

Please read, thanks!

Welcome back to our 'ohana.

You have previously completed an HIC/AFT application for services. This application is required because you are in need of additional services. We are required to receive a signed application any time we conduct services on behalf of a client.

Please include the following with your application!

- Family Photo - if new members have joined since your last photo submitted.
- Copy of government issued photo ID for each applicant, if your name has changed.
- Most recent W-2s for each applicant
- Most recent Federal Tax Return - First two (2) pages only
- Signed copy of the AFT List of Service Fees
- Application Fee (\$350)



AFT APPLICATION FOR NEW or UPDATED SERVICES

T: 808-589-2367 • Hello@AFamilyTree.org • www.afamilytree.org

Date	
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GENERAL INFORMATION

Please write full legal names as they appear on legal documents. Please designate who is the primary applicant.

Primary applicant Primary applicant

Adoptive Mother/Parent 1		Adoptive Father/Parent 2	
Last		Last	
First		First	
Middle		Middle	
Maiden or Alias		Maiden or Alias	
Date of Birth (MM/DD/YYYY)		Date of Birth (MM/DD/YYYY)	
Social Security Number		Social Security Number	
Preferred Pronoun		Preferred Pronoun	

Adoptive Mother/Parent 1 contact information		Adoptive Father/Parent 2 contact information	
Cell Phone		Cell Phone	
Work Phone	<input type="checkbox"/> ok to use	Work Phone	<input type="checkbox"/> ok to use
Fax Number	<input type="checkbox"/> ok to use	Fax Number	<input type="checkbox"/> ok to use
Throughout the adoption process, important information may be communicated by email only. Do you wish to have emails copied to both email addresses listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No --- If no, please indicate which email should be used as your primary address.			
E-mail Address	<input type="checkbox"/> Primary	E-mail Address	<input type="checkbox"/> Primary

Parent 1 Initial Here _____
 Parent 2 Initial Here _____
 AFT Staff Initial here _____

Current Agency Prior Agency

Name of agency		Case Worker	
Address		Telephone	
Email		Fax	
Services contracted		Approx date of last home study	
Other information necessary for AFT to complete its services			

I/We understand that A Family Tree may contact the above-named agency/agencies and request pertinent information regarding my/our relationship with that agency/agencies or individual(s).

Adoptive Mother/Parent 1

Date

Adoptive Father/Parent 2

Date

Regarding Adam Walsh previous clearance work:

I/we understand that AFT may require clearances from me/us as relate to our adoptive process.

I/we previously completed CAN clearances for every state or country in which I/we resided since the age of 18 through today, and provided those to AFT. Since providing those clearances I/we have resided solely in Hawaii. ____ Have lived outside of Hawaii ____
If the latter, I/we will provide AFT with a complete list of every place in which I/we have resided and understand that CANs will be required.

Adoptive Mother/Parent 1

Date

Adoptive Father/Parent 2

Date

TYPE OF SERVICE REQUESTED

I/we plan on adopting my child or children through an AFT Child Placement Program (Choose one)

- _____
- Philippines Comment _____
- Ka Makana Domestic Adoption Comment _____
- Other _____ Comment _____
- Domestic Home Study Only (__ Include Post Placement/Post Adoption as needed)
- Intercountry Home Study Only
- Post Placement/Post Adoption Services Only
- Home Study Previously Completed, requires updating

Option B: Using AFT for a Home Study (only)

Parent 1 Initial Here _____
Parent 2 Initial Here _____
AFT Staff Initial here _____

STATE CRIMINAL CLEARANCE AND FBI FINGERPRINT CLEARANCE PRE-CHECK

NOTE: It is important that you disclose any and all arrests of applicant(s) and all household members regardless of outcome or how embarrassing this may be, as failure to do so may affect your eligibility to adopt. Additional fees apply to any edits needed after the application has been processed.

