



LUTHERAN SOCIAL SERVICES OF THE NATIONAL CAPITAL AREA

Grace Lutheran Church
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Bowie, MD 20715

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Washington, D.C. 20011
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Fairfax, VA 22031
Phone: (703) 250-6500
Fax: (703) 250-6506

(All families residing in DC or Maryland, please submit your application to the DC office. All families residing in Virginia should submit their application to the Virginia office.)

PRELIMINARY ADOPTION APPLICATION

PLEASE PRINT

Parent 1's Full Name

Social Security Number

email address

Parent 2's Full Name

Social Security Number

email address

Street Address

City

State

Zip

County

Home Telephone Number

Parent 1's work/cell #

Parent 2's Work/cell #

Date and Place of Marriage

Race(s)

Religion(s)

Previous Adoption Home Studies:

Name of Agency

Date

Approved Denied

Name of Agency

Date

Approved Denied

Personal Information:

PARENT 1

PARENT 2

Birthdate: _____

County of Birth: _____

City and State: _____

U.S. Citizen: _____

If Naturalized, Give Place, Date and Certificate Number

Physical Description:

PARENT 1

PARENT 2

Height & Weight: _____

Eye and Hair Color: _____

Complexion: _____

Health Status:

PARENT 1

PARENT 2

List health, hospitalization and life insurance plans:

PARENT 1

PARENT 2

Type & Amount: _____

Company: _____

Yearly Premium: _____

Type & Amount: _____

Yearly Premium: _____

Educational Background:

PARENT 1

PARENT 2

Highest Grade Completed: _____

School/College: _____

Location: _____

Diploma\Degree\Date: _____

Additional Education: _____

Previous Marriage (If Applicable):

PARENT 1

PARENT 2

Date\Place: _____

How Terminated: _____

Where/When: _____

Date\Place: _____

How Terminated: _____

Where/When: _____

List hobbies, special interest and community activities:

_____	_____
_____	_____
_____	_____

List all persons living in your home. Do not include yourselves or children, but do include relatives, boarders and employees:

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

List all children living in your home:

_____	_____	_____	_____
Name	Birth/Adopted	Birth date	Occupation or School & Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all children who do NOT live in the home:

_____	_____	_____	_____
Child's Name	Birth/Adopted	Birthdate	Occupation or School & Grade
_____	_____	_____	_____
_____	_____	_____	_____

PARENT 1'S PARENTS:

Father's Name & Address

Mother's Name & Address

PARENT 2'S PARENTS:

Father's Name & Address

Mother's Name & Address

Employment Information:

**PARENT 1
Current Employment**

**PARENT 2
Current Employment:**

Employer: _____

Address: _____

City/State: _____

Title/Position: _____

Date of Employment: _____

Annual Salary: _____

Benefits: _____

(Please list work history for the past 10 years):

**PARENT 1
Previous Employment**

**PARENT 2
Previous Employment:**

Name/Address of Employer

Name/Address of Employer

Type of Work: _____

Date of Employment: _____

Begin/End Salary: _____

Name/Address of Employer

Name/Address of Employer

Type of Work: _____

Date of Employment: _____

Begin/End Salary: _____

Name/Address of Employer

Name/Address of Employer

Type of Work: _____

Date of Employment: _____

Begin/End Salary: _____

Real Estate – Personal Property Business:

If you own your home, what is its present value? _____

What is the outstanding mortgage? _____

List your monthly mortgage payment or rent? _____

Are your sanitary and water supply systems part of a municipal or private system? _____

What is the amount currently in your checking accounts? _____ savings? _____

What stocks/bonds do you own and their value? _____

List the amount and source of any other income. _____

List any other property and/or investments. _____

List your outstanding loans, debts, and payment plans. _____

List all vehicles or pleasure crafts that you own or are buying, the balance due and the amount of monthly payment:

<u>Vehicle</u>	<u>Balance Due</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____

What is the annual insurance premium(s) on these vehicles/crafts? _____

Have you ever been legally arrested or convicted of a crime? _____ If yes, Year/State _____

Explanation

Has child abuse/neglect/domestic violence allegations been filed against you or any family member? _____

If yes, year and State _____

References: Give the name of five persons living in this area, not related to you, who know you very well.

