

Thank you for considering American Adoptions! We have successfully completed thousands of home studies and have helped many couples in their journey to become parents. We are happy for the opportunity to help you through the home study process.

We will begin your Home Study as soon as you return the enclosed Home Study Application. Below is a breakdown of fees for a Standard Home Study.

Domestic Home Study: (30 – 60 days average completion time) \$ 850

International Home Study: (45 – 90 days average completion time) \$ 1,150

Please refer to the Home Study Service Guide (enclosed) for a complete list of optional fees.

American Adoptions, Inc accepts personal checks, money orders or credit card payments.

Please note that travel costs associated with the completion of the home study and post placement visits are charged at \$25.00 per hour of travel and are paid by you directly to your home study worker.

In order to complete the home study process in a timely manner, please follow all directions precisely, which will help you avoid any unnecessary delays. Since the home study process usually takes the longest of all adoption paperwork to complete, we have streamlined this process into two phases. We have found the Home Study process to be much easier to complete by breaking it into two phases for adoptive families. Phase I is a two-step process consisting of completing and returning the home study application and fee and completing all background checks and forwarding those per the instructions.

Phase II begins immediately upon our receipt of your Home Study Application. Once we receive your Home Study Application we will assign you to a home study worker who should be in direct contact with you within two business days. If you want to get a head start, you can find the supporting document checklist on our website under the Home Study section. If you have any questions, do not hesitate to contact us at 1-800-ADOPTION or email the home study coordinator at homestudy@americanadoptions.com

Thank You,

The Staff of American Adoptions

STEP 1

Complete and return application to American Adoptions with fee (credit card from enclosed)

HOME STUDY APPLICATION

Couple Information:

Names: _____ Maiden: _____

Home address: _____

_____ County: _____

Home phone: _____

If you have lived in your current state for less than 5 years, please list the previous states for the past 5 years only and include the dates that you resided there. _____

*(** If you have lived in your current state for less than 5 years we must obtain criminal and child abuse clearances from each previous state for the past 5 years only. Please notify your social worker know about this!)*

Email address(s): _____

Please list the name, address, phone number, contact name and email address of the agency/attorney you joined or are joining? _____

Do you have an identified child or potential birth mother? Yes No

How did you hear about American Adoptions? _____

If you attended a seminar please state who presented the seminar: _____

If you do not already have health insurance, please state your plans to provide coverage for your adopted child:

Please note: American Adoptions requires that a prospective adoptive family provide medical insurance for the child they wish to adopt. The prospective adoptive family must be willing to provide medical insurance on behalf of the child until such time as the child reaches the age of eighteen (18) years. The prospective adoptive family must also be willing to secure the best medical care and treatment available to the child as needed and required by the child's attending physician.

Adoption Information:

What race or race combinations are you considering? Please check all that apply:

Caucasian Asian African American Hispanic Other

What special situations are you willing to consider? Please check all that apply:

Twins Premature Special needs (mild, correctable) Sibling group

Legal:

Have either of you ever been arrested? Yes No

Have either of you been convicted of a crime? Yes No

Have either of you ever been reported for child abuse/neglect? Yes No

Father

Mother

Full Legal Name	_____	_____
Social Security Number	_____	_____
Drivers License Number	_____	_____
Race	_____	_____
Date of Birth	_____	_____
Marriage Date	_____	_____
Marriage Place	_____	_____
Ever Been Divorced	Y / N	Y / N
Highest Education Level	_____	_____
Employer	_____	_____
Occupation	_____	_____
Work Phone Number	_____	_____
Cell Phone Number	_____	_____
Currently or Previously in the Military	Y / N	Y / N
City and State of birth	_____	_____
Religion	_____	_____
Height	_____	_____
Weight	_____	_____
Hair Color	_____	_____
Eye Color	_____	_____
Complexion	_____	_____
Body Structure	_____	_____
Heritage (Irish, Italian, etc.)	_____	_____

Other Household Members (children, grandparents, etc):

Name	Gender	Birth Date	Relation to you (i.e. child, parent, sibling)	Adopted Date	Living in the home?
_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	Y / N

Are any of your children from a previous marriage? Yes No

Background Information on Extended Family Members: (if deceased please indicate)

Father	Parents Names	Age	Marital Status	Occupation	State	# of Children
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	Siblings Names	Age	Marital Status	Occupation	State	# of Children
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Mother	Parents Names	Age	Marital Status	Occupation	State	# of Children
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	Siblings Names	Age	Marital Status	Occupation	State	# of Children
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

Please list any health / medical concerns for yourselves or immediate/extended family:

Please sign this document and return this application along with your home study fee. If you need a domestic home study the fee is \$850 and if you want an international home study the fee is \$1,150 (please include attached International form).

