

ADOPTION ASSISTANCE, INC.
PO BOX 2210
306 EAST LEXINGTON AVENUE #3
DANVILLE, KY 40422

PHONE: (859) 2362761 FAX (859)936-9945
E-MAIL: adoption@adoptionassistance.com

EXECUTIVE DIRECTOR: JULIE ERWIN

Application

Adoptive Father: _____
(Last Name) (First) (Middle) (SS#)

Adoptive Mother: _____
(Last Name) (First) (Middle) (SS#)

Address: _____
(Street) (City) (State) (Zip)

County: _____ How long at above address? _____

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

Adoptive Father's Information:

Date of Birth: _____ Place of Birth _____

U.S. Citizen? _____

Race: _____ Religion: _____

Highest Educational Degree Obtained? _____

College and Degree Area: _____

Occupation _____ Employer _____

Work Phone: _____ Length of Employment: _____

Annual income: _____

Adoptive Mother's Information:

Date of Birth: _____ Place of Birth: _____

U.S. Citizen? _____

Race: _____ Religion: _____

Highest Educational Degree Obtained? _____

College and Degree Area: _____

Occupation _____ Employer _____

Work Phone: _____ Length of Employment: _____

Annual income: _____

Date and Place of Marriage: _____

Have either of you been previously married?: _____

If divorced, date of divorce: _____

Name/date of birth/ages of children living in home: _____

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

Have you previously adopted a child? _____ Agency used: _____

Have either of you ever been convicted for violation of any law or are you currently under charges for any violation? _____. If yes, please explain _____

Have either of you ever been diagnosed with a mental illness or addiction? ___no ___yes If yes, please give diagnosis _____

Have either of you ever received counseling? ___no ___yes If yes, please give the reason _____

Type of adoption you wish to pursue domestic _____ International _____

If International which country? _____

How did you learn about Adoption Assistance, Inc? _____

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

A \$50.00 application fee is due with the completed application form.

Date application received _____

Directions to your home: