



Catholic Charities Diocese of Arlington
Pregnancy & Adoption Support
3251 Old Lee Highway Suite 402
Fairfax, VA 22030

\$500 Non-Refundable Application Fee Must Accompany this Application

Adoptive Family Application

Date: _____ How did you hear about us? _____

Applying for the following adoption program (select all that apply):

- CCDA Domestic Infant Adoption (POOL Program)
Waiting Child (foster care adoption) - If selected, you need to confirm you are signed up or have completed PRIDE training within the last 3 years. Please share your PRIDE status: _____

Applicant Information

Applicant 1

Full Name: Last First Middle DOB
Cell Phone: Email
SSN: Ethnic Descent: Citizenship:

Applicant 2

Full Name: Last First Middle DOB
Cell Phone: Email
SSN: Ethnic Descent: Citizenship:

Home Address: Street Address Apt #
City State ZIP Code Home Phone #

What is your primary language?
Have you lived outside of Virginia within the last 5 years? Yes No
If yes, list other states/countries:

Marriage

Date of Current Marriage: _____ Place: _____

Please list the dates of any previous marriages and dates of divorce below:

Household Members & Children

As part of the home study process, the following is required for household members: Health statements, CPS checks for all household members 14 and older, and FBI criminal background checks for household members 18 and older. For children who no longer reside in the home, your worker will want to interview them.

Name _____ Male Female DOB: _____

Relationship _____ Place of Birth: _____

Does he/she reside in your home? Yes No - If no, where do they live? _____

Name _____ Male Female DOB: _____

Relationship _____ Place of Birth: _____

Does he/she reside in your home? Yes No - If no, where do they live? _____

Name _____ Male Female DOB: _____

Relationship _____ Place of Birth: _____

Does he/she reside in your home? Yes No - If no, where do they live? _____

Please list any additional children or household members and attach to the application.

Eligibility

Check all that apply:

- Applicant(s) reside in Virginia
- Applicant(s) are in good mental health
- Applicant(s) are in good physical health with normal life expectancy
- Applicant(s) are good financial planners & can adequately meet the costs associated with adoption & parenting

For CCDA Pool Program only:

- Applicants have been married for at least two years
- Applicants must be ages 21-48 at the time of their application.
- Applicant(s) are not completing fertility treatments, such as IVF*

Criminal History Policy:

Has either applicant ever been convicted of a crime? Yes No

Has either applicant plead guilty or no contest to a crime? Yes No

If yes, please explain:

***Applicants who have been arrested and convicted of a crime in the past 10 years will not be considered, including DUI and DWI.**

Employment & Education

Applicant 1

Company: _____ Length of Employment _____

Position: _____ Salary \$ _____

Highest Education Obtained _____

School/University _____

Year Graduated _____

Applicant 2

Company: _____ Length of Employment _____

Position: _____ Salary \$ _____

Highest Education Obtained _____

School/University _____

Year Graduated _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Finances

As part of the home study process, you will be asked to provide verification of your income, assets, debt, and overall financial information. Home study applicants must be able to demonstrate that they are financially stable, good financial planners, and able to meet their current needs plus the additional needs of an adopted child.

_____(initial(s)) **I/We are in good financial standing and able to meet our current needs and the additional needs of an adopted child(ren)**

Medical Information

Does either applicant have any current condition needing medical attention or any surgeries or medical conditions in the past that required on-going treatment (not including conditions which were short-term and resolved with treatment)? Yes No *If so, please explain the diagnosis, treatment plan and how it currently impacts your lifestyle:*

Is either applicant taking any medications? Yes No *If so, please describe:*

References

Note: References will be sent out once your home study worker is assigned. Please make sure to contact your references that our agency will be reaching out to them for a reference pertaining to adoption.

Employer References

Applicant 1

Full Name: _____

Email: _____

Applicant 2

Full Name: _____

Email: _____

Personal References

Please list three persons well acquainted with you other than relatives, employers or clergy

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Pastor Reference

If you are actively practicing your faith within your church or religious institution, we will request a reference from the pastor of your church. If you do not know your pastor personally, we recommend scheduling an appointment to discuss your decision to adopt and give the pastor a chance to get to know you.

Name of Church _____

Denomination _____

Name of Pastor _____

Email (preferred) _____

Mailing Address _____

Placing Agency for International or Interstate Adoptions

Agency Name: _____ Phone: _____
 Address: _____ Worker: _____

***Please note that if you are pursuing international adoption, an identified placing agency is required prior to beginning the home study.**

***Please note other states, countries and adoption agencies have various eligibility requirements. It is the responsibility of the applicants to ensure they meet the requirements of their placing agency, if using one.**

Have you ever been involved in the home study process with another agency? Yes No

Name of previous agency: _____ Year _____

Was your home study approved? Yes No

May we contact them for a reference? Yes No

Motivation to Adopt

Tell us a bit about why you are pursuing adoption:

Adoption Considerations for all Programs

The responses to the following questions help to determine your appropriateness for our programs. Below are circumstances to consider as you begin your adoption journey.

I/We are open to thinking about and discussing the following:	YES	POSSIBLY	PROBABLY NOT
No Pre-natal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of drug and/or alcohol use/abuse during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical limitations such as missing limb, hearing loss, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness in background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A child who is age 1-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A child who is age 5-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A child who is over the age of 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A child who has experienced abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A sibling set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Catholic Charities needs adoptive families for children of different backgrounds, races and cultures.
I/We would consider a child whose background is:**

African-American/Black/African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caucasian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
East Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Eastern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Most of the birthparent’s that we work with are interested in an open adoption, which means exchanging information with the birth family, providing updates on the child and maintaining a mutually agreed upon relationship and contact with one another. This will be discussed in great length as part of your training.

If you are not open to this type of adoption, please request to meet with a worker for an adoption consultation.

	Yes	Possibly	Probably Not
Willing to provide updates and pictures to the birth family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willing to meet with the birth family prior to placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willing to consider ongoing visits and contact with the birth family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disclaimer and Signature

My signature below serves as my consent for Catholic Charities to request a pastor's reference, employer's references, personal references, and information/references from all other agencies to which I have submitted an application. If married, both applicants must sign and date. It also indicates that I have provided truthful information on this application. By the submission and acceptance of this application, and the undertaking of the home study process, I understand that Catholic Charities is not obligated, nor am I obligated, to complete the adoption process. I understand that Catholic Charities may discontinue the process at any time prior to the actual placement of a child in my home without obligation or liability. I also understand that I may choose to discontinue the process at any time during or after completion of the home study. I agree to pay Catholic Charities in accordance with the fee schedule and the services rendered. I understand that no one connected with Catholic Charities can guarantee any applicant a child. **I also understand that the omission of requested information on this application or providing information that is not truthful will be the basis for immediate termination of the home study and placement process.** It is the policy of Catholic Charities that the agency neither solicits or accepts contributions from adoptive applicants during the period of application or before an adoption has been finalized.

Applicant 1
Signature: _____ Date: _____

Applicant 2
Signature: _____ Date: _____

Catholic Charities encourages all applicants to carefully think through the decision to pursue adoption. If you or your spouse is uncertain about moving forward with adoption or about anything contained in this application, please call 703-425-0100 or email adoptinfo@ccda.net to schedule a consultation with an adoption worker. Adoption Readiness Consultations or general consultations are \$50 per session.