

Loving Houston Adoption Agency
Offering Foster Care and Adoption Services

Questionnaire/Application

Last Name	First Name (Husband)	(Wife)
Address: _____ City: _____		
State: _____ Zip: _____ Home Phone: _____		
Husband: Cell: _____		Work: _____
Wife: Cell: _____	Work: _____	
Husband Email contact: _____		
Wife Email contact: _____		

HUSBAND'S INFORMATION

Age	
Date of Birth	
Ethnicity	
Education	
Occupation	
Primary Language	
Other languages spoken	
Citizenship	
Marriage Date	
Divorce (s)? When?	

WIFE'S INFORMATION

Age	
Date of Birth	
Ethnicity	
Education	
Occupation	
Primary Language	
Other languages spoken	
Citizenship	
Marriage Date	
Divorce (s)? When?	

CHILDREN:

Name	
Gender	
Date of Birth	
Age	
Ethnicity	
Education	
Lives inside home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	
Gender	
Date of Birth	
Age	
Ethnicity	
Education	
Lives inside home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	
Gender	
Date of Birth	
Age	
Ethnicity	
Education	
Lives inside home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	
Gender	
Date of Birth	
Age	
Ethnicity	
Education	
Lives inside home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	
Gender	
Date of Birth	
Age	
Ethnicity	
Education	
Lives inside home	<input type="checkbox"/> Yes <input type="checkbox"/> No

PETS:

Name	Breed	Indoor/Outdoor

DESCRIPTION OF HOME:

1. How long have you resided at your current address? _____ Years _____ Months
2. Do you (check): Own Rent/Lease Mortgaged
3. Type of neighborhood? (check) Apartment Rural City Town Subdivision
 - a. # of bedrooms _____ # of bathrooms _____
4. What will be the sleeping arrangements for the child (children) you foster/adopt?
5. Will the child (children) be sharing a room? If yes, which of your children will be sharing a room with the child (children)?
6. Describe your neighborhood, including the average income level, age of residents, and racial makeup.
7. What Independent School District are you in?
8. Describe your relationship with your neighbors.

CHURCH INFORMATION:

1. Church Name: _____
2. Pastor's Name: _____
3. Is the husband a member (Check) Yes No How long? _____
4. If the wife a member (Check) Yes No How long? _____

EMPLOYMENT INFORMATION:

Husband

Occupation: _____ Company Name: _____

Company Address: _____

City: _____ Zip: _____

Job Description (Please describe job duties and responsibilities):

What is your daily schedule? Do you have any flexibility in your schedule? For example, if necessary, can you leave work to take a child to doctor/therapy appointments, school meetings, biological family/sibling visits?

How long have you been at current job? _____ Years _____ Months

On a separate piece of paper please list employment or business for the last ten years or since leaving school. Please include the following:

- a) Occupation
- b) Employer
- c) Dates
- d) Wage/Salary

Wife

Occupation: _____ Company Name: _____

Company Address: _____

City: _____ Zip: _____

Job Description (Please describe job duties and responsibilities):

What is your daily schedule? Do you have any flexibility in your schedule? For example, if necessary, can you leave work to take a child to doctor/therapy appointments, school meetings, biological family/sibling visits?

How long have you been at current job? _____ Years _____ Months

On a separate piece of paper please list employment or business for the last ten years or since leaving school. Please include the following:

- a) Occupation
- b) Employer
- c) Dates
- d) Wage/Salary

FINANCIAL INFORMATION:

Monthly Gross Income: Husband _____ Wife _____

Monthly Net Income: Husband _____ Wife _____

Monthly Expenses

Savings

Tithe		Passbook	
House Payments		Certificates	
Utilities		Stocks	
Insurances		U.S. Bonds	
Automobile Payment		Other	
Gasoline			
Food			
Debt Payments			
Child Care			
Clothing			
Medical			
Pets			
Legal (inc. attorney fees, child support/alimony, etc.)			
Misc./Other			
Total Expenses		Total Savings	

LIFE INSURANCE INFORMATION:

Company Name: _____

Value of Policy: _____ Husband _____ Wife _____

Premium (monthly or annually): Cost: _____ Husband _____ Wife _____

Please Note: Only include cost if it is NOT reflected in net income

HEALTH INSURANCE INFORMATION:

Company Name: _____

Type of Coverage (medical /dental): _____

Premium: Monthly or Annually (circle one) Amount: _____

Is this taken out in your paycheck? YES NO

Please Note: Only include the cost if it is NOT reflected in net income.

RESIDENCES:

List the dates and addresses of the places you have resided for the past 10 years beginning with the current address.

