ADOPTION ASSISTANCE, INC.

Main Office 173 Sears Ave #267 Louisville, KY 40207

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Executive Director: Julie Erwin E-Mail: adoption@adoptionassistance.com

Application

| Applicant #1: | | | | |
|--------------------------|-----------------|--------------|-----------|-------|
| | (Last Name) | (First) | (Middle) | (SS#) |
| Applicant #2: | | | | |
| | (Last Name) | (First) | (Middle) | (SS#) |
| Address: | | | | |
| (Street) | (City) | (Sta | te) (Zip) |) |
| County: | How long at abo | ove address? | | |
| #1 Cell: Email #1: | #2 Cell: | Home | e # | |
| Email #1: | | _Email #2 | | |
| Applicant #1 Information | on: | | | |
| Date of Birth: | Place of 1 | Birth | | |
| U.S. Citizen? | | | | |
| Race: | Religion: | | | |
| Highest Educational Deg | ree Obtained? | | | |
| College and Degree Area | <u>:</u> | | | |
| Occupation | Emp | loyer | | |
| Work Phone: | Length of | Employment: | | |
| Annual income: | | | | |
| Applicant #2 Information | on: | | | |
| Date of Birth: | Place of 1 | Birth: | | |
| U.S. Citizen? | | | | |

| Race: | Rel | igion: | | <u> </u> | | | |
|--|--------------------|-----------------------|-------------------|---------------------------|--|--|--|
| Highest Educational Deg | ree Obtained? | | | _ | | | |
| College and Degree Area | ı: | | | _ | | | |
| Occupation | pationEmployer | | | | | | |
| Work Phone: | Len | Length of Employment: | | | | | |
| Annual income: | | _ | | | | | |
| Date and Place of Marria Have either of you been 1 | ge: | - 19. | | _ _ | | | |
| If divorced, date of divor Full name/date of birth o | ce: | ea?: | | | | | |
| Full name/date of birth o | f children living | in home: | | | | | |
| Full name/date of birth/re | | | | .11.1. | | | |
| Any state, other than you last 10 years: | r current state of | residence, the | nat an adoptive p | parent has resided in the | | | |
| Have you previously ado | pted a child? | Agency u | sed: | | | | |
| you currently under charge | ges for any violat | tion? | . If yes, please | | | | |
| Have either of you ever be If yes, please give diagnoon. Have either of you ever r | | | | | | | |
| ******* | eceived counseli | | yes If yes, | please give the | | | |
| Type of adoption you wis Domestic International | | dependent_ | _ Embryo | _ | | | |
| If International, which co | untry? | | | | | | |
| If Independent, attorney' | s name/number_ | | | | | | |
| How did you learn about | Adoption Assist | ance? | | | | | |
| The above data is true an falsification of information application. | - | • | | | | | |
| Applicant #1 | Date | A | pplicant #2 | Date | | | |

A \$75.00 application fee is due with the completed application.