	Adoptive Mother/Parent 1	Adoptive Father/Parent 2	Other
1. Have you or any of your household members ever been arrested for any reason (including misdemeanors)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or any of your household members ever been convicted of any unlawful act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you or any of your household members ever been charged with and/or convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you or any of your household members ever had a TRO taken out against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, specify when, where, nature of the charges and/or convictions and circumstances? (If needed, attach information on a separate sheet.)			
Please list here ANY involvement you have had with the law, regardless of your age at the time of the incident, and whether or not this incident resulted in an arrest, conviction, community service, or other:			

USCIS, FEDERAL, AND STATE CRIMINAL CLEARANCES

Have you ever been a victim or perpetrator of the following: (If YES, please specify "V" for Victim or "P" for Perpetrator)	Adoptive Mother/Parent 1	Adoptive Father/Parent 2
Alcohol/substance abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual abuse?	<input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No	<input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No
Domestic violence?	<input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No	<input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No
Child abuse/neglect?	<input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No	<input type="checkbox"/> Yes-V <input type="checkbox"/> Yes-P <input type="checkbox"/> No
Has anyone currently living in your home been a victim or perpetrator of any of the above listed incidents? If Yes, please name, list, and explain:		

Adoptive Mother/Parent 1

Date

Adoptive Father/Parent 2

Date

If you were or are a currently licensed foster parent, please complete the information below:

Date of License & Expiration	Agency/State	Contact Information

Parent 1 Initial Here _____
Parent 2 Initial Here _____
AFT Staff Initial here _____

FINANCIAL INFORMATION: CERTIFICATE OF INCOME AND PROPERTY

Income Information	Additional Information	Adoptive Mother/Parent 1		Adoptive Father/Parent 2	
		Last Year	This Year	Last Year	This Year
Annual Gross Income*		\$	\$	\$	\$
Other Annual Gross Income		\$	\$	\$	\$
Total of above income		\$	\$	\$	\$
Total Combined Income	Add this year's Total Income for both parents				\$

*as reported on W-2's (attach copy of all W-2's)

Adjusted Gross Income	Parent 1	Parent 2	Filed Jointly	Total
Adjusted Gross Income**	\$	\$	\$	\$

** Total combined income claimed on most recent Federal tax return (attach copy of tax return)

Combined Monthly Income (Parent 1 & Parent 2)	Total
Total Monthly <u>Net</u> Income (A)	\$

Combined Monthly Expenses (Parent 1 & Parent 2)	Total
Mortgage and/or Rent	\$
Utilities (incl. cell, internet & cable)	\$
Auto Loan	\$
Child Care/Education	\$
FINANCIAL INFORMATION: CERTIFICATE OF INCOME AND PROPERTY CONT.	
Gas	\$
Food/Eating Out	\$
Entertainment/Misc.	\$
Other (Education, insurance, etc.)	\$
Other (Education, insurance, etc.)	\$
Total Monthly Expenses (B)	\$

Combined Total Monthly Income Minus Total Monthly Expenses	Total
Income minus Expenses	\$
Total Monthly Net Income (A) – Total Monthly Expenses (B) =	

I/We attest that the information contained in the Certificate of Income and Property is an accurate summary of my/our income, assets, liabilities and monthly expenses.

Parent 1 _____
 Sign _____ Print _____ Date _____

Parent 2 _____
 Sign _____ Print _____ Date _____

Parent 1 Initial Here _____
 Parent 2 Initial Here _____
 AFT Staff Initial here _____

I/WE CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME/US ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND I/ WE UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY/OUR APPLICATION MAY BE REJECTED.

Adoptive Parents	_____	_____	_____
	Sign	Print	Date
	_____	_____	_____
	Sign	Print	Date

A gentle reminder to please submit the following along with your application

- Family photo
- Copy of government issued photo ID for each applicant
- Most recent W-2s for each applicant
- Most recent Federal Tax Return – First two (2) pages only
- Signed** copy of the AFT List of Service Fees
- Your Federal Express Account Number
- Application Fee (\$350)

Parent 1 Initial Here _____
Parent 2 Initial Here _____
AFT Staff Initial here _____