A FAMILY TREE
Creating and Supporting Families Since 1975

Please read, thanks!

Welcome to our ohana.

This application is long, yes. Everything we ask of you is legally required information. If you are unsure about how to answer, please call or email an AFT Team Member before proceeding. We are here to help.

Some issues that may affect a prospective applicant's ability to adopt and/or to adopt through a specific foreign country are **age, marital status and length of marriage, medical history, criminal history and/or history of arrest(s), history of child abuse or spouse abuse, psychiatric history, and history of drug or alcohol abuse**. If you have any concerns regarding these or other issues, please contact us before completing this application.

Please include the following 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
- ☐ Application Fee ($350)

AFT APPLICATION FOR SERVICES

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

Date	

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	☐ ok to use	**Work Phone**	☐ 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? ◉ Yes ○ No --- If no, please indicate which email should be used as your primary address.			
E-mail Address	☐ Primary	**E-mail Address**	☐ Primary

Household Contact Information			
Home Phone:			
Primary Address		**Mailing Address (if different from Primary Address):**	
Street:		**Street:**	
City:		**City:**	

State:		**State:**	
Zip Code:		**Zip Code:**	

Present Marriage

Date of Marriage		**Place of Marriage**	

TYPE OF SERVICE REQUESTED

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

- ☐ Foster Adoption — Comment _____
- ☐ Ka Makana Domestic Adoption — Comment _____
- ☐ Other _____ — Comment _____

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

- ☐ Domestic Home Study Only (__ Include Post Placement/Post Adoption as needed)
- ☐ Intercountry Home Study Only
- ☐ Home Study Previously Completed, requires updating

DESCRIBE THE CHILD(REN) YOU WISH TO ADOPT

(Be flexible, yet realistic. Note: We find families for children, and place children into homes accordingly).

Minimum Age		**Maximum Age**	
Gender	☐ Male	☐ Female	☐ No Preference
Siblings	☐ Yes	☐ No	☐ No Preference
Please check all that apply:	☐ African ☐ African American/Black ☐ Native American or Alaska Native ☐ Asian (specify)_____ ☐ Caucasian/White		☐ European ☐ Filipino ☐ Hispanic or Latino ☐ Micronesian ☐ Native Hawaiian ☐ Mixed _____ ☐ Other _____
Waiting Child (Older Child, Medical Needs and/or Other Challenges):	Yes ☐	No ☐	

REFERENCES

Please provide the names of five references not related to you, whom you have known at least five years.
Note: AFT may contact your references. AFT uses email to communicate with references. Please take care to write **email addresses clearly**

Name	Address (*Please include zip codes.*)	E-mail Address	Telephone

ADOPTIVE MOTHER/PARENT 1 INFORMATION

Race/Ethnic Background		**Citizenship**	☐ U.S. ☐ Other _____
Place of birth		**Religion***	
Weight		**Height**	
General Health			
Gender			
Have you been diagnosed with fertility issues?			☐ Yes ☐ No
Are you currently undergoing or planning any type of fertility treatment?			☐ Yes ☐ No
Have you had a vital organ transplant in the last ten years?			☐ Yes ☐ No
Do you have any condition that requires long term treatment? (Cancer, MS, Lupus, etc.)			☐ Yes ☐ No
Do you have a history of any psychiatric treatment?			☐ Yes ☐ No
If yes, for what condition?			
In the past two years, have you taken any medication, including medication related to psychiatric conditions or treatment?			◯ Yes ◯ No

* While AFT does not discriminate based on religion, please be aware that certain countries do not accept applicants who practice religions which prohibit the use of standard medical interventions, such as blood transfusions.

Note that if you are uncomfortable answering any of these questions, you may contact AFT and discuss with us prior to completing the form.

Adoptive Mother/Parent 1's Most Recent Employment Information (attach additional information on separate sheet; please indicate if Federal employee)				
From	**To**	**Employer**	**Position**	**Annual Earnings**
			☐ Fed	
			☐ Fed	
			☐ Fed	

Adoptive Mother/Parent 1's Education (attach additional information on separate sheet)			
High School		**Year graduated or final year**	
College/University		**Year graduated & degree received**	
College/University		**Year graduated & degree received**	

Adoptive Mother/Parent 1's Military Service Record				
Date Enlisted	**Date Discharged**	**Branch of Service**	**Stationed**	**Rank**

Adoptive Mother/Parent 1's Former Marriages				
Full name of spouse	From	To	Reason for termination	Terminated by
				☐ Divorce ☐ Annulment ☐ Death
				☐ Divorce ☐ Annulment ☐ Death

ADOPTIVE MOTHER/PARENT 1 - ADOPTION STATEMENT

Please give a brief statement of your reasons for wanting to adopt a child and how you came to consider adoption as an option for your family. Please sign and date your statement. Attach a separate sheet if necessary.

