APPLICATION FOR ADOPTION SERVICES
ADOPTION PROGRAM
CATHOLIC SOCIAL SERVICES OF WASHTENAW COUNT

Application & Consultation fee: \$400 Please complete and return with Application & Consultation fee to: FOR AGENCY USE ONLY Marissa Dulcamaro, Adoption Counselor Date of Orientation: // / Catholic Social Services Date of Intake: // / 4925 Packard Rd. Payment \$ Ann Arbor MI 48108-1521 Case No						
Application is hereby made for:			 Family Assessment only Adoptive Parent Preparation Group only 			
APPLICANT 1 NAME (LAST, FIRST, MIDDLE, MAIDEN)			APPLICANT 2 NAME (LAST, FIRST, MIDDLE, MAIDEN)			
STREET ADDRESS		CITY		COUNTY		ZIP
HOME PHONE	WORK P	HONE - APP 1		NE - APP 2		ATE OF MARRIAGE R COMMITMENT
EMAIL ADDRESSES	()		()			
APPLICANT 1			APPLICANT 2			
BIRTHDATE / / US CITIZEN?			BIRTHDATE / / US CITIZEN?			
RELIGION ATTEND: WEEKLY BI-WEEKLY MONTHLY HOLIDAYS NEVER OTHER			RELIGION ATTEND: WEEKLY BI-WEEKLY MONTHLY HOLIDAYS NEVER OTHER			
RACE			RACE			
OCCUPATION			OCCUPATION			
EMPLOYER			EMPLOYER			
COUNTY OF EMPLOYMENT			COUNTY OF EMPLOYMENT			
GROSS ANNUAL INCOME \$			GROSS ANNUAL INCOME \$			
PREVIOUSLY MARRIED? DATES			PREVIOUSLY MARRIED? DATES			
CHILDREN OF PREVIOUS MARRIAGE OR RELATIONSHIP: NAME BIRTHDATE			CHILDREN OF PREVIOUS MARRIAGE OR RELATIONSHIP: NAME BIRTHDATE			
CHILDREN OF PRESENT MARRIA	AGE/BELA	TIONSHIP	OTHERS LIVING I			
NAME		THDATE	NAME		AGE	RELATIONSHIP
How did you hear about Catholic Social Services of Washtenaw County?						
Have you ever had a previous Homestudy/Family Assessment? Yes No If yes, when? Agency: Do you have an application on file with any other Agency or attorney? If yes, name:						
Would you consider a child with a p a of a race oth	mental cha	allenge? Yes our own?	Yes No Poss No Possibly Yes No Poss V E R	-	aces?	

Have you ever experienced a voluntary or involuntary disruption (removal) of an adoptive or foster care placement through any state or private agency? Yes No
If Yes, please explain:
What kind of relationship do you think you could offer birth parents?
Have you consulted a physician re: a problem with conceiving or birthing a child? 🗌 Yes 🗌 No When?
What is the nature of your inability to conceive or birth a child?
What has been the course of treatment?
Are you still in treatment? Yes No What course of treatment are you pursuing and for how long?
Have you (female) ever been pregnant? Yes No When? What were the results?
Have you, as an individual or as a couple, ever seen a therapist? Yes No Who, when, why and how long?
Describe any health problems for which you are receiving or have received treatment:

To the best of my knowledge, the statements on this application are complete and truthful.