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	☐ Yes ☐ No
Name	
Gender	
Date of Birth	
Age	
Ethnicity	
Education	
Lives inside home	☐ Yes ☐ No
Name	
Gender	
Date of Birth	
Age	
Ethnicity	
Education	
Lives inside home	☐ Yes ☐ No
Name	
Gender	
Date of Birth	
Age	
Ethnicity	
Education	
Lives inside home	☐ Yes ☐ No
Name	
Gender	
Date of Birth	
Age	
Ethnicity	
Education	
Lives inside home	☐ Yes ☐ 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? ___________

Responding to the Biblical admonition to practice true and undefiled religion (James 1:27) Loving Houston seeks like-minded families in caring for the little ones. Please answer the following questions.

HUSBAND

If more space is needed, please attach an additional page to this form. Read ALL the questions first before answering.

1. Please write in your own words what a genuine Christian is to you.

2. Describe your conversion experience and explain how Christ has changed your life.

3. How does your Christianity affect your daily life? (i.e. devotion, worship, interactions with your work, family, spouse, etc)

4. What does being a Christian husband and father mean to you?

5. In your understanding, what is a Christian family?

WIFE

If more space is needed, please attach an additional page to this form. Read ALL the questions first before answering.

1. Please write in your own words what a genuine Christian is to you.

2. Describe your conversion experience and explain how Christ has changed your life.

3. How does your Christianity affect your daily life? (i.e. devotion, worship, interactions with your work, family, spouse, etc)

4. What does being a Christian wife and mother mean to you?

5. In your understanding, what is a Christian family?

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**

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

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

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

PREVIOUS MARRIAGE(S):

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

Husband		Wife
	To Whom	
	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:

(Attach a separate piece of paper if necessary)

3. Does either the husband or wife smoke? Husband Wife
4. Does either the husband or wife drink alcohol? 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 yes, have you received counseling for this issue*?
Date the issue began (month/year)?
What was the date or approximate date of your last viewing?
Have you ever viewed child pornography?
What accountability and/or Internet safeguard measures are in place?

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 the victim of or a witness to any of the following?
physical abuse □N/A □Husband □Wife □Child: __________ □Other: ____________
sexual abuse □N/A □Husband □Wife □Child: __________ □Other: ____________
emotional abuse □N/A □Husband □Wife □Child: __________ □Other: ____________
neglect □N/A □Husband □Wife □Child: __________ □Other: ____________
domestic violence □N/A □Husband □Wife □Child: __________ □Other: ____________
Did this household member see a mental health professional or counselor for this matter?

If yes, dates of service:
Name and Address of Mental Health Professional or counselor*:

If no, explain how the trauma was addressed (ex. pastoral counseling) and resolved.

10. Has anyone in the household been seen by a mental health professional or counselor (including pastoral) for counseling/therapy for any reason not addressed above?
□N/A □Husband □Wife □Child: __________ □Other: ____________
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)
☐ 0 to 3yrs. ☐ 4 to 8yrs. ☐ 9 to 12 yrs. ☐ 13 to 15 yrs. ☐ 16 to 18 yrs. ☐ Other ______________	☐ Male Only ☐ Female Only ☐ No Preference	☐Caucasian ☐Hispanic ☐ African/Amer ☐ Asian ☐ Native American ☐ Other ☐ Bi-Racial	☐ No Sibling Groups ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more Twins: Yes 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.

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.