ADOPTIVE FATHER/PARENT 2 INFORMATION

Race/Ethnic Background		**Citizenship**	☐ U.S. ☐ Other _____
Place of birth		**Religion***	
Weight		**Height**	
General Health			
Gender			
Have you been diagnosed with fertility issues?			☐ Yes ☐ No
Are you currently undergoing or planning any type of fertility treatment?			☐ Yes ☐ No
Have you had a vital organ transplant in the last ten years?			☐ Yes ☐ No
Do you have any condition that requires long term treatment? (Cancer, MS, Lupus, etc.)			☐ Yes ☐ No
Do you have a history of any psychiatric treatment?			☐ Yes ☐ No
If yes, for what condition?			
In the past two years, have you taken any medication, including medication related to psychiatric conditions or treatment?			☐ Yes ☐ No

* While AFT does not discriminate based on religion, please be aware that certain countries do not accept applicants who practice religions which prohibit the use of standard medical interventions, such as blood transfusions.

Note that if you are uncomfortable answering any of these questions, you may contact AFT and discuss with us prior to completing the form.

Adoptive Father/Parent 2 – Most Recent Employment Information (attach additional information on separate sheet; please indicate if Federal employee)

From	To	Employer	Position	Annual Earnings
			☐ Fed	
			☐ Fed	
			☐ Fed	

Adoptive Father/Parent 2 - Education (attach additional information on separate sheet)

High School		**Year graduated or final year**	
College/University		**Year graduated & degree received**	
College/University		**Year graduated & degree received**	

Adoptive Father/Parent 2 - Military Service Record				
Date Enlisted	**Date Discharged**	**Branch of Service**	**Stationed**	**Rank**

Adoptive Father/Parent 2 - Former Marriages				
Full name of spouse	From	To	Reason for termination	Terminated by
				☐ Divorce ☐ Annulment ☐ Death
				☐ Divorce ☐ Annulment ☐ Death

ADOPTIVE FATHER/PARENT 2 - ADOPTION STATEMENT

Please give a brief statement of your reasons for wanting to adopt a child and how you came to consider adoption as an option for your family. Please sign and date your statement. Attach a separate sheet if necessary.

HOUSEHOLD INFORMATION

Do you have children?	◯ Yes ◯ No			
(Please explain relationships and living arrangements as appropriate if children are not currently living with you).				
Name	**Sex**	**Birth Date**	**Lives with you?**	**Adopted?**
	☐M ☐F		☐Yes ☐No	☐Yes ☐No If yes, from where?
	☐M ☐F		☐Yes ☐No	☐Yes ☐No If yes, from where?
	☐M ☐F		☐Yes ☐No	☐Yes ☐No If yes, from where?
	☐M ☐F		☐Yes ☐No	☐Yes ☐No If yes, from where?
	☐M ☐F		☐Yes ☐No	☐Yes ☐No If yes, from where?
Briefly describe custody arrangements, regarding your children, if such arrangements exist.				

Have you ever had your parental rights terminated (voluntarily or not) for a biological or adopted child?	◯Yes ◯No If **Yes**, please explain on a separate page.

Is anyone other than you and your children living in your home?			☐ **Yes**	☐ **No**
Name	**Sex**	**Birth Date**	**Social Security #**	**Relationship**
	☐ M ☐ F			
	☐ M ☐ F			
	☐ M ☐ F			

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)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Have you or any of your household members ever been convicted of any unlawful act?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. Have you or any of your household members ever been charged with and/or convicted of a felony?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Have you or any of your household members ever had a TRO taken out against you?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ No
Sexual abuse?	☐ Yes-**V** ☐ Yes-**P** ☐ No	☐ Yes-**V** ☐ Yes-**P** ☐ No
Domestic violence?	☐ Yes-**V** ☐ Yes-**P** ☐ No	☐ Yes-**V** ☐ Yes-**P** ☐ No
Child abuse/neglect?	☐ Yes-**V** ☐ Yes-**P** ☐ No	☐ Yes-**V** ☐ Yes-**P** ☐ 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:	

ADOPTION HISTORY

If you have previously used AFT for any adoption service(s)? Please describe service and when it occurred:		
Approximate Date	**Type of Service**	**Outcome**

I/We understand that I/we are required to disclose to A Family Tree, if I/we have ever applied for a home study, been denied a home study, have completed an adoption with another agency, or have been rejected as a prospective adoptive parent(s).

◯ I/We have previously begun or completed a home study and will submit a copy of the report to AFT **with this application**, or only in the event that this is not possible, within one month of submitting this application.

◯ I/We have not previously begun or completed a home study.

I/We swear that I/we have not applied for, nor have been denied, a home study with any other agency that is not disclosed below. I/We also swear that we have not completed, or are in the process of completing, an adoption with any other agency that is not disclosed below.

