

NEW YORK HOMESTUDY APPLICATION

All information will remain confidential unless your permission is granted, in writing, to release part or parts of it. However, through social media and the internet, your name, address and phone number can possibly be located through diligence by a birth parent. Please note, most of the correspondence, on our part, will be through email.

Choose all that apply:

- Domestic Home Study Only
- Domestic Home Study & Matching through Adoption Choices of New York
- Application fee \$650.00 paid through www.AdoptionChoicesofNewYork.org. This fee is non-refundable.

How did you hear about our agency? _____

NAME(S): _____

ADDRESS: _____

CHILDREN IN HOME: _____

HOME PHONE: _____

NAME: _____

Cell _____ Work _____ Email _____

NAME: _____

Cell _____ Work _____ Email _____

Date and place of MARRIAGE (if applicable): _____

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CHILDREN OF THE PRESENT MARRIAGE (if applicable):

NAME	DATE OF BIRTH	WHERE LIVING	ADOPTED/ BIOLOGICAL
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Other household members and relationship: Anyone living in your home who is 18 years or older, is required to complete Criminal and Child Abuse Clearances, provide a Physician's Report, and to meet with the case worker.

NAME	DATE OF BIRTH	RELATIONSHIP
------	---------------	--------------

States in which adult household members (anyone over age 18) have resided in for the last 5 years

NAME: _____ STATES: _____

NAME: _____ STATES: _____

NAME: _____ STATES: _____

NAME: _____ STATES: _____

NAME: _____ STATES: _____

NAME APPLICANT 1: _____

Date of birth: _____ Age: _____

Place of birth: _____

Race/Nationality: _____

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Weight _____ Height _____ Hair color _____ Eye color _____

Education: _____

Occupation: _____

Employer: _____

Years employed: _____

Annual Income: _____

Declared bankruptcy or foreclosed on a home? _____

Religious preference: _____

Dates of previous marriage(s) & divorce(s): _____

Children from previous marriage(s):

Name	Age	Custody Status	Living Where
------	-----	----------------	--------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
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Social Security Number: _____

Driver's License or Passport Information:

State, Number and Expiration Date: _____

Health insurance provider: _____

Who covered: _____

Life insurance provider: _____

Amount: _____

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Medical problems: Chronic or debilitating illness (past & present) or medication taken: _____

Diagnosed infertility: _____

Psychiatric concerns, including treatment and medications taken (past & present): _____

Drug or alcohol problems, including treatment (past & present): _____

Been convicted of physical abuse, domestic abuse, child abuse or neglect, or sexual abuse? **YES** **NO**

If yes, explain: Date, location, charge and status: _____

Any history of conviction, whether in the United States or abroad, even if the record of the conviction has been expunged, sealed, pardoned or the subject of any amelioration? **YES** **NO**

If yes, explain: Date, location, charge and status: _____

Any history as a victim of child abuse, child neglect, sexual abuse, or domestic violence? **YES** **NO**

If yes, explain: Date, location, charge and status: _____

Military history: **YES** **NO**

Branch of service

Service Dates

Discharge status

Are you enrolled or eligible for enrollment in any Native American Tribe? **YES** **NO**

If yes, what tribe: _____

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Father's name & age: _____

Where living: _____

With whom: _____

Occupation: _____

Mother's name & age: _____

Where living: _____

With whom: _____

Occupation: _____

Siblings:

Name	Age	Where Living	Occupation	Spouse	# of Children
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NAME APPLICANT 2:

Date of birth: _____ Age: _____

Place of birth: _____

Race/Nationality: _____

Weight _____ Height _____ Hair color _____ Eye color _____

Education: _____

Occupation: _____

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Employer: _____

Years employed: _____

Annual Income: _____

Declared bankruptcy or foreclosed on a home? _____

Religious preference: _____

Dates of previous marriage(s) & divorce(s): _____

Children from previous marriage(s):

Name	Age	Custody Status	Living Where
------	-----	----------------	--------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Social Security Number: _____

Driver's License or Passport Information:

State, Number and Expiration Date: _____

Health insurance provider: _____

Who covered: _____

Life insurance provider: _____

Amount: _____

Medical problems: Chronic or debilitating illness (past & present) or medication taken: _____

Diagnosed infertility: _____

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Psychiatric concerns, including treatment and medications taken (past & present): _____

Drug or alcohol problems, including treatment (past & present): _____

Been convicted of physical abuse, domestic abuse, child abuse or neglect, or sexual abuse? **YES NO**

If yes, explain: Date, location, charge and status: _____

Any history of conviction, whether in the United States or abroad, even if the record of the conviction has been expunged, sealed, pardoned or the subject of any amelioration? **YES NO**

