

Please e-mail the form to:  
Nathansonadopt@yahoo.com



**Nathanson**  
Adoption Services  
*The Homestudy Agency*

Helene M. Nathanson, MHDL  
Executive Director  
Helene@NathansonAdopt.com

A North Carolina Licensed Child Placing Agency

Bradley Nathanson, MSW  
Agency Director  
Brad@NathansonAdopt.com

**APPLICATION FOR PREPLACEMENT ASSESSMENT**

Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_  
street city zip

Email Address \_\_\_\_\_

Directions to your home from the nearest interstate \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need more space to answer a question, please attach a separate sheet of paper.

How did you hear about us? \_\_\_\_\_

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**Adoptive Parent 1**

**Adoptive Parent 2**

Name \_\_\_\_\_  
SS# \_\_\_\_\_  
Birth date \_\_\_\_\_ Place \_\_\_\_\_  
US Citizen? \_\_\_\_\_  
Ethnic Origin \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_  
Color of:  
Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Complexion \_\_\_\_\_  
Education: \_\_\_\_\_  
\_\_\_\_\_  
Last Year Completed / Degree  
Colleges Attended and Dates:  
\_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Salary \_\_\_\_\_ Other Income \_\_\_\_\_

Name \_\_\_\_\_  
SS# \_\_\_\_\_  
Birth date \_\_\_\_\_ Place \_\_\_\_\_  
US Citizen? \_\_\_\_\_  
Ethnic Origin \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_  
Color of:  
Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Complexion \_\_\_\_\_  
Education: \_\_\_\_\_  
\_\_\_\_\_  
Last Year Completed / Degree  
Colleges Attended and Dates:  
\_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Salary \_\_\_\_\_ Other Income \_\_\_\_\_

Date and Location of Marriage \_\_\_\_\_

If previously married, list name(s) of previous spouse(s), date(s) of marriage(s), and date(s) of divorce or death of spouse.

\_\_\_\_\_  
\_\_\_\_\_

Adoptive Parent 1's Health (include any medical problems in the last ten years)

\_\_\_\_\_

Adoptive Parent 2's Health (include any medical problems in the last ten years)

\_\_\_\_\_

Have either of you been treated for substance abuse and/or have either of you been treated by a mental health professional? (If yes, describe circumstances)

\_\_\_\_\_

Type of Adoption Pursued:

Domestic or International? \_\_\_\_\_ Name and address of Adoption Agency/Attorney

\_\_\_\_\_

If international, country of proposed adoption \_\_\_\_\_

Is this a Hague Convention Country Yes  No  (If unsure, please check with your child-placing agency)

Insurance	Kind	Amount	Beneficiary
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\_\_\_\_\_

Assets	Kind (Bank Accounts, Stock Portfolio, etc.)	Total
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\_\_\_\_\_

Home – Apartment or House? \_\_\_\_\_ Rent or Mortgage Monthly Payment \_\_\_\_\_

Approximate Value of Property \_\_\_\_\_ Amount Left on Mortgage \_\_\_\_\_

Current Debts: Item \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_

Have you ever declared bankruptcy? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

List all children and other members of your household, and their birth dates \_\_\_\_\_

\_\_\_\_\_

Have either of you been arrested? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have either of you been denied approval of a pre-placement assessment? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have either of you ever been the subject of an Assessment by Child Protective Services? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

We hereby certify that the information furnished in this application is true and accurate. We agree to notify Nathanson Adoption Services if we become the subject of any Child Protective Services Assessment prior to the entry of the Final Decree of Adoption.

Adoptive Parent 1 \_\_\_\_\_ (Date)

Adoptive Parent 2 \_\_\_\_\_ (Date)