

COMMONWEALTH CATHOLIC CHARITIES

507 Park Avenue, SW
Norton, Virginia 24273
(276) 679-1195

1601 Rolling Hills Dr.
Richmond, VA 23229
(804) 285-5900

541 Luck Avenue, SW, Suite 118
Roanoke, VA 24016
(540) 342-0411

Select Program: Domestic Adoption Out of State Parental Placement Special Needs International
(circle the program you are applying for)

Email: Adoption@cccova.org

APPLICANTS MUST ATTEND AN ORIENTATION BEFORE SUBMITTING AN APPLICATION

Please read and answer all items very carefully

Surname: _____ Date of Application: _____ Date of Orientation: _____

Address: _____
Street City State Zip Code County

Home Telephone Number: _____ How long have you resided in the Virginia? _____
Area Code & Number

Work Telephone Numbers: Applicant: _____ Area Code & Number
Applicant: _____ Area Code & Number

E-Mail Address if available: _____ Cell Phone Number: _____

Please notify us if any changes occur in telephone numbers.

Number of persons living in the home: _____

Present Marriage: _____ / _____ / _____ / _____
Month/Day/Year City State Church or Other

How were you referred to this Agency? _____

Demographic Information

Applicant:

Full Name: _____
First Middle Last

Social Security Number: ____ - ____ - ____ Age: ____ Date of Birth: ____

Place of Birth: _____ U. S. Citizen? Yes ____ No ____

Naturalized: _____
Place Date

Race: _____

Education: High School Graduate Yes _____ No _____ If no, last grade completed: _____

Higher Education: 1 2 3 4 5 5+ (Please circle one)

Name of College: _____ Degree: _____ Date: _____

Name of Graduate School: _____ Degree: _____ Date: _____

Military Service:

Branch	Dates Served	Type of Discharge
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Occupation: (please describe) _____

Present Employer: _____ Start Date: _____

Full Address: _____

Annual Salary: _____ Immediate Supervisor: _____

Previous Employment (include military and other public service employment)

<u>Employer</u>	<u>Dates of Employment</u>	<u>Reason for Leaving</u>

Religious Affiliation: _____

Applicant:

Full Name: _____
First Middle Last

Social Security Number: ____ - ____ - ____ Age: _____ Date of Birth: _____

Place of Birth: _____ U. S. Citizen: Yes _____ No _____

Naturalized: _____
Place Date

Race: _____

Education: High School Graduate Yes _____ No _____ If no, last grade completed: _____

Higher Education: 1 2 3 4 5 5+ (Please circle one)

Name of College: _____ Degree: _____ Date: _____

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Annual Salary: _____ Immediate Supervisor: _____

Previous Employment (include military and other public service employment)

<u>Employer</u>	<u>Dates of Employment</u>	<u>Reason for Leaving</u>

Religious Affiliation: _____

Children:

	Full Name	Date of Birth	Race	Sex	Name of School and Grade Level	If adopted, give date of finalization & country of origin
1.						
2.						
3.						
4.						
5.						

Name	Date of Birth	Relationship	Sex	Occupation
1. _____				
2. _____				
3. _____				

Why do you want to adopt a child: _____

Caucasian ____ African American ____ Biracial ____ Asian ____ Hispanic ____, Other Racial Mixture ____

If International Adoption, what country do you prefer? _____

Number of Siblings: _____ Age Range: _____

Would you accept a child with a correctable handicap? Yes _____ No _____

Have you applied for a child from another source? Yes _____ No _____ If Yes, where? _____

What is the status of your application? _____

Have you had an Adoption or Foster Care Home Study done previously? (Adoption) Yes _____ No _____
(Foster Care) Yes _____ No _____

If yes, what was the outcome of the home study? Approved _____ Not Approved _____, please explain:

PERSONAL DESCRIPTIONS

Physical Description:

Name

Height

Weight

Eye Color

Hair Color

Complexion

Applicant: _____

Applicant: _____

Child: _____

Child: _____

Child: _____

Child: _____

If previously married, fill out the following:

Applicant: _____

To Whom: _____ Date of Marriage: _____

How Terminated: _____ Date and Place: _____

Applicant: _____

To Whom: _____ Date of Marriage: _____

How Terminated: _____ Date and Place: _____

Do you or any members of your immediate family have any medical condition or any permanent disabilities? If so, indicate nature of the disabilities:

Reason for childlessness (if applicable):

Previous or Current Psychiatric Care, Hospitalization, or Psychological Counseling:

	Name	Date	Place	Reason	Medication
Applicant:	_____				
Applicant:	_____				
Children:	Name	Date	Place	Reason	Medication

FINANCIAL REPORT

Assets

INCOME:

Applicant: _____

Gross Annual Income: _____ Other Income: _____

Describe Other Income: _____

Applicant: _____

Gross Yearly Income: _____ Other Income: _____

Describe Other Income: _____

INSURANCE:

<u>Type</u>	<u>Amount of Policy</u>

SAVINGS:

Amount	Institution

STOCKS AND BONDS:

Total

Dividends

PROPERTY:

Automobiles:	Make	Year	Remaining Debt
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Homes:	Present Market Value	Down Payment	Monthly Payment	Remaining Debt
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Liabilities

Creditors	Use	Total Amount	Monthly Payment	Balance Due	Date Paid in Full
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Monthly Family Income: _____

Monthly Family Expenses: _____

Include mortgage payment, utilities, charge accounts, food, entertainment, etc.

Other: _____

CONVICTION DATA

Violation of law other than minor traffic violations:

(Having a previous arrest does NOT automatically eliminate you as an adoptive candidate.)

Applicant: _____ Yes _____ No _____

If yes, give details as follows:

Where arrested: _____ Date: _____

Nature of Charge: _____ Disposition: _____

Applicant: _____ Yes _____ No _____

If yes, give details as follows:

Where arrested: _____ Date: _____

Nature of Charge: _____ Disposition: _____

REFERENCES

List four (4) people who have known you for a minimum of four (4) years. Your choices should reflect a variety of relationships. Please do not give relatives as references. **Be sure to include complete addresses, including zip codes.**

	Name:	Address:	Phone No:	Relationship:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Please include any other vital information on a separate sheet and attach it to this application.

Date: _____

Signature of Applicant

Signature of Applicant

THIS APPLICATION MUST BE ACCOMPANIED BY AN APPLICATION FEE OF \$350.00, which is non-refundable.