Send or fax this application and payment to:

American Adoptions Inc.
 Attn: Rebecca Krebs
 9101 West 110th Street; Suite 200
 Overland Park, KS 66210
 Fax: 913-383-1615

By signing this application, you are verifying all information on this application is true and accurate and understand that fees paid are non-refundable.

 Adoptive Parent Signature

 Adoptive Parent Signature

Home Study Service Guide

The standard package includes typical services needed to complete a domestic or an international home study.

Domestic Home Studies: \$850, International Home Study: \$1150
Travel: \$25.00 per hour

The above pricing fulfills the requirements for many domestic and international home study services. However, some court systems, countries, and other domestic/international adoption professionals require or request services in addition to a typical home study. We will perform these services only at a client's request.

Home Study Update \$400 for Domestic, \$600 for International

An update is a follow up report to the home study if a placement has not occurred by the one-year mark for domestic adoption or by the time your Immigration approval expires for an international adoption. A few states require an update to occur every six months. If a domestic home study is more than 2 years old, a completely new home study must be completed. Updates for international home studies depend upon immigration and foreign country requirements.

Extensive Home Study Update \$600

If you have had a child placed in your home since the last home study, moved, have significant changes in employment or community, etc. If a domestic home study is more than 2 years old, a completely new home study must be completed. Updates for international home studies depend upon immigration and foreign country requirements.

Addendum (Home Visit) \$250 **(Telephonic) \$150**

This is for a minor change in family status like a new job with about the same pay and responsibilities, change in insurance, etc.

Post Placement /Post Adoption Report (Home Visit) \$250 for Domestic, \$350 for International **(Telephonic) \$150 for Domestic, \$250 for International**

Visits that occur after a baby is placed in your home, these post placement reports are provided to the court (and placing country for international) provide updates on the child and family. \$50 per extra child (twins, siblings).

Home Study Update at Post Placement Visit \$500

An update may be required for finalization and the home visit can be completed at the same time that the Post Placement visit occurs.

Court report \$250

Some courts require a report in addition to the home study and/or post placement reports. This report typically summarizes the home study and post placement and ultimately recommends the permanent placement of the child for the final adoption hearing.

Country Change \$200

For International home studies, if you decide to change countries from what was originally written on your home study application or are in the middle of your home study and a home visit has already been completed.

Dual Home Study \$250

Completion of both an International and Domestic home study. The fee will be \$1395 plus \$250.

Extra Home Visit \$150 plus travel time

Miscellaneous \$50-\$200

Providing additional copies of the home study, additional counseling for issues beyond a home study, additional request of documents outside of our standard home study package.

****RUSSIA: \$2550**

If you are adopting from Russia you must only use an accredited placement agency who is accredited with the Russian country. Post Placement fees are collected upfront at the time of the home study report so the total amount due is \$2550.00.



Please use this form for credit card services only

CREDIT CARD AUTHORIZATION

I, _____, hereby authorize American Adoptions, Inc. to charge my Visa or MasterCard credit card.

- **Account no.** _____
- **Expiration:** ____/____ (MM/YY)
- **Amount:** \$ _____

This credit card charge is for payment of services associated with American Adoptions, Inc. These costs are incurred on _____, 20____ on my behalf.

I hereby represent that I am authorized to charge on this credit card.

Date _____, 20____

Signature _____

Address: _____

Telephone: _____

E-mail: _____

STEP 2

Complete and forward the attached forms per these instructions

****Each form must be completed for each person living at your residence 18 years of age or older.**

Sagem Morpho Live Scan Form (State and FBI Clearance) - Complete and follow instructions detailed on Sagem Morpho instruction form. There is a \$60.25 per person fee payable to Sagem Morpho Live Scan at time of your appointment. Applicants must make payment with a credit card, electronic check or money order. Personal check will no longer be accepted. Sagem Morpho will give you a receipt at the time of fingerprinting and we ask that you keep that receipt until your home study is completed for tracking purposes in case something may get lost.

