

# Acres of Hope Liberia, Inc. Application for Adoption Program

Please complete and mail this form, along with a signed and notarized contract (downloadable from [www.acresofhope.org](http://www.acresofhope.org)), one copy of your current home study, and the application fee to:

**Acres of Hope Liberia, Inc., 29525 Four Corners Store Road, Mason, WI 54856-2054**

Please note that your application cannot be processed until we have received the application, home study, contract, and application fee.

Date: \_\_\_\_\_

Full name (Primary Applicant): \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_

\_\_\_\_\_

Educational history: \_\_\_\_\_

Religion (please be as specific as possible): \_\_\_\_\_

Date of current marriage: \_\_\_\_\_ Annual gross income: \_\_\_\_\_

Previous marriage/divorce dates: \_\_\_\_\_

Please explain any misdemeanor/felony charges/convictions: \_\_\_\_\_

\_\_\_\_\_

Full name (Spouse): \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_

\_\_\_\_\_

Educational history: \_\_\_\_\_

Religion (please be as specific as possible): \_\_\_\_\_

Previous marriage/divorce dates: \_\_\_\_\_

Please explain any misdemeanor/felony charges/convictions: \_\_\_\_\_

\_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address(es): \_\_\_\_\_

Primary daytime phone number: \_\_\_\_\_ (home) (work) (cell)

Secondary daytime phone number: \_\_\_\_\_ (home) (work) (cell)

Evening or other phone number: \_\_\_\_\_ (home) (work) (cell)

List all other people (children, parents, roommates, etc.) currently residing in the home:

<i>Name</i>	<i>Date of birth</i>	<i>Relationship</i>	<i>Bio/Adopted</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List three non-related references that will submit letters of reference for your dossier.

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

Relationship: \_\_\_\_\_ Known for how long? \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Known for how long? \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Known for how long? \_\_\_\_\_

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

Phone: \_\_\_\_\_

Have you ever adopted internationally before? If so, please identify the country and describe the experience. \_\_\_\_\_

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Please explain any disrupted adoptive placements and all agencies involved in them.

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Identify the agency and/or case worker who completed your *current* international adoption home study. \_\_\_\_\_

Explain your interest in adopting from Liberia, West Africa. \_\_\_\_\_

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How did you hear about Acres of Hope Liberia? \_\_\_\_\_

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How many children would you like to adopt at this time? \_\_\_\_\_

If more than one, are you open to half-siblings? \_\_\_\_\_ Non-siblings? \_\_\_\_\_

Are you open to multiple-birth (twins, triplets) sibling sets? \_\_\_\_\_

What age range (at time of referral) are you interested in? \_\_\_\_\_

What gender would you like your future child/ren to be? \_\_\_\_\_

Are you open to any special needs? \_\_\_\_\_ Please specify the issues you are willing and equipped for: \_\_\_\_\_

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Please indicate anything else we should take into consideration when matching you with a child or children: \_\_\_\_\_

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NOTE: Please make checks out to **Acres of Hope Liberia, Inc.** For help filling out this form, please contact the Adoption Consultant at 715.765.4118. Please attach additional pages as necessary.