



# Project Family Registration Form

To register with Project Family, you **MUST** have a current, approved adoption homestudy in any state or foster care license in Vermont.

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		

CHILDREN LIVING AT HOME	
<b>List each child's name, age and gender and whether they are in foster care.</b>	
1. Foster? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Foster? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Foster? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Foster? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Foster? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Foster? <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**

<b>Age Range</b> <input type="checkbox"/> Under 7 <input type="checkbox"/> 7 to 10 <input type="checkbox"/> 11 to 14 <input type="checkbox"/> 15 to 18 <input type="checkbox"/> Any age	<b>Gender</b> Are you open to any gender? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Transracial adoption</b> Are you open to transracial adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Willing to consider	<b>Siblings</b> 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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**SOCIAL WORKER/ LICENSOR YOU'RE WORKING WITH**

Name	Agency
Phone Number	Email

**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

To register with Project Family, send your completed form and either:

- A copy of your current, approved adoption homestudy OR
- A letter from the licensing agency confirming the status of your Vermont foster care license

**Project Family at DCF, 280 State Drive Waterbury, Vermont 05671-1030**

Rev. 8/2018