Child Abuse Record Information Form - Please make sure all information is printed in ink and legible and remember to sign and date the form. The fee is \$10 per form.

Please send completed child abuse forms along with a check or money order payable to American Adoptions to:

**American Adoptions
Attn: Rebecca Krebs
9101 W. 110th Street; Ste 200
Overland Park, KS 66210**

*Faxes or photocopies of these forms are not acceptable, we must have the original otherwise your clearance will be delayed.

**Note: If during the course of your criminal and child abuse background screening process this office receives a "hit" on an applicant, the applicant will be notified by the main office. The applicant must then obtain a full disposition or full disclosure of the incident by the reporting entity. In addition, probation reports, court documents, counseling reports and evaluations will also be required. The home study procedure will be suspended until the requisite documents are received in our office. Those documents will be forwarded to your social worker for full assessment. If an applicant declines to cooperate with this policy, the home study or activation will be terminated and no refund of fees will be granted.



(1) Originating Agency Number (ORI #) NJ920690Z	(2) Category CFB	(3) Statute Number 9:3-54.2
(4) Reason for Fingerprinting ADOPTION HOME STUDY		(5) Document Type B1
(6) Payment Information \$60.25		(7) Contributor's Case # (Unique Identifier) PA0196 (ENTER 3 DIGIT COST CODE AFTER ZERO)
(8) Miscellaneous		

**** Important: Please see Acceptable ID Requirements below****

(9) First Name		(10) MI	(11) Last Name	
(12) Daytime Phone Number () -		(13) Social Security Number	(14) Date of Birth	(15) Height
(16) Weight		(17) Maiden Name (if married female)		(18) Place of Birth (State if US Citizen -- Country for all others)
(19) Country of Citizenship				
(20) Home Address				
Address		City		State Zip
(21) Gender (Select one) Male Female Both	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander (includes Asian Indian) B Black W White (Includes Hispanic/ Spanish Origin) U Unknown I American Indian / Alaska Native	
(25) Occupation Adoptive Applicant	(26) Employer (Name) American Adoptions Employer Address 9101 W. 110th Street, 2nd Floor Overland Park City State Kansas Zip 66210			

APPLICANT INFORMATION – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.

ACCEPTABLE ID REQUIREMENTS –ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for Identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An \$11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The \$11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at www.bioapplicant.com/nj, 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the \$11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You MUST retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

Applicant ID No.	Scheduled Site/ Date/ Time	PYMT Authorization	PCN
Agency Information #1		Agency Information #2	

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM



(1) Originating Agency Number (ORI #) NJ920690Z	(2) Category CFB	(3) Statute Number 9:3-54.2
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(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number () -		(13) Social Security Number	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden Name (if married female)		(18) Place of Birth (State if US Citizen - Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) Male Female Both	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander (includes Asian Indian) B Black W White (Includes Hispanic/ Spanish Origin) U Unknown I American Indian / Alaska Native		
(25) Occupation Adoptive Applicant	(26) Employer (Name) American Adoptions Employer Address 9101 W. 110th Street, 2nd Floor Overland Park City _____ State Kansas Zip 66210				

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ACCEPTABLE ID REQUIREMENTS –ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for Identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.

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Applicant ID No.	Scheduled Site/ Date/ Time	PYMT Authorization	PCN
Agency Information #1		Agency Information #2	

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

CONFIDENTIAL

CHILD ABUSE RECORD INFORMATION FORM
DEPARTMENT OF CHILDREN & FAMILIES
OFFICE OF LICENSING
ADOPTIVE APPLICANTS, HOUSEHOLD MEMBERS AND ADOPTION AGENCY
STAFF MEMBERS

PLEASE PRINT CLEARLY IN INK. COMPLETE THIS FORM ON BOTH SIDES AND RETURN IT TO THE ADOPTION AGENCY. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED. SEPARATE COPIES OF THIS FORM MUST BE COMPLETED BY EACH ADOPTIVE APPLICANT AND EACH HOUSEHOLD MEMBER AT LEAST 18 YEARS OLD, AND ADOPTION AGENCY STAFF MEMBERS.

