



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
- Your Federal Express Account Number
- Application Fee (\$350)



AFT APPLICATION FOR 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 _____

Household Contact Information			
Home Phone:			
Home Fax Number:			
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)	
<input type="checkbox"/> _____	Comment _____
<input type="checkbox"/> Philippines	Comment _____
<input type="checkbox"/> Ka Makana Domestic Adoption	Comment _____
<input type="checkbox"/> Other _____	Comment _____
Option B: Using AFT for a Home Study (only)	<input type="checkbox"/> Domestic Home Study Only (__ Include Post Placement/Post Adoption as needed) <input type="checkbox"/> Intercountry Home Study Only <input type="checkbox"/> Home Study Previously Completed, requires updating

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

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	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Preference
Siblings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Preference
Please check all that apply:	<input type="checkbox"/> African <input type="checkbox"/> African American/Black <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian (specify) _____ <input type="checkbox"/> Caucasian/White <input type="checkbox"/> European <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Micronesian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Mixed _____ <input type="checkbox"/> Other _____		
Waiting Child (Older Child, Medical Needs and/or Other Challenges):			

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

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

ADOPTIVE MOTHER/PARENT 1 INFORMATION

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

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 Employment Information (attach additional information on separate sheet; please indicate if Federal employee)				
From	To	Employer	Position	Annual Earnings
			<input type="checkbox"/> Fed	
			<input type="checkbox"/> Fed	
			<input type="checkbox"/> 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	

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

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

Adoptive Mother/Parent 1's <u>Maternal</u> Information	
Mother's Name and Age	Mother's Occupation
Current Mailing Address	
If deceased, date of death	

Adoptive Mother/Parent 1's <u>Paternal</u> Information	
Father's Name and Age	Father's Occupation
Current Mailing Address	
If deceased, date of death	

Adoptive Mother/Parent 1's Sibling Information (If needed, attach additional information on a separate sheet)						
Name	Place of Residence	Occupation	Marital Status	# of Children	Education	Age

Adoptive Mother/Parent 1's Former Marriages				
Full name of spouse	From	To	Reason for termination	Terminated by
				<input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Death
				<input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Death

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

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 Mother /Parent 1 _____

Date _____

ADOPTIVE FATHER/PARENT 2 INFORMATION

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

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

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

Adoptive Father/Parent 2 - Employment Information (attach additional information on separate sheet; please indicate if Federal employee)				
From	To	Employer	Position	Annual Earnings
			<input type="checkbox"/> Fed	
			<input type="checkbox"/> Fed	
			<input type="checkbox"/> 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 - Maternal Information			
Mother's Name and Age		Mother's Occupation	
Current Mailing Address			
If deceased, date of death			

Adoptive Father/Parent 2 - Paternal Information			
Father's Name and Age		Father's Occupation	
Current Mailing Address			
If deceased, date of death			

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

Adoptive Father/Parent 2 - Sibling Information (If needed, attach additional information on a separate sheet)						
Name	Place of Residence	Occupation	Marital Status	# of Children	Education	Age

Adoptive Father/Parent 2 - Former Marriages				
Full name of spouse	From	To	Reason for termination	Terminated by
				<input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Death
				<input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from where?
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from where?
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from where?
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from where?
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from where?

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

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please explain on a separate page.

Is anyone other than you and your children living in your home?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Sex	Birth Date	Social Security #	Relationship
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> 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)?	<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:			

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

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:		

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

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			

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

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)

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) =	\$
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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	\$

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

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 _____

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	To		
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____

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

			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____
			<input type="checkbox"/> Adoptive Mother/Parent 1 _____ <input type="checkbox"/> Adoptive Father/Parent 2 _____ <input type="checkbox"/> Adult Household Member _____

FOR ADDITIONAL CAN CLEARANCE ENTRIES, PLEASE ATTACH ADDITIONAL COPIES OF PREVIOUS PAGE.

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

OTHER INFORMATION

Please provide insurance information for you and all household members.

Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all household members covered under a health insurance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowners'/Renters' Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount of coverage: \$ _____
Automobile Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

<input type="checkbox"/> Website _____	<input type="checkbox"/> Newspaper _____
<input type="checkbox"/> Social Media Website _____	<input type="checkbox"/> Friend _____
<input type="checkbox"/> Yellow Pages _____	<input type="checkbox"/> Source Book _____
<input type="checkbox"/> Radio _____	<input type="checkbox"/> 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

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 _____