

Adoption Advocacy

June Bond, Executive Director

Certification # 013-128
1712 Waterway Court
Spartanburg, SC 29301
Telephone: (864) 590-8851
E-mail: Junes007@aol.com

Joe Haynes, Director

Certification # 452-095
P.O. Box 406
Easley, SC 29641
Telephone: (864) 908-4157
E-mail: adoptadv@msn.com

PRELIMINARY APPLICATION FOR ADOPTION SERVICES

NAME:

Adoptive Father _____
(first) (middle) (last)

NAME:

Adoptive Mother _____
(first) (middle) (last) (maiden)

Address _____

(street) (city) (state) (zip code)

How long have you resided at the above address? _____

Home Phone:

Adoptive Mother
Cell Phone _____

Adoptive Father
Cell Phone _____

Work Phone _____

Work Phone _____

Email Address _____

Email Address _____

Is it okay to call you at work? Adoptive Father Yes No

Adoptive Mother Yes No

How many bedrooms do you have in your home? _____

How many children do you have in your home? _____

Who else lives in your home other than you and your children? _____

Total Monthly Income/Salary _____

Social Security Income: _____ Child Support: _____

Adoption Subsidy: _____ Disability: _____

Food Stamps: _____

Monthly surplus after all bills are paid: _____

Are you a current foster family? Yes No

Have you ever been a foster family? Yes No

How many children have you fostered? _____

How many years have you been a foster parent? _____

If you are a foster parent currently, please list the agency, address, telephone number and case worker that you are assigned to: _____

Are you willing to travel (by airplane) to another state to visit a child? Yes No

Are you listed on the Central Registry for Child Abuse?

Adoptive Father Yes No

Adoptive Mother Yes No

Are you listed on the sex offender registry?

Adoptive Father Yes No

Adoptive Mother Yes No

Have you ever been arrested? If so, please explain.

Adoptive Father Yes No

Adoptive Mother Yes No