



New Beginnings

Family and Children's Services, Inc.

Uniting Families Since 1985

Adoptive Family Profile

(Application)

All information will be kept confidential and only used for the adoption process.

Applicant 1

Applicant 2 (spouse or significant other)

First Name:	Last Name:	First Name:	Last Name:
E-mail:		E-mail:	
Work telephone:		Work telephone:	
D.O.B:	Age:	Gender:	
Place of birth:		Place of birth:	
Citizenship:		Citizenship:	
Ethnicity:		Ethnicity:	
Primary language:		Primary language:	
Secondary:		Secondary:	
Passport or Alien Registration #:		Passport or Alien Registration #:	
Height:	Weight:	Height:	Weight:
Religion:	Affiliation (if applicable):		
Highest level of education:		Highest level of education:	
Field of Study:		Field of Study:	
Occupation:		Occupation:	

Legal Residence: _____
(Street Address) (City) (State) (Zip Code)

County: _____ Telephone: _____

Secondary Residence: _____
(Street Address) (City) (State) (Zip Code)

Telephone: _____

In order to respect your privacy, please note the number to reach you during business hours:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

New Beginnings

87 Mineola Boulevard, Mineola, NY 11501

516-747-2204 • nb@new-beginnings.org • www.new-beginnings.org

Licensed In

New York
New Jersey
Pennsylvania
Florida

Have you ever submitted an adoption application elsewhere? If so, what is the status of the application (accepted, pending, turned down, etc.)? _____

Are you currently working with another agency or with an attorney? If so, with whom?

Have you previously applied to New Beginnings? Yes No

Please list all others (adults and children) living in your house. Do you live in a multi-family home?
Yes No (include tenants residing in your home or other family members):

Name	Gender	D.O.B.	Relationship to applicant	Finalization Date	List any medical, emotional or mental health issues.

2-1. Please describe if anyone living in your household (aside from you) has ever been arrested, fingerprinted, charged with, or convicted of a crime. Include felony, misdemeanor, D.U.I. & D.W.I. Also, include any report of child abuse or neglect. Include the date and resolution of any incident.

Attach additional pages if needed.

Please list any children from previous marriages or relationships not living in your household:

Name	Gender	D.O.B.	Relationship to applicant	Finalization Date	List any medical, emotional or mental health issues.

EMPLOYMENT HISTORY – *for past ten years*
(attach additional pages, if necessary)

Applicant Name _____

Applicant Name: _____

Current employer:

Position:

Hire date:

Salary:

Current employer:

Position:

Hire date:

Salary:

Previous employer:

Position:

Hire date:

Salary:

Previous employer:

Position:

Hire date:

Salary:

Previous employer:

Position:

Hire date:

Salary:

Previous employer:

Position:

Hire date:

Salary:

Previous employer:

Position:

Hire date:

Salary:

Previous employer:

Position:

Hire date:

Salary:

FINANCES

Income

Annual Income (applicant 1)	
Annual Income (applicant 2)	
Other _____	
Other _____	

Financial Assets

Checking	
Savings	
Personal Property	
Home value	
Other _____	
Other _____	
Total	

Financial Obligations

	Monthly Payments	Total Owed (if applicable)
Auto loans / Leases		
Education loans		
Mortgage / Maintenance / Rent		
Food, utilities, all others		
Alimony/Child Support		
Credit Card Debt		
Other _____		
Other _____		
Total		

Please briefly describe if there will be outside assistance to help pay for the adoption services or other unique circumstances. .

Life Insurance: Specify amount for each family member.

Applicant Name:	Amount:
Applicant Name:	Amount:

MEDICAL

Is each applicant covered by health insurance? Applicant 1: Yes No
 Applicant 2: Yes No

5-1. Please describe any past and present significant medical conditions and hospitalizations. Include dates and diagnoses. If you have any current medical condition(s) and/or are currently taking prescription medication. Indicate the history, diagnosis, treatment, and prognosis for each condition. Please be aware that additional documentation may be requested.

Attach additional pages if needed.

5-2. Please list any infertility treatment. Are you still in treatment? When was your last treatment? Please explain.

Attach additional pages if needed.

5-3. a. Have you ever received counseling/therapy? Please detail what brought you into therapy, dates, diagnosis (if applicable) and any outcome.

Attach additional pages if needed.

b. Please describe any mental health or psychiatric conditions, including hospitalizations. Indicate the history, diagnosis, treatment, and prognosis for each condition.

Attach additional pages if needed.

Please list prescription medications taken within the last 5 years (other than antibiotics):

Applicant Name: _____

Condition	Medication	Dosage	Date Began	Date End

Applicant Name: _____

Condition	Medication	Dosage	Date Began	Date End

5-3. Please describe your past and present use of drugs and alcohol. Please include substances used, frequency of use, circumstances around use and how, if at all, any of this has changed during your life.

Attach additional pages if needed.

5-4. Have you ever received in-patient or out-patient substance abuse treatment? If so, please describe and give dates.

Applicant 1: Yes No

Applicant 2: Yes No

Attach additional pages if needed.

LEGAL

All prospective adoptive parents will be fingerprinted as part of the adoption process and prior arrest, including juvenile arrest, with or without convictions will be indicated.

Applicant 1	Have you ever been arrested?	Yes	No
	Have you been fingerprinted for criminal charges?	Yes	No
	Have you ever been convicted of a crime?	Yes	No
Applicant 2	Have you ever been arrested?	Yes	No
	Have you been fingerprinted for criminal charges?	Yes	No
	Have you ever been convicted of a crime?	Yes	No

If you answered "Yes", please describe the incident, date and resolution.

Attach additional pages if needed.

Have you ever been reported for child abuse or neglect?	Applicant 1: Yes	No
	Applicant 2: Yes	No

If you answered "Yes", please describe the incident, date and resolution.

Attach additional pages if needed.

MARRIAGE

Date of Current Marriage: _____

7-1. If applicable, how long have you been together as a couple?

Attach additional pages if needed.

7-2. If you have had a divorce, annulment or marital separations, please explain.

Attach additional pages if needed.

Previous Marriages	Applicant 1	Applicant 2
Previous marriages:	Yes No	Yes No
Date(s) of marriage(s):		
Date(s) of termination of marriage(s):		

RELATIVES – PARENTS AND SIBLINGS

Applicant 1				Applicant 2			
Name	Age	Relation	State/Country	Name	Age	Relation	State/Country

MOTIVATION TO ADOPT

9-1. Please state your reasons for wanting to adopt a child. If applicable, include in your reasons to adopt information about the following:

- If you have or are able to have biological children, please describe your reasons for wanting to build a family through adoption.
- If you have adopted previously, please state your reason for wanting to adopt again.

Attach additional pages if needed.

9-2. How do you plan to discipline your child? How is this the same or different from your parents?

Attach additional pages if needed.

INTERNATIONAL PROGRAMS

Based on the program requirements, indicate the country you would like to adopt from and preferences for the child to be matched. (See Programs at <https://www.new-beginnings.org/programs-at-a-glance/>.)

☐ CHINA	☐ KOREA	☐ THAILAND	☐ MOROCCO	☐ _____ (Primary Provider/Home Study)
☐ 9 - 36 mos.	☐ 15 - 36 mos.	☐ 2 - 4 yrs.	☐ under 2 yrs.	☐ 6 - 18 mos.
Waiting Children Adoption, New Beginnings' Program for Older or Special Needs Children				
☐ 3 - 5 yrs.	N/A	☐ 4 - 5 yrs.	☐ 2 - 5 yrs.	☐ 18 - 36 mos.
☐ 5 - 7 yrs.	N/A	☐ 5 - 7 yrs.	☐ 5 - 7 yrs.	☐ 3 - 6 yrs.
☐