If yes, explain: Date, location, charge and status _____

Any history as a victim of child abuse, child neglect, sexual abuse, or domestic violence? **YES NO**

If yes, explain: Date, location, charge and status: _____

Military history: **YES NO**

Branch of service

Service Dates

Discharge status

Are you enrolled or eligible for enrollment in any Native American Tribe? **YES NO**

If yes, what tribe: _____

Father's name & age: _____

Where living: _____

With whom: _____

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Occupation: _____

Mother's name & age: _____

Where living: _____

With whom: _____

Occupation: _____

Siblings:

Name	Age	Where Living	Occupation	Spouse	# of Children
------	-----	--------------	------------	--------	---------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

HOME

Chose one: SINGLE RESIDENCE HOME COOP CONDO APARTMENT

Other (specify): _____

Rent: _____ Monthly payment: _____

Mortgage owed: _____ Monthly payment: _____

REFERENCES - 3 NON-RELATIVES

Please provide information about three non-relatives who will submit reference letters on your behalf.

NAME(S) _____

Full Address: _____

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Adoption Choices of New York

Phone number: _____

Email address: _____

NAME(S) _____

Full Address: _____

Phone number: _____

Email address: _____

NAME(S) _____

Full Address: _____

Phone number: _____

Email address: _____

ADOPTION AGENCY (if not Adoption Choices)

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact person: _____

Email: _____

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ADOPTION ATTORNEY (IF ANY):

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

GENERAL QUESTIONS

Why do you wish to adopt a child? _____

Have you ever had an adoption fail or fall through? YES NO

If yes, please describe the circumstances: _____

Have you already had a home study done by anyone for the purpose of adoption? YES NO

If yes, who did it and when? **PLEASE RETURN WITH APPLICATION** (If your homestudy or documents need updating, you will be informed of the cost and needed steps).

Have you ever been denied a favorable home study? YES NO

If yes, when and for what reason? _____

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Are you using any other methods to try and adopt? YES NO

If yes, specify: _____

How long have you been in the adoption process? _____

Have you applied for a child elsewhere? YES NO

If yes, when and where and what were the results? _____

Are you still pursuing fertility treatments? YES NO

If yes, describe: _____

Have you ever had any of the following: If yes, please explain on a separate piece of paper (answering yes to any of these questions does not necessarily preclude you from adopting, but it is important to have this information in order to better assist you).

	YES	NO
Relinquished your rights to a child or had your rights terminated?	<input type="checkbox"/>	<input type="checkbox"/>
Had a child removed from your home or custodial care for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
Dissolved or disrupted a child's adoption?	<input type="checkbox"/>	<input type="checkbox"/>
Been denied by another adoption agency?	<input type="checkbox"/>	<input type="checkbox"/>
Past due on any court ordered installment of child support?	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments or information you would like to add to your application:

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By signing below:

I/We understand that I/we have a duty of candor. I/we must give true and complete information to the home study preparer and Adoption Choices of New York staff. I/we must disclose any conviction, whether in the United States or abroad, even if the record of the conviction has been expunged, sealed, pardoned, or the subject of any other amelioration. Furthermore, I/we must disclose other relevant information, such as physical, mental or emotional health issues, or behavioral issues. This duty of candor is an ongoing duty and continues until placement of a child and finalization of that child's adoption. I/we agree to notify the home study preparer and Adoption Choices of New York staff of any new event or information that might warrant submission of an Addendum to your home study.

I/We understand that the adoption homestudy and post placement fees are separate from the application fee and must be paid before such services are provided.

I/We understand that the matching fee is separate from the application fee and must be paid at the completion of the homestudy process before I/we will become eligible for matching.

I/We understand and acknowledge that our application fee of \$550.00 is non-refundable.

I/We further understand that adoption costs vary depending on the specific adoption situation, and that upon being matched with a birth mother and/or child I/we will be responsible for paying the full estimated amount of that particular adoption situation.

I/We understand that Adoption Choices has a legal obligation to protect any child placed for adoption and to ensure that an adoptive family is able to serve the best interest of the child.

I/We authorize Adoption Choices of New York to both receive and share any information given to the agency for the purposes of my/our adoption including, but not limited to medical, psychiatric, financial, and history of arrest and/or child abuse and neglect clearances

I/We understand that my/our records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my/our written consent unless otherwise provided for in the regulations. I/We also understand that I/we may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it.