Name; Complete Address Including City/State/Zip; Day and Evening Phone Numbers with Area Code

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

Date

Parent 1's Signature

Date

Parent 2's Signature

Check Type of Adoption Requested:

- _____ International
- _____ Independent/Agency Assisted (Domestic)
- _____ Private/Parental Placement (Domestic)

POLICIES

Lutheran Social Services of the National Capital Area, Inc., is a private, non-profit agency whose child placement program was established in 1956. The agency is licensed to provide child placing services in the District of Columbia, Maryland and Virginia

The purpose of Lutheran Social Services is "to provide professional social services that promote the well being of individuals, families and the community, to assist congregations in identifying and responding to community needs; to advocate for social justice, individual self-sufficiency and the inherent worth of each human being." We believe in the inherent dignity of the individual, the right to self-determination and the security of the family unit. Our policies are geared towards the client's needs. Services are offered in a non-discriminatory manner regardless of race, creed, religion, national origin, sex or handicapping conditions.

Lutheran Social Services provides services to all children available for adoptive placement. These may include children: of all racial and ethnic backgrounds; of all ages; with special needs or handicapping conditions. The children are domestic or foreign born.

Lutheran Social Services primarily serves prospective adoptive families within a fifty mile radius of the District of Columbia. Eligibility criteria in relation to age, marital status, sex, income or handicapping conditions may vary according to the needs of a specific child, or child placement source. All home studies will be conducted according to jurisdictional regulations in a professional and timely manner.

We affirm the principle of confidentiality in all client relations. Exceptions include release of information mandated by local, state or federal law or authorized by the affected individual. Home studies will be released upon your request to other licensed child placing agencies, Interstate offices, U.S. Immigration Offices or Courts holding jurisdiction over an adoption, or other placement sources, as applicable.

Fees for independent or non-Hague international adoptions are \$250 for application and \$1,500 for a home study. Fees for an international home study for a Hague country are \$250 for application and \$1,700 for a home study. There may be additional fees from the child placement source. Fees for home study reevaluation/updates range from \$400 - \$1,425. Fees for post placement services are \$350 per visit; \$1050 for three visits in six months, and \$325(VA)- \$450(D.C) for court reports. Fees paid to the agency are to cover the costs incurred by the agency in relation to the adoption program. Decisions about home studies are not related to individual fees paid and no contributions will be accepted or solicited from adoptive applicants or waiting approved families. Post adoption services are provided throughout the lifetime of an adopted child. If Lutheran Social Services cannot provide the service requested, every effort will be made to identify appropriate resource referrals.

If for any reason the adoption home study/services cannot be completed, payments already received will be refunded proportionate to the amount of service already rendered by the agency

SERVICE CONTRACT - INTERSTATE/INTERNATIONAL ADOPTION APPLICATION

We/I, the undersigned applicant(s), having completed an adoption application to be filed with Lutheran Social Services of the National Capital Area, Inc., in order to obtain an adoption home study as a necessary pre-adoption requirement, acknowledge an obligation of a home study/home study update fee to be paid as follows:

1. A \$250 (two hundred fifty dollars) registration fee to accompany this application to be paid by us/me to Lutheran Social Services of the National Capital Area, Inc.,
2. The balance of \$1,500 (Non Hague or Independent) or \$1,700 (Hague Country) payable at the time of our/my first home study interview.

If for any reason the adoption home study cannot be completed, the payment already received will be refunded proportionate to the amount of service already rendered by the Agency.

We/I further agree and state that all data provided by us/me as part of our/my Adoption Home application is true and completed to the best of our/my knowledge under penalty or perjury. I/We understand that if we provide the agency with inaccurate or incomplete information that it could lead to denial of our application for home study. Moreover, we/I enter into the fee agreement as stated herein willingly, and under no duress.

If we/I choose to utilize post placement services through Lutheran Social Services of the National Capital Area, Inc., we/I will be obligated for a fee of \$350.00 per visit; to be paid at the time of each visit. Fees will be charged for any other additional services. Fees are subject to change without notice.

We/I further state that we have received the Agency Policy Statement.

SIGNATURES

Applicant #1

Witness (To all signatures)

Applicant #2

Date

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

My Commission expires _____.