



Good Hope Adoption Services, Inc.

708 ROUTE 134 · SOUTH DENNIS, MASSACHUSETTS 02660
 PHONE: 508.385.7815 · 1.866.50.ADOPT · FAX: 508.385.3815

APPLICATION

	Mr.	Mrs.
Address:	<hr/> <hr/> <hr/>	
Telephone Number:		
Home:		
Work:		
Fax Number:		
Home:		
Work:		
E-Mail Address:		

PERSONAL INFORMATION

	Male Applicant	Female Applicant
1. Age/DOB		
2. Birthplace		
3. Religion		
4. Education		
5. Occupation		
6. Employer		
7. Income		
8. Social Security Number		
9. Passport Number		
10. Citizenship		

A Cape Cod Based Agency

FAMILY HISTORY

	Male Applicant	Female Applicant
1. Date of Marriage		
2. Prior Marriages		
3. Biological Children		
Number:		
Names/Ages:		
4. Adopted Children		
Number:		
Names/Ages:		

MEDICAL HISTORY

	Male Applicant	Female Applicant
1. Physical Description		
Height		
Weight		
2. Current Health		
3. Current Medications		
4. Prior Conditions		
Physical (dates)		
Psychological (dates)		
5. Drug/Alcohol History		
6. Family Health History		
Illnesses		
7. Physician		
Address:		
Phone:		

CITIZENSHIP

	Male Applicant	Female Applicant
1. Child Abuse /Neglect Prior Charges		
2. Criminal History Prior Arrests/ Convictions		
3. Firearms/Weapons Permit Number		
4. Military Service		
5. Civic Activities/Interests		

INSURANCE

	Male Applicant	Female Applicant
1. Life Insurance Amount		
2. Health Insurance Company		

FINANCIAL INFORMATION

	Male Applicant	Female Applicant
1.Total Income		
Job		
Other		
2. Assets		
Real Estate		
Vehicles		
Personal Property		
Stocks		
Savings		
Investments		
3. Liabilities		
Credit Cards		
Mortgage		
Bank Loans		
Other		
4. Net Worth		

ADOPTION HISTORY

1. Briefly Explain Adoption Efforts:	
2. Previous Home study	
Date:	
Name /Address of Agency:	
Contact Person:	
3. Previously Rejected by Home study Agency?	
4. Interest In Adoption:	
Domestic	
International/ Country of Interest	
5. Age/Sex of Child you hope to Adopt:	
6. Placement Agency:	
Address:	
Phone:	
Contact Person:	

OTHER PERTINENT INFORMATION

1. Other Adults Living In Home:	
2. Any Travel Constraints:	
3. Emergency Contact Information:	
Name:	
Relationship;	
Phone:	

The Fee to process this application is \$150.00, which is non-refundable. Please return this application, along with a photo of each person residing in your home. Payment should be made to Good Hope Adoption Services. Thank you.

I/WE the undersigned understand that Good Hope Adoption Services may need to contact our placement agency in the future, and consent to the release of any information by Good Hope on our behalf. Therefore, I/WE attest that all of the information contained herein is complete and accurate, upon personal knowledge.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____