I/We understand that in this digital age and the advancement of electronic communication there may be times the agency must email confidential information to another agency, organization, party, etc. The Interstate Compact for the Placement of Children (ICPC) is now utilizing the process whereby all documents are being sent electronically in an attempt to receive approval for the return home of the adoptive parents and baby in a timelier manner. This method may not be secure, and I/we understand there may be a risk of my/our information being intercepted. Other documents that may be emailed to another provider and/or attorney, could include medical reports, request for prenatal/birth records, initial information regarding the birth parents, contracts, financial information, identifying information, and/or completed home studies from/to another agency. Knowing this, we give permission for the agency to send our information electronically.

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Consent to E-mail or Text Usage for Agency Communications: Adoptive parent(s) working with Adoption Choices of New York may be contacted via e-mail and/or text messaging to provide information relating to the agency, to provide general adoption information, and/or to obtain feedback on your experience with the agency. The adoptive parent(s) understand that once they have consented to receive communication via e-mail or text message, they have the right to revoke the consent at any time.

The adoptive parent(s) acknowledge they are consenting to receiving directly to the e-mail address and/or text message number provided by the client:

- General adoption information;
- Information relating to the agency; or
- Surveys regarding experience with the agency.

Initials: _____

I/We consent to the above in order to receive communication from the agency to my e-mail address and/or to my cell phone number provided. I/We understand that this request to receive e-mails and/or text messages will apply to future communication unless I/we request a change in writing (revocation form can be requested from agency).

The cell phone number(s) that I authorize to receive text messages at is/are:

The e-mail address(es) that I authorize to receive e-mail at is/are:

OR

_____ I decline to receive communication via text.

_____ I decline to receive communication via email.

Please note, Adoption Choices of New York does not charge for this service, but standard messaging rates may apply as provided in your wireless plan.

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Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in the New York State Penal Law. Further any statements proven to be false can be grounds for denial of your application or home study.

First Applicant

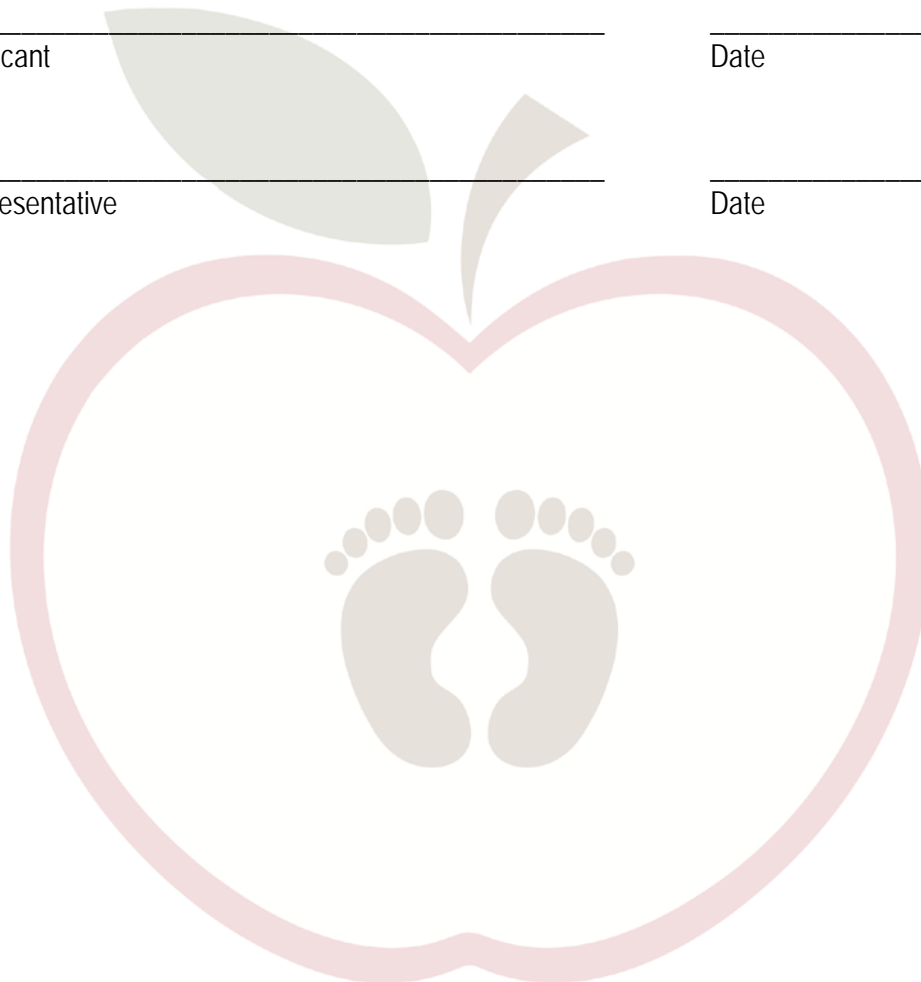
Date

Second Applicant

Date

Agency Representative

Date



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