Adoptive Mother/Parent 1 Date

Adoptive Father/Parent 2 Date

Initial all that apply		
Adoptive Mother/ Parent 1	**Adoptive Father/ Parent 2**	
		I/We have applied for a home study with another agency and were denied approval.
		I/We have completed a home study with another agency.
		I/We are in the process of obtaining a home study with another agency.
		I/We have completed an adoption with another agency.
		I/We are in the process of completing an adoption other than the one this home study is for.
		I/We have previously been rejected as a prospective adoptive parent(s).

I/We understand that I/we must sign a consent form to have copies of my/our file with any adoption agency(-ies) or home study agency(-ies) sent to A Family Tree. This may include Home Studies, Post-Adoption or Post-Placement Reports, References, Medical, Financial and any other information A Family Tree may deem appropriate. If more than one agency, please continue on the back.

Adoptive Mother/Parent 1 Date

Adoptive Father/Parent 2 Date

☐ 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			

☐ 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

If you were or are a currently licensed foster parent, please complete the information below:		
Date of License & Expiration	**Agency/State**	**Contact Information**

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)

Asset Information	**Owned by Parent 1**	**Owned by Parent 2**	**Jointly Owned**	**Total**
Vehicles	**$**	**$**	**$**	**$**
Personal Property	**$**	**$**	**$**	**$**
Real Estate	**$**	**$**	**$**	**$**
Stocks and Bonds	**$**	**$**	**$**	**$**
Savings/Checking Account	**$**	**$**	**$**	**$**
Retirement, pension, profit-sharing account(s)	**$**	**$**	**$**	**$**

Other Investments/Assets	**$**	**$**	**$**	**$**
Total of above assets (A)	**$**	**$**	**$**	**$**
Life Insurance	**$**	**$**	**$**	**$**

Liabilities Information	**Owned by Parent 1**	**Owned by Parent 2**	**Jointly Owned**	**Total Owed**
Credit Cards	**$**	**$**	**$**	**$**
Home Mortgages	**$**	**$**	**$**	**$**
Other Liabilities	**$**	**$**	**$**	**$**
Total of above Liabilities (B)	**$**	**$**	**$**	**$**

TOTAL NET WORTH	Combined Total Assets (A) – Combined Total Liabilities (B) =	**$**

FINANCIAL INFORMATION: CERTIFICATE OF INCOME AND PROPERTY CONTINUED…

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	**$**
Child Care/Education	**$**
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 _____

CHILD ABUSE CLEARANCES (CAN)

Instructions: Please complete the form below for all applicants and persons over **the age of 17** living in the same household as the applicants. Clearances must be completed for every state or country in which the applicant **resided since the age of 18.** ***If you require additional space, please attach additional pages to this application.*** This is a preliminary step in obtaining CAN clearances. You will be invoiced during the Home Study process. Please refer to the List of Service Fees for more information. The CAN clearances are also referred to as Adam Walsh Clearances and are required by most accrediting bodies.

Dates of residence		**Exact Address** (House number, street, city, state, zip, county and country)	**Name** (Please check appropriate box(es) for each address listed. Provide full name and note if applicant's name was different when he/she resided at that address.)
From (Mo/Yr)	**To** (Mo/Yr)		
			☐ Adoptive Mother/Parent 1 _____ ☐ Adoptive Father/Parent 2 _____ ☐ Adult Household Member _____
			☐ Adoptive Mother/Parent 1 _____ ☐ Adoptive Father/Parent 2 _____ ☐ Adult Household Member _____
			☐ Adoptive Mother/Parent 1 _____ ☐ Adoptive Father/Parent 2 _____ ☐ Adult Household Member _____
			☐ Adoptive Mother/Parent 1 _____ ☐ Adoptive Father/Parent 2 _____ ☐ Adult Household Member _____
			☐ Adoptive Mother/Parent 1 _____ ☐ Adoptive Father/Parent 2 _____ ☐ Adult Household Member _____
			☐ Adoptive Mother/Parent 1 _____ ☐ Adoptive Father/Parent 2 _____ ☐ Adult Household Member _____
			☐ Adoptive Mother/Parent 1 _____ ☐ Adoptive Father/Parent 2 _____ ☐ Adult Household Member _____
			☐ Adoptive Mother/Parent 1 _____ ☐ Adoptive Father/Parent 2 _____ ☐ Adult Household Member _____

FOR ADDITIONALCAN CLEARANCE IENTRIES, PLEASE ATTACH ADDITIONAL COPIES OF PREVIOUS PAGE.

OTHER INFORMATION

Please provide insurance information for you and all household members.	
Health Insurance	☐ Yes ☐ No Provider: _____
Are all household members covered under a health insurance plan?	☐ Yes ☐ No
Life Insurance	☐ Yes ☐ No Amount of coverage: $_____

Please provide the name and contact information of someone not living in your home, in case of an emergency.			
Name	**Relationship**	**Home Phone**	**Cell Phone**

How did you hear about AFT? Please indicate source.

◉ Website	_____	○ Newspaper	_____
○ Social Media Website	_____	○ Friend	_____
○ Yellow Pages	_____	○ Source Book	_____
○ Radio	_____	○ Other	_____

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