



## Application For An Adoption Homestudy

To apply to have a homestudy completed through Project Family, you must: 1) live in Vermont and 2) be prepared to adopt a school-aged child.

### OFFICE USE ONLY

Date Received	Family Number	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted
Restrictions/Comments:			

	APPLICANT #1	APPLICANT #2
Full Name		
Date of birth		
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address		
Telephone - home	(    )    -	(    )    -
Telephone - work	(    )    -	(    )    -
E-mail		
Describe any experience or training you have caring for children with special needs.		
Are you willing to take part in training to learn new parenting skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### MARITAL STATUS

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Civil Union	<input type="checkbox"/> Living with Partner	<input type="checkbox"/> Other _____
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**CHARACTERISTICS OF THE CHILD YOU WOULD LIKE TO ADOPT**

<b>Age Range</b> <input type="checkbox"/> 5 to 8 years old <input type="checkbox"/> 8 to 10 years old <input type="checkbox"/> 10 to 14 years old <input type="checkbox"/> 14 to 18 years old <input type="checkbox"/> All of the above	<b>Race</b> <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Any	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either	<b>Siblings</b> Are you willing to adopt a sibling group? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what is the maximum number of siblings you would consider? _____
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**SPECIAL NEEDS YOU ARE WILLING TO CONSIDER**

<input type="checkbox"/> Alcohol exposed <input type="checkbox"/> Drug exposed <input type="checkbox"/> History of abuse or neglect <input type="checkbox"/> History of multiple placements <input type="checkbox"/> History of sexual abuse <input type="checkbox"/> Mental illness in birth family	<input type="checkbox"/> Anxiety/ Depression <input type="checkbox"/> Behavioral problems <input type="checkbox"/> Emotional disabilities <input type="checkbox"/> Learning disabilities <input type="checkbox"/> Mental disabilities <input type="checkbox"/> Physical disabilities	<input type="checkbox"/> Attention deficit disorder <input type="checkbox"/> Eating disorder <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Oppositional defiant disorder <input type="checkbox"/> Reactive attachment disorder <input type="checkbox"/> Sleep disorder
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Additional Comments:

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**HOW DID YOU HEAR ABOUT PROJECT FAMILY?**

<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Internet <input type="checkbox"/> Direct Mail <input type="checkbox"/> Brochure <input type="checkbox"/> Friend <input type="checkbox"/> Other (please specify) _____
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I/we certify that all information on this registration form is correct and complete to the best of my/our knowledge. I understand that Project Family may verify information, and that untruthful or misleading answers are cause for rejection of this registration.

Applicant #1: \_\_\_\_\_  
 Signature Date

Applicant #2: \_\_\_\_\_  
 Signature Date

**Mail form to: Project Family at DCF, 103 S. Main Street, Waterbury, VT 05671-2401.**