



APPLICATION TO ADOPT

We welcome your application to Amara. The Amara fee schedule applicable to you throughout your current adoption process will be based on the completed application date. Your application will be considered complete when all of the following items have been received by us:

- ☐ Completed and Signed Application to Adopt
- ☐ Completed and Signed Memorandum of Understanding
- ☐ Completed and Signed Confidential Applicant History Form
- ☐ A \$300 Non-Refundable Application Fee
- ☐ Copies of both partner's drivers licenses
- ☐ Copies of auto insurance current enrollment card(s)

Please answer ALL questions to the best of your ability. If not applicable, write "NA". If answers are the same for Applicant B as they are for Applicant A, write "same" in the box for Applicant B. The information included on this form will be entered into our database and will serve as the foundation for future communication so PLEASE print clearly.

Applicant A	Question	Applicant B
	Mr. / Ms. / Mrs.	
	Last Name	
	First Name	
	Middle Name	
	Previous Last Name (or N/A)	
	Social Security Number	
	# Years WA State Resident	
	Home Address / Street	
	City, County and State	
	Zip Code	
	# Years at this Address	
	Home Phone	
	Business Phone	
	Cell Phone	
	Preferred Email Address	

Applicant A	Questions	Applicant B
	Preferred Fax Number	
	Cultural/Racial Heritage	
	Sexual Orientation	
	Birth Date (mo/day/year)	
	Birth Place (State/County)	
	Citizenship (Country)	
	Religion	
	Education (Degree/School)	
	Occupation	
	Name of Present Employer	
	Date First Employed by this Employer	
	Marital or Domestic Partnership Status	
	Date of Current Marriage	
	Dates of Previous Marriage(s) (from/to)	
	Place of Previous Marriage(s)	
	Annual Income	
	# of People Currently in Household	
	Monthly Mortgage or Rent Payments	
	Total Savings over \$1,000	
	Total Other Investments	
	Total Debt over \$5,000	
	Health Insurance Provider	
	Life Insurance Provider	

Applicant A	Questions	Applicant B
	Have you adopted previously?	
	What agency facilitated your adoption?	
	Have you previously been foster licensed?	
	What agency licensed your foster home?	

Please list below all of your children

Name	Birth Date	Child of? (Applicant A or B or Both)	Currently Lives with You? (Yes/No)

Please list below any other members of your household (not applicants or their children)

Name	Relationship to Household? (Relative, Renter)	Date Joined Household

Please list below your emergency contact information

Name	Relationship to Applicants	Phone Number

Please briefly describe the child(ren) you are interested in adopting (age ranges, gender, etc.):

Please provide us with driving directions to your home (feel free to attach these separately):

Please confirm below which services you are applying for:

- **Complete Adoption Services (New):** ☐ Yes ☐ No
(First Time Home Study through Finalization)
- **Complete Adoption Services (Secondary):** ☐ Yes ☐ No
*(Home Study Update through Finalization;
Services available only to prior Amara clients with homestudy less than 2 years old)*
- **Home Study / Post Placement Services Only** ☐ Yes ☐ No
*(For families seeking to adopt internationally or
through another agency; accepted on space-available basis only)*

Please tell us how you first heard about Amara and why you have chosen our agency:

Would you like to receive our E-newsletter? ☐ Yes ☐ No

I certify that the information provided in this application is accurate to the best of my knowledge and I have not omitted any information requested. I will inform Amara of any significant changes to the information provided. I understand that acceptance of my application to adopt does not ensure or imply that I will be approved as an adoptive parent. By signing this document, I acknowledge that I am consenting to the disclosure of all information regarding this application to Amara.

Signature of Applicant A: _____ **Date:** _____

Signature of Applicant B: _____ **Date:** _____

Thank you for choosing Amara!