Husband

Dates	Address	City	State	Zip

Wife

Dates	Address	City	State	Zip

MEDICAL INFORMATION - Husband

(Please use additional paper as needed for complete explanation)

Handicaps	Date	Degree of Recovery	Current Health
a)			
b)			
c)			
Chronic Conditions	Date	Degree of Recovery	Current Health
a)			
b)			
c)			
Serious Illnesses	Date	Degree of Recovery	Current Health
a)			
b)			
c)			
Operations	Date	Degree of Recovery	Current Health
a)			
b)			
c)			

Abortion: To your knowledge have you fathered a child that was subsequently aborted or miscarried?

Abortion: Yes No

Miscarried: Yes No

Please briefly explain any emotional side effects and how you have resolved or are attempting to resolve this experience?

MEDICAL INFORMATION - Wife

(Please use additional paper as needed for complete explanation)

Handicaps	Date	Degree of Recovery	Current Health
a)			
b)			
c)			
Chronic Conditions	Date	Degree of Recovery	Current Health
a)			
b)			
c)			
Serious Illnesses	Date	Degree of Recovery	Current Health
a)			
b)			
c)			
Operations	Date	Degree of Recovery	Current Health
a)			
b)			
c)			

Abortion: Have you ever been pregnant with a child that was subsequently aborted or miscarried?

Abortion: Yes No

Miscarried: Yes No

Please briefly explain any emotional side effects and how you have resolved or are attempting to resolve this experience?

FAMILY BACKGROUND:

Husband

Number of Brothers: _____ Adopted _____ Step _____ Biological _____

Number of Sisters: _____ Adopted _____ Step _____ Biological _____

Sibling Name: _____

Address: _____

D.O.B: _____

General Health: _____

Education: _____

Marital Status: _____

Occupation: _____

Number of Children: _____

Children's Ages: _____

Frequency & Type of Contact: _____

Sibling Name: _____

Address: _____

D.O.B: _____

General Health: _____

Education: _____

Marital Status: _____

Occupation: _____

Number of Children: _____

Children's Ages: _____

Frequency & Type of Contact: _____

Sibling Name: _____

Address: _____

D.O.B: _____

General Health: _____

Education: _____

Marital Status: _____

Occupation: _____

Number of Children: _____

Children's Ages: _____

Frequency & Type of Contact: _____

Sibling Name: _____

Address: _____

D.O.B: _____

General Health: _____

Education: _____

Marital Status: _____

Occupation: _____

Number of Children: _____

Children's Ages: _____

Frequency & Type of Contact: _____

Sibling Name: _____

Address: _____

D.O.B: _____

General Health: _____

Education: _____

Marital Status: _____

Occupation: _____

Number of Children: _____

Children's Ages: _____

Frequency & Type of Contact: _____

Sibling Name: _____

Address: _____

D.O.B: _____

General Health: _____

Education: _____

Marital Status: _____

Occupation: _____

Number of Children: _____

Children's Ages: _____

Frequency & Type of Contact: _____

HUSBAND'S PARENTS

Are your biological parents still married?

- Yes, How long? _____
- No, How long were they married? _____

Father	Name	Mother
	Address	
	Place of Birth	
	Education	
	Occupation	
	Age	
	General Health	
	Deceased/Age	
	Cause of death	
	Frequency & Type of Contact	

Step-Mother	Name	Step- Father
	Address	
	Place of Birth	
	Education	
	Occupation	
	Age	
	General Health	
	Deceased/Age	
	Cause of death	
	Frequency & Type of Contact	

FAMILY BACKGROUND:

Wife

Number of Brothers: _____ Adopted _____ Step _____ Biological _____

Number of Sisters: _____ Adopted _____ Step _____ Biological _____

Sibling Name: _____

Address: _____

D.O.B: _____

General Health: _____

Education: _____

Marital Status: _____

Occupation: _____

Number of Children: _____

Children's Ages: _____

Frequency & Type of Contact: _____

Sibling Name: _____

Address: _____

D.O.B: _____

General Health: _____

Education: _____

Marital Status: _____

Occupation: _____

Number of Children: _____

Children's Ages: _____

Frequency & Type of Contact: _____

Sibling Name: _____

Address: _____

D.O.B: _____

General Health: _____

Education: _____

Marital Status: _____

Occupation: _____

Number of Children: _____

Children's Ages: _____

Frequency & Type of Contact: _____

Sibling Name: _____

Address: _____

D.O.B: _____

General Health: _____

Education: _____

Marital Status: _____

Occupation: _____

Number of Children: _____

Children's Ages: _____

Frequency & Type of Contact: _____

Sibling Name: _____

Address: _____

D.O.B: _____

General Health: _____

Education: _____

Marital Status: _____

Occupation: _____

Number of Children: _____

Children's Ages: _____

Frequency & Type of Contact: _____

Sibling Name: _____

Address: _____

D.O.B: _____

General Health: _____

Education: _____

Marital Status: _____

Occupation: _____

Number of Children: _____

Children's Ages: _____

Frequency & Type of Contact: _____

WIFE'S PARENTS

Are your biological parents still married?

