

Home Office  
301 North Elm Street, Suite 500  
Greensboro, NC 27401-2189  
Phone: (336) 275-9660  
Toll Free: (800) 632-9312  
E-mail: info@carolinaadoption.org  
Web: www.carolinaadoption.org



## Application for Services

Homestudy & Placement     Placement Only     Homestudy Only (NC, SC, VA, NJ)     Post Adoption Only  
 Parental Placement (VA Only)     Homestudy Update

*Services required please check what applies*

Please print full legal name: \_\_\_\_\_ Date: \_\_\_\_\_

Male applicant: \_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Nick Name

Female applicant: \_\_\_\_\_  
First Name                      Middle Name                      Maiden Name                      Last Name                      Nick Name

Mailing Address:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City                                      County                                      State                                      Zip code

Contact: Home Phone: \_\_\_\_\_ Home E-mail: \_\_\_\_\_

	<u>Male applicant:</u>		<u>Female applicant</u>
Cell Phone:	_____	Cell Phone:	_____
Work Phone:	_____	Work Phone:	_____
Work E-mail:	_____	Work E-mail:	_____

Marriage Date (Month/Date/Year): \_\_\_\_\_ Prior Marriages: Male \_\_\_\_\_ Female: \_\_\_\_\_

Name and date of birth of any children (Note "B" for biological or "A" for adoptive and country adopted from):

\_\_\_\_\_

Others living in the house (grandparents, nanny, etc.): \_\_\_\_\_

### Placement Preferences

Number of children: \_\_\_\_\_ Age Range: (ex: 2-4 years) \_\_\_\_\_ Gender: \_\_\_\_\_

Please check the country you are applying for: \_\_\_ Armenia \_\_\_ Bulgaria \_\_\_ China \_\_\_ China Special Needs  
\_\_\_ Haiti \_\_\_ Kenya \_\_\_ Korea \_\_\_ Mexico \_\_\_ Moldova \_\_\_ Peru \_\_\_ Russia

Do you have a current Immigration clearance to adopt? If yes date of expiration: \_\_\_\_\_

Have you ever been turned down by an adoption agency? \_\_\_ yes \_\_\_ no

How did you hear about Carolina Adoption Services? \_\_\_\_\_

Male applicant

Are you a U.S. Citizen: \_\_\_\_ Yes \_\_\_\_ No

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Social Security #: \_\_\_\_\_

Place of Birth (City & State): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Ethnicity (optional): \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Salary: \_\_\_\_\_ Other Financial Resources:

\_\_\_\_\_

History of treatment for any medical or emotional conditions:

\_\_\_\_\_

\_\_\_\_\_

History of any Arrests, Criminal Records, Convictions (date and circumstances): Please include juvenile or expunged records.

\_\_\_\_\_

\_\_\_\_\_

Have you ever been accused of child abuse, neglect, and/or domestic violence?

\_\_\_\_\_

\_\_\_\_\_

Do you have any history of substance abuse?

\_\_\_\_\_

\_\_\_\_\_

Female applicant

Are you a U.S. Citizen: \_\_\_\_ Yes \_\_\_\_ No

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Social Security #: \_\_\_\_\_

Place of Birth (City & State): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Ethnicity (optional): \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Salary: \_\_\_\_\_ Other Financial Resources:

\_\_\_\_\_

History of treatment for any medical or emotional conditions:

\_\_\_\_\_

\_\_\_\_\_

History of any Arrests, Criminal Records, Convictions (date and circumstances): Please include juvenile or expunged records.

\_\_\_\_\_

\_\_\_\_\_

Have you ever been accused of child abuse, neglect, and/or domestic violence?

\_\_\_\_\_

\_\_\_\_\_

Do you have any history of substance abuse?

\_\_\_\_\_

\_\_\_\_\_

**CAS homestudy families (NC, SC, NJ, or VA): How long have you lived in your current state of residence? \_\_\_\_\_**

**If homestudy or placement is being done by another agency, please complete the following:**

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Effective April 1, 2008, CAS is only able to accept homestudies for Hague cases from agencies with whom CAS has a formal, signed agreement. A list of such agencies will be available through CAS and should be discussed prior to application.

**I attest that the above information is true and accurate. I understand that withholding or misrepresenting significant information can result in a revoked homestudy approval. I agree that confidential materials, including billing statements, may be sent to my home email address unless I notify the CAS Business Manager, in writing, of an alternative choice.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
*Spouse's Signature*

\_\_\_\_\_  
**Date**

*Please enclose your application fee and a recent color photo of the family. You will be contacted by Carolina Adoption Services upon receipt of this application.*

*Please Mail Your Application To:*  
**Carolina Adoption Services  
301 North Elm Street, Suite 500  
Greensboro, NC 27401  
Phone: (336) 275-9660**

**Application Fees (non-refundable) :**  
**\$300 Homestudy & Placement**  
**\$300 Placement Only**  
**\$150 Homestudy Only**  
**\$150 Post Adoption Only**  
**\$150 Homestudy Update**  
**\$150 Parental Placement (VA Only)**

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