



Family Builders By Adoption

401 Grand Avenue, Ste. # 400 · Oakland · CA · 94610
Phone: 510-272-0204 · Fax: 510-272-0277

APPLICATION FORM FOR FOSTER ADOPTIVE PARENTS

Name (Parent 1) _____ Date: _____
 Name (Parent 2) _____ Home Phone: _____
 Address: _____ Work Phones: P1 _____
 City, State, Zip _____ P2 _____
 Email P1 _____ Email P2: _____
 Date of marriage/Domestic Partnership: _____ Place: _____
 (If applicable)

PARENT 1

PARENT 2

Date of Birth: _____
 Place of Birth: _____
 Race & Ethnic Background: _____
 Legal Status: Legal Permanent Resident
 Citizen Other: _____
 Occupation: _____
 Place of Employment: _____
 Address: _____
 Social Security #: ____/____/_____
 Education: (Circle highest grade completed)
 Grade: 6 7 8 High School: 1 2 3 4
 College: 1 2 3 4 5 6 Degree(s) _____
 Religious Affiliation: _____
 Date of previous marriage :(if applicable) _____
 Termination Date: _____

Date of Birth: _____
 Place of Birth: _____
 Race & Ethnic Background: _____
 Legal Status: Legal Permanent Resident
 Citizen Other: _____
 Occupation: _____
 Place of Employment: _____
 Address: _____
 Social Security #: ____/____/_____
 Education: (Circle highest grade completed)
 Grade: 6 7 8 High School: 1 2 3 4
 College: 1 2 3 4 5 6 Degree(s) _____
 Religious Affiliation: _____
 Date of previous marriage: (if applicable) _____
 Termination Date: _____

Have you ever been accused, arrested, or convicted of a crime, other than a minor traffic violation?

Have you ever been accused, arrested, or convicted of a crime, other than a minor violation?

REFERENCES

Please list four (4) personal references (one of which may be family) who know your home life well:

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Others in Household

Children

<u>NAME</u>	<u>SEX</u>	<u>BIRTHDATE</u>		
_____	oMALE oFEMALE	_____	oBIOLOGICAL	oADOPTED
_____	oMALE oFEMALE	_____	oBIOLOGICAL	oADOPTED
_____	oMALE oFEMALE	_____	oBIOLOGICAL	oADOPTED
_____	oMALE oFEMALE	_____	oBIOLOGICAL	oADOPTED

Adults

<u>NAME</u>	<u>SEX</u>	<u>BIRTHDATE</u>	<u>RELATIONSHIP</u>
_____	oMALE oFEMALE	_____	_____
_____	oMALE oFEMALE	_____	_____
_____	oMALE oFEMALE	_____	_____

Are you currently applying to adopt a child through another agency? _____

Are you currently holding or applying for a foster home license through another agency? _____

I hereby apply to foster/adopt a child from Family Builders By Adoption:

Signature (Parent 1)

Date

Signature (Parent 2)

Date

Office use only

Application Accepted/ Home Study Assigned _____

Signature, Program Director

Date

Homestudy Assigned to: _____

Date Assigned _____