- Yes, How long? _____
- No, How long were they married? _____

Father	Name	Mother
	Address	
	Place of Birth	
	Education	
	Occupation	
	Age	
	General Health	
	Deceased/Age	
	Cause of death	
	Frequency & Type of Contact	

Step-Mother	Name	Step- Father
	Address	
	Place of Birth	
	Education	
	Occupation	
	Age	
	General Health	
	Deceased/Age	
	Cause of death	
	Frequency & Type of Contact	

PREVIOUS MARRIAGE(S):

Husband	To Whom	Wife
	Date of Marriage	
	Location of Marriage	
	Date of Termination	
	Divorced or Widow (er)	

Husband	To Whom	Wife
	Date of Marriage	
	Location of Marriage	
	Date of Termination	
	Divorced or Widow (er)	

1. Do you have children with someone other than your current spouse?
 - a. What are their names and ages?
 - b. Where do they reside?

2. If applicable, why did you get married to your previous partner(s), and what led to the divorce?

Husband:

Wife:

ADDITIONAL QUESTIONS:

3. Does either the husband or wife smoke? Husband Wife
4. Does either the husband or wife drink? Husband Wife
Explain how much and on what occasion:
5. Does either the husband or wife use illegal or prescription drugs? Husband Wife
(You may be asked for a random drug test) Please give details as to who, when, what, why?
6. Have you ever had an addiction to pornography? Husband Wife
If so, did you receive help, please explain.
7. Has either the husband or wife been charged (but not convicted) of a felony?
 Husband Wife Who, What, When, Why?
8. Has either husband or wife been arrested or incarcerated? Husband Wife
Who, What, When, Why?
9. Has anyone in the household been seen by a mental health professional for counseling/therapy? Husband Wife Child: _____ Other fulltime household member
Dates of service:
Name and Address of Mental Health Professional*:

*Please provide a statement from your mental health professional that includes dates of service, the resolution of the issue, and an evaluation of the family's emotional preparedness to care for a child who has experienced trauma.

References

List the names and addresses of FIVE references as follows;

1. Pastoral

a. Name: _____

b. Address: _____

c. City, State, Zip: _____

d. Phone: _____

2. Non-Relative (from your community- example: school personnel, neighbor, et cetera)

a. Name: _____

b. Address: _____

c. City, State, Zip: _____

d. Phone: _____

3. Non-Relative

a. Name: _____

b. Address: _____

c. City, State, Zip: _____

d. Phone: _____

4. Non-Relative

a. Name: _____

b. Address: _____

c. City, State, Zip: _____

d. Phone: _____

5. Relative

a. Name: _____

b. Address: _____

c. City, State, Zip: _____

d. Phone: _____

Child Preference

INDICATE YOUR PREFERENCES:			
Age(s)	Gender	Ethnicity	Sibling (Group of)
<input type="checkbox"/> 0 to 3yrs. <input type="checkbox"/> 4 to 8yrs. <input type="checkbox"/> 9 to 12 yrs. <input type="checkbox"/> 13 to 15 yrs. <input type="checkbox"/> 16 to 18 yrs. <input type="checkbox"/> Other _____	<input type="checkbox"/> Male Only <input type="checkbox"/> Female Only <input type="checkbox"/> No Preference	<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African/Amer <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Bi-Racial	<input type="checkbox"/> No Sibling Groups <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more Twins: <input type="checkbox"/> Yes <input type="checkbox"/> No Age Range of Siblings: _____

List any others you would consider that are not mentioned:

Comments: _____

A----- Acceptable
WTD- Willing to Discuss
NA--- Not Acceptable

Child's Birth & Health History	A	WTD	NA
Prematurity			
Apnea episodes			
History of seizures			
Positive drug screen drug identified			
Exposure to alcohol during pregnancy			
Mother smoked during pregnancy			
Mental retardation			
Cerebral palsy			
Spina Bifida			
Dietary problems			
Allergies			
HIV positive			

Correctable	A	WTD	NA
Orthopedic condition			
Heart condition			
Eye condition			
Other			

Legal Risk

Legal risk refers to a child not available for adoption because his parent's rights have not yet been terminated or a child placed in foster care with the intention of moving to an adoptive placement.

Legal Risk	A	WTD	NA
Legal Risk			

This preference list is a guide that helps you and the agency determine your strengths and assets in becoming a resource for a child-needing placement. Some of the above conditions cannot be determined until a child becomes older. This preference list does not guarantee that a child placed with your family will not develop some of the conditions listed on this form.

 Foster/Adoptive Husband

 Date

 Foster/Adoptive Wife

 Date

We, _____, declare that the information on this application is true and correct. We understand that any erroneous information would be grounds for Loving Houston Adoption Agency to deny our application or discontinue any further process of the placement of a child into our home.

Prospective Father

Date

Prospective Mother

Date

Please Attach:

- A picture of husband and wife
- A picture of your children
- Pictures of the outside of your home

A family picture is acceptable as long as each family member is clearly discernable.