



HOLY CROSS CHILD PLACEMENT AGENCY, INC.

APPLICATION FOR HOME STUDY

Please complete and return this application to Holy Cross with a non-refundable \$250 application fee and a recent photograph(s) of each family member living in your home. The information you provide will be held strictly confidential. Please print or type all information.

LAST NAME	APPLICATION DATE
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STREET ADDRESS	CITY	STATE	ZIP CODE
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HOME PHONE	FAX
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GENERAL INFORMATION

	HUSBAND		WIFE		
	FIRST	MIDDLE	FIRST	MIDDLE	MAIDEN
NAME					
CELL PHONE					
EMAIL					
BIRTH DATE					
AGE					
BIRTH PLACE					
SOCIAL SECURITY #					
RACE					
RELIGION					
NAT. ORIGIN					
CITIZENSHIP					
MARRIAGE DATE					
SIZE	HEIGHT	WEIGHT	HEIGHT	WEIGHT	
COLOR OF	EYES	HAIR	EYES	HAIR	

EMPLOYMENT INFORMATION

	HUSBAND	WIFE
EMPLOYER		
CITY & STATE		
PHONE NUMBER		
POSITION		
SALARY		
DATE EMPLOYED		

EDUCATION (provide name, date of graduation and major or degree received)		
	HUSBAND	WIFE
HIGH SCHOOL		
COLLEGE		
GRADUATE		
GRADUATE		

PASSPORT INFORMATION		
	HUSBAND	WIFE
NUMBER		
ISSUE DATE		
EXPIRATION DATE		
PLACE ISSUED		

REFERENCES (list the names and address of three local people who you know well)		
NAME	ADDRESS	PHONE

CHILDREN LIVING IN THE HOME (if adopted, list date and place of adoption finalization)			
NAME	BIOLOGICAL OR ADOPTED	BIRTH DATE	GENDER

OTHERS LIVING IN THE HOME			
NAME	RELATIONSHIP	BIRTH DATE	GENDER

PREVIOUS MARRIAGE (Provide dates, previous name and how terminated)

Wife _____

Husband _____

Note: If you have had more than one previous marriage, please provide the same information on a separate sheet and include it with this application.

FINANCES

Apartment Condominium House Number of Bedrooms _____

Own or rent _____ Monthly payments _____ Mortgage balance _____

Income from sources other than employment _____

List assets (location, equity and estimated market value)

List insurance types, amount and beneficiary

Describe type of medical insurance

List savings and checking account balances (banks, stocks, retirement, trust accounts, etc.)

List outstanding debts other than mortgage

HEALTH (husband and wife)

Describe any physical handicaps which may affect parenting

List prescription medications that you are currently taking

Give dates and circumstances of any psychiatric therapy or counseling

Do you now have or have you had a history of substance/alcohol abuse? If so, please explain, including circumstances for any substance abuse treatments

Describe personality of adoptive mother

Describe personality of adoptive father

ADOPTION INFORMATION

How many children would you like to adopt? _____ Desired age range _____

Would you consider adopting siblings? _____ Gender of child(ren) desired _____

Desired country of adoption _____ Would you consider a special needs child? _____

How long have you been considering adoption? _____

Which parent will be the primary caretaker? _____

Name and address of child's guardian(s) in the event of adoptive parents' death

What are your philosophies regarding childrearing?

Why do you wish to adopt?

ADDITIONAL INFORMATION

Provide directions to your home _____

Describe your marital relationship, including strengths and weaknesses

Have you ever had an unfavorable Home Study or been rejected for an adoption? _____

Have you ever been arrested or convicted of a felony or misdemeanor? _____

Have you ever been discharged from the Military, other than an honorable discharge? _____

Have you ever been investigated for child abuse? _____

Note: If you answered yes to any of the foregoing questions, please attach a separate sheet explaining the circumstances in complete detail.

How did you learn about Holy Cross?

