



# Nathanson Adoption Services

The Homestudy Agency

A North Carolina Licensed Child Placing Agency

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## 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**

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 \_\_\_\_\_

### **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 \_\_\_\_\_

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)