



Application for an Adoption Homestudy

To apply to have a homestudy completed through Project Family, you **MUST** live in Vermont and be prepared to adopt an older 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		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Living with Partner <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Civil Union _____	<input type="checkbox"/> Single <input type="checkbox"/> Living with Partner <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Civil Union _____
Mailing Address		
Phone - Home	()	()
Phone - Cell	()	()
Phone - Work	()	()
Email		
What experience or training do you have caring for children with special needs?		
Are you willing to learn new parenting skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOW DID YOU HEAR ABOUT PROJECT FAMILY?
<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Internet <input type="checkbox"/> Brochure <input type="checkbox"/> Friend <input type="checkbox"/> Other _____

THE CHILD(REN) YOU'D LIKE TO ADOPT

Age Range <input type="checkbox"/> 7 to 10 <input type="checkbox"/> 11 to 14 <input type="checkbox"/> 15 to 18 <input type="checkbox"/> Any age	Gender Are you open to any gender? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transracial adoption Are you open to transracial adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Willing to consider	Siblings Are you willing to adopt siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what's the maximum number you'd consider? _____
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CERTIFICATION & SIGNATURE OF APPLICANTS

✓ By signing below, I /we certify that all information on this registration form is correct and complete to the best of my/our knowledge. I/we understand that Project Family may verify information, and that untruthful or misleading answers are reason to reject this registration.

✓ By signing below, I/we acknowledge that there are unforeseen risks associated with adoption, that children/youth in foster care could be impacted by the special needs listed below, and that we are prepared to adopt a child/youth in foster care.

- Alcohol exposed
- Drug exposed
- History of multiple placements
- Mental illness in birth family
- Anxiety/ Depression
- Behavioral problems
- Emotional disabilities
- Learning disabilities
- Mental disabilities
- Physical disabilities
- Attention deficit disorder
- Eating disorder
- Hyperactivity
- Oppositional defiant disorder
- Reactive attachment disorder

Applicant #1: _____
Signature Date

Applicant #2: _____
Signature Date

Send your form to: Project Family at DCF, 280 State Drive, Waterbury, VT 05671-1030

Rev. 8/2018

