

CATHOLIC CHARITIES WASHTENAW COUNTY
ADOPTION PROGRAM

APPLICATION FOR ADOPTION SERVICES

Application & Consultation fee: \$400

Please complete and return with Application & Consultation fee to:

Marissa Dulcamaro, Pregnancy & Newborn Adoption Manager
Catholic Charities Washtenaw County
4925 Packard Rd.
Ann Arbor MI 48108-1521

FOR AGENCY USE ONLY

Date of Orientation: ____/____/____
Date of Intake: ____/____/____
Payment \$ _____
Case No _____

Application is hereby made for:		<input type="checkbox"/> Entire Adoption process	<input type="checkbox"/> Family Assessment only
		<input type="checkbox"/> Supervision only	<input type="checkbox"/> Adoptive Parent Preparation Group only
APPLICANT 1 -- NAME (LAST, FIRST, MIDDLE, MAIDEN)		APPLICANT 2 -- NAME (LAST, FIRST, MIDDLE, MAIDEN)	
STREET ADDRESS		CITY	COUNTY
		ZIP	
CELL PHONE – APP 1	CELL PHONE - APP 2	WORK PHONE(S)	DATE OF MARRIAGE OR COMMITMENT
()	()	()	
EMAIL ADDRESSES			

APPLICANT 1	APPLICANT 2
BIRTHDATE ____/____/____ US CITIZEN? _____	BIRTHDATE ____/____/____ US CITIZEN? _____
RELIGION _____	RELIGION _____
ATTEND: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	ATTEND: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY
<input type="checkbox"/> HOLIDAYS <input type="checkbox"/> NEVER <input type="checkbox"/> OTHER	<input type="checkbox"/> HOLIDAYS <input type="checkbox"/> NEVER <input type="checkbox"/> 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:	CHILDREN OF PREVIOUS MARRIAGE OR RELATIONSHIP:
NAME BIRTHDATE	NAME BIRTHDATE

CHILDREN OF PRESENT MARRIAGE/RELATIONSHIP:		OTHERS LIVING IN YOUR HOME:		
NAME	BIRTHDATE	NAME	AGE	RELATIONSHIP

How did you hear about Catholic Social Services of Washtenaw County?
 Phone Book Church Friend Former CSSW client Other: _____

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 physical challenge? Yes No Possibly
 ...a mental challenge? Yes No Possibly
 ...of a race other than your own? Yes No Possibly if yes, what races? _____

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.

Signature - Applicant #1

Date

Signature - Applicant #2

Date