIRED.

Employment References: (cannot be the same as personal, relative, or pastoral references)

Husband's Place of Employment: <i>(if self-employed, please give a business-related reference)</i>	
_____	_____
Business Name	Business Address
_____	_____
(Ms., Mrs., or Mr.?) Supervisor's Name & Title	City, State, Zip
Phone: _____	
Wife's Place of Employment: <i>(if self-employed, please give a business-related reference)</i>	
_____	_____
Business Name	Business Address
_____	_____
(Ms., Mrs., or Mr.?) Supervisor's Name & Title	City, State, Zip
Phone: _____	

Personal References: (cannot be the same as employer, relative, or pastoral references)

(Ms., Mrs., or Mr.?) :	_____	_____
	Name(s)	
_____	_____	_____
Address		City, State, Zip
Phone: _____		
(Ms., Mrs., or Mr.?) :	_____	_____
	Name(s)	
_____	_____	_____
Address		City, State, Zip
Phone: _____		
(Ms., Mrs., or Mr.?) :	_____	_____
	Name(s)	
_____	_____	_____
Address		City, State, Zip
Phone: _____		

Relative Reference: (cannot be the same as employer, personal, or pastoral references)

(Ms., Mrs., or Mr.?) :	_____	_____
	Name(s)	
_____	_____	_____
		City, State, Zip
Phone: _____		

Pastoral Reference: (cannot be the same as employer, personal, or relative references)

_____	_____	_____
(Rev., Mr., or?)	Name	Church Name
_____	_____	_____
Church Address		City, State, Zip
Phone: _____		

LUTHERAN FAMILY AND CHILDREN'S SERVICES OF MISSOURI

FINANCIAL STATEMENT OF ADOPTIVE PARENT(S)

We are requesting this information so you can share with our agency what your resources are and how you allocate them to provide clothing, education, food, shelter, and comprehensive health care planning for yourself and those dependent on you.

	Adoptive Applicant - Male	Adoptive Applicant - Female
Full/Complete Name:		
Place of Employment:		
Position/Title:		
Annual/Yearly Salary:		
Annual/Yearly Income from Other Sources:		
Total <u>Monthly</u> Income:		

Assets/Property

HOUSING	Rent or Own: <i>(circle one)</i>		
	Rent or Monthly Payment (w/taxes & insurance):		
	Amount of Mortgage:		
	Date of Purchase:		
	Market Value:		
	Years Remaining on Mortgage:		
OTHER ASSETS	Please describe:	ASSET & DESCRIPTION	VALUE
Vehicles Owned:	List year, make & model, if owned or amount owed:		
	List year, make & model, if owned or amount owed:		
	List year, make & model, if owned or amount owed:		
Savings:	Name of Bank or Institution and current balance:		
	Name of Bank or Institution and current balance:		
Stocks /Bonds:	Description and Current Value:		
Retirement Fund Applicant-Male:	Description and Current Value:		
Retirement Fund Applicant-Female:	Description and Current Value:		

ADOPTIVE SERVICES AGREEMENT

Lutheran Family and Children's Services of Missouri (LFCS) is committed to ethical and compassionate practice in providing adoption services. To ensure that the best interests of the child and the family are met, the prospective adoptive family and LFCS agree to the following:

LFCS agrees to:

1. Provide information regarding the process of adoption and referrals to legal counsel, if appropriate.
2. Provide information regarding the child's emotional, physical, and social well-being, both prenatal and while in foster care. Every attempt to ensure completeness and accuracy will be made.
3. Provide information on existing laws regarding contact and disclosure of information with the birth parents.
4. Provide information regarding the medical history of the birth parent(s) of this child, as is known to the agency.
5. Provide information regarding post-placement supervision services offered by LFCS.

I/We, the Adoptive Parents:

1. Agree to give complete information on my/our background, criminal, social, and medical history.
2. Acknowledge that a placement is a legal risk until parental rights of the birth parents have been terminated.
3. Agree to the fee schedule discussed and signed, including the non-refundable deposit.
4. Understand the following circumstances that may lead to my/our study being on "Hold":
 - conception during the adoption process, or
 - our desire to postpone immediate adoption, or
 - receipt of an adoption placement through another agency.
5. Understand the following circumstances that may lead to termination of services:
 - false information, or
 - adverse information, which causes a change in recommendation.
6. Agree to contact LFCS with any change of address or any significant medical information, in the future, during this process.

The parties signed below have reviewed this document. The persons executing this document have read and understand this document and have signed it, freely and voluntarily. If you ever have questions, please contact your worker _____ at _____ or his/her supervisor _____ at _____.

Adoptive Applicant _____
(signature) Date

Adoptive Applicant _____
(signature) Date

Agency Representative _____
(signature) Date