Your full name (first, middle, last): _____

Previous name, maiden name or nicknames: _____

Date of name change, if applicable: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Race: _____

Social Security number: _____ Sex: _____

NOTE: Pursuant to the Federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security number is voluntary. Your Social Security number, race, date of birth, and sex will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by the New Jersey State Adoption Law (N.J.S.A. 9:3-37 et seq.).

Full names and ages of your children, if any: _____

Your previous addresses since 1981 and the dates you lived at each address:

1) _____

From: _____ To: _____
(month) (year) (month) (year)

2) _____

From: _____ To: _____
(month) (year) (month) (year)

3) _____

From: _____ To: _____
(month) (year) (month) (year)

4) _____

From: _____ To: _____
(month) (year) (month) (year)

Name: _____

Please check whether you are:

_____ an adoptive applicant

_____ a household member of an adoptive applicant

_____ an Adoption Agency staff member

If you are a household member, please indicate the name of the adoptive applicant(s):

(For Adoptive Applicant/Household Members):

I certify that I am not currently being investigated for any allegation of child abuse or neglect. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____

All Adoption Agency Staff completing this form must read the following and sign below:

I consent to have the Office of Licensing conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I certify that I am not currently being investigated for any allegation of child abuse or neglect. I understand that if a record of substantiated child abuse or neglect is found, or if I refuse to sign this consent form, I will not be permitted to work at this or any other licensed New Jersey Adoption Agency. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____

FOR ADOPTION AGENCY USE ONLY

Adoption agency: **American Adoptions**

Cost code: **000196**

Staff signature: _____

Date: _____

Number of persons at least 18 years old in this household, including applicant(s): _____

Check here if this is a step-parent adoption: _____

NOTE: For a step-parent adoption,

CARI background checks are not required for the child's birth parent and adult siblings.

The step-parent and all other adult household members are required to complete this form.

FOR OFFICE OF LICENSING USE ONLY

OOL staff initials _____

CONFIDENTIAL

CHILD ABUSE RECORD INFORMATION FORM
DEPARTMENT OF CHILDREN & FAMILIES
OFFICE OF LICENSING
ADOPTIVE APPLICANTS, HOUSEHOLD MEMBERS AND ADOPTION AGENCY
STAFF MEMBERS

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Your full name (first, middle, last): _____

Previous name, maiden name or nicknames: _____

Date of name change, if applicable: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Race: _____

Social Security number: _____ Sex: _____

NOTE: Pursuant to the Federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security number is voluntary. Your Social Security number, race, date of birth, and sex will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by the New Jersey State Adoption Law (N.J.S.A. 9:3-37 et seq.).

Full names and ages of your children, if any: _____

Your previous addresses since 1981 and the dates you lived at each address:

1) _____

From: _____ To: _____
(month) (year) (month) (year)

2) _____

From: _____ To: _____
(month) (year) (month) (year)

3) _____

From: _____ To: _____
(month) (year) (month) (year)

4) _____

From: _____ To: _____
(month) (year) (month) (year)

Name: _____

Please check whether you are:

_____ an adoptive applicant

_____ a household member of an adoptive applicant

_____ an Adoption Agency staff member

If you are a household member, please indicate the name of the adoptive applicant(s):

(For Adoptive Applicant/Household Members):

I certify that I am not currently being investigated for any allegation of child abuse or neglect. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____

All Adoption Agency Staff completing this form must read the following and sign below:

I consent to have the Office of Licensing conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I certify that I am not currently being investigated for any allegation of child abuse or neglect. I understand that if a record of substantiated child abuse or neglect is found, or if I refuse to sign this consent form, I will not be permitted to work at this or any other licensed New Jersey Adoption Agency. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____

FOR ADOPTION AGENCY USE ONLY

Adoption agency: **American Adoptions**

Cost code: **000196**

Staff signature: _____ Date: _____

Number of persons at least 18 years old in this household, including applicant(s): _____

Check here if this is a step-parent adoption: _____ NOTE: For a step-parent adoption, CARI background checks are not required for the child's birth parent and adult siblings. The step-parent and all other adult household members are required to complete this form.

FOR OFFICE OF LICENSING USE ONLY

OOL staff initials _____