

Little Bit Of Heaven Adoption Referral Service Application

Applicant 1 name:			
Applicant 2 name:			
Address:			
Home phone:			
Applicant 1 work #:		Applicant 2 work#:	
Applicant 1 cell #:		Applicant 2 cell#:	
Email:			
Do you have a completed and updated home study?			
Agency home study is with:			

Personal Information

Applicant #1	Applicant #2
Age	Age
Race	Race
Profession	Profession
Years married	Years married
Prior marriages	Prior marriages
Children	Children

Please list all persons residing in the home including foster and step children. Specify their relationship. Please specify if a child is related by adoption. Attach additional sheets of necessary.

Name	Sex	Age	Relationship

Employment History

Applicant 1					
Company:		Position:		Yrs employed:	
Applicant 2					
Company		Position:		Yrs employed:	

Would there be a problem with taking time off work when child is placed with you, if needed?

Yes **No**

Will either parent be a stay at home parent? **Yes** **No**

What are you plans for child care if both are employed?	
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Religion

Do you attend church? **Yes** **No**

How often do you attend? **Weekly** **Monthly** **Holidays**

What is the affiliation?

Describe the religious/spiritual training you plan for your child:

The children:

Sex of child you are willing to accept? **Female** **Male**

Number of children you would like to adopt:

Racial make-up of child:

Caucasian	African American/Caucasian
African American	Hispanic/Caucasian
Hispanic	Hispanic/Other
Asian	Asian/Caucasian
Native American	Native American/Caucasian
Any Race	Other _____

We are open to:

Twins
Sibling Groups
Special Needs

We would consider a child who:

Born drug exposed	Yes	No	Case by Case
Mother had little or no prenatal care	Yes	No	Case by Case
History of substance abuse in mother	Yes	No	Case by Case
Born with special needs	Yes	No	Case by Case
List special needs are you open to:			

What type of contact after placement are you open to?

- Open (Some visits, pictures, letters)
 Yes **No** **Case by Case**
- Semi-open (pictures)
 Yes **No** **Case by Case**
- Closed (no contact)
 Yes **No** **Case by Case**

What is your complete adoption budget? _____

This is for our office use only, to help determine guidelines for adoption situations that fit into your financial plan.

If your state allows, would you want to be considered for a birth mother that has expenses? **Yes** **No**

If so, how much?

Up to \$1,000
Comments:

Up to \$3,000

Up to \$5,000 **Consider for all**

Have you ever had a Adoption Fall through? **Y or N**

Explain_____

Have you ever been denied a Home Study? **Y or N**

Are either Applicant 1 or 2 enrolled in the American Indian tribe? **Y or N**

Drugs

Would you accept a child who's Bio mother ?

- A. Is Drug addicted?
- B. Had previously been addicted to drugs?
- C Used drugs in her past?
- D Had used before finding out she was pregnant?

Alcohol

Would you accept a child who's Bio Mother ?

- A. Abused Alcohol, out come uncertain?
- B. Was using alcohol before finding out she was pregnant?
- C. Is alcohol addicted?
- D. Had used alcohol before finding she was pregnant?

Children

Would you accept?

- A. Slight limp?
- B. Leg Braces?
- C Missing Limb?
- D Is in Wheel Chair?
- E Cant Walk
- F Cerebral Palsy
- G Cystic Fibrosis

Seizures

- A Seizure disorder controlled
- B Seizure disorder not controlled

Blood Disorders

- A Blood disorder requiring blood transfusion
- B Blood disorder with limited life span?

Heart problems

- A. Heart Murmur with uncertain cause
- B May require heart surgery

C can be monitored at this time but outcome uncertain

Sight Problems

- A Sight in both eyes sight limited
- B Sight in one eye
- C Blind but surgery may give partial sight
- D Blind and will never have sight

Hearing

- A hearing trouble, surgery may help
- B Hearing trouble cause and out come uncertain
- C deaf

Physical Deformities

- A hand
- B arm
- C leg
- D face
- E both arms
- F both legs

Special Needs

- A. Learning Disabilities
- B Retardation
- C ADHD
- D. Downs Syndrome

Emotional Problems

- A Emotionally damaged, very withdrawn

Speech Problems

- A stutters
- B Lisp
- C Speech at age 6 is hard to understand
- D Will always have trouble speaking

Cleft Problems

- A Hare Lip
- B cleft Palate
- C Both hare lip and cleft palate

Sickle Cell Anemia Disorder

- A sickle cell carrier
- B Sickle Cell Anemia but relatively controlled
- C Sickle Cell Anemia with Frequent episodes

Bipolar Disorder

- A Had one parent with Bipolar?
- B Had both parents diagnosed with bipolar?
- C. Birthmother was taking medication

Schizophrenia

- A Schizophrenic child
- B Had one parent diagnosed as schizophrenic
- C Has two parent diagnosed

Depression

- A Had one parent who was depressed but not on medication
- B Had two parents with depression
- C Had one parents who was depressed and medication

General Questions

Why are wishing to adopt?

Little Bit of Heaven Adoption Agency is a Referral Agency in the state of Ohio. We also network Adoptive Parents to other Licensed Agencies and Attorneys who are in search of families for the birth parents they have to match.

LBOH has a Placement fee of \$2500.00 that is due in 48 hours of a match with the Birthmother. If fee is delayed getting to LBOH we/I understand that this could delay our adoption process or even cause us to loose of our situation.

Sign and date _____

I/We understand that delay of payment may hold up the adoption Finalization and if not paid could cause the Adoption not to Finalize.

Sign and Date _____

I/We understand that Additional Fees such as but not limited to(Living Expenses, Medical, Legal etc.) will be due as necessary threw out the pregnancy to AGENCY or Attorney that has the birth mom.

I/We understand that Delay in paying these cost could delay or cause us to a loose of the Adoption Situation.

Sign and Date _____

We / I Understand if this is a special needs situation a reduced fee may apply in accordance to the situation.

Sign and Date _____

We/I understand and acknowledge that our Application fee of \$500.00 (Which is Non Refundable, guarantees our being on LBOH Client situations list.) But not a guarantee that we would be matched.

Sign and Date _____

We further understand that adoption cost vary from situation to situations, and that upon our being matched with a birthmother /or child we will be responsible for paying the full estimated amount of the particular situation. We further understand that if the adoption fails, match fee for LBOH will be credited to another Birthmother/child situation. All other fees and cost paid to agency for the situation in question will fall under their fee agreement and not connected to LBOH in anyway.

Sign and Date-----

Any applicant who knowingly or willfully makes a false statement of any fact or thing in the application is guilty of perjury in the second degree, shall be punished accordingly.

By signing below We/I are stating all information is true and that We/I agree all things stated in the contract.

Signatures:

Applicant 1 Date

Applicant 2 Date

Match fee can be paid Pay Pal merts1234@yahoo.com

Mailing Address
LBOH
2804 Fareham Ct
Columbus Ohio 43232
740-250-3625