

**ADOPTION CENTER FOR FAMILY BUILDING, INC.**

8707 SKOKIE BLVD., SUITE 208, SKOKIE, IL 60077

847-674-3231

APPLICATION FOR ADOPTION PREPARATION

DATE \_\_\_\_\_

LAST NAME OF APPLICANT(S) \_\_\_\_\_

1<sup>ST</sup> APPLICANT \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  
First Middle Last (name you prefer to be called)

Education \_\_\_\_\_

Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Annual Income \_\_\_\_\_

2<sup>ND</sup> APPLICANT \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  
First Middle Last (name you prefer to be called)

Education \_\_\_\_\_

Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Annual Income \_\_\_\_\_

CURRENT MARITAL STATUS: single \_\_\_\_\_ married \_\_\_\_\_ divorced \_\_\_\_\_ separated \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

How long resided \_\_\_\_\_ OWN \_\_\_\_\_ RENT \_\_\_\_\_ NO. OF ROOMS \_\_\_\_\_ NO OF BEDROOMS \_\_\_\_\_  
Street City State Zip County

CONTACT INFORMATION

(Home) \_\_\_\_\_

(Business) 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

(Cellular) 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

(Email) 1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

ADOPTION CENTER FOR FAMILY BUILDING, INC.

MARRIAGE DATE AND PLACE \_\_\_\_\_

Previous marriages (date, place and where terminated) \_\_\_\_\_

\_\_\_\_\_

CHILDREN Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, NAMES AND AGES \_\_\_\_\_

By birth \_\_\_\_\_ By adoption \_\_\_\_\_ By remarriage \_\_\_\_\_

OTHER MEMBERS OF YOUR HOUSEHOLD? \_\_\_\_\_

RELIGION (if applicable) \_\_\_\_\_

CURRENT HEALTH STATUS \_\_\_\_\_

REFERENCES (Please provide the names and addresses of 2 close relatives and 3 unrelated persons who know how you care for children.)

RELATIVES

A. \_\_\_\_\_

B. \_\_\_\_\_

PERSONAL

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

Are any of the following in your background (current or past): criminal record, history of drug use, hospitalizations, mental health issues? If yes, please comment.

\_\_\_\_\_

How long have you lived in Illinois? 1<sup>st</sup> Applicant \_\_\_\_\_ 2<sup>nd</sup> Applicant \_\_\_\_\_

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

Have you had an initial consultation at ACFB? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you requesting a Domestic or International homestudy? \_\_\_\_\_

If international, what country? \_\_\_\_\_

The information we/I have provided on this application is true to the best of our/my knowledge.

SIGNATURE \_\_\_\_\_

(1<sup>st</sup> Applicant)

(2<sup>nd</sup> Applicant)

Date \_\_\_\_\_

**Please return application, signed Agency Fee Schedule, and Acknowledgement of Receipt of Grievance Procedure to our office, along with a \$375 application fee.**