

ADOPTION ASSISTANCE, INC.

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ADOPTION APPLICATION For Families Adopting Through CCAI

Adoptive Father: _____

Last Name First Middle SS #

Adoptive Mother: _____
Mother: _____

Last Name First Middle SS #

Address: _____

Street City State Zip

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Adoptive Father's Information:

Date of Birth: _____ Place of Birth: _____

Occupation: _____ Employer: _____ Work Phone: _____

Adoptive Mother's Information:

Date of Birth: _____ Place of Birth: _____

Occupation: _____ Employer: _____ Work Phone: _____

Date and Place of Marriage: _____

Name(s)/Date of Birth/Ages of Children Living in Home: _____

Any state, other than KY, that an adoptive parent has resided in the last 10 years: _____

Have You Previously Applied To A Home Study Agency? Yes No ***Agency Used:*** _____

Have either of you been convicted for violation of any law or are you currently under charges for any violation? Yes No ***If yes, please explain:*** _____

Have You Ever Been Diagnosed with a Mental Illness or Addiction? Yes No ***If Yes, Please Explain:*** _____

Have You Ever Received Counseling? Yes No ***If Yes, Please Explain:*** _____

How Did You Learn About Adoption Assistance? _____

The above data is true and complete to the best of my/our knowledge. We are aware that falsification of information and/or misrepresentation of facts will result in rejection of our application.

Adoptive Father

Date

Adoptive Mother

Date

Directions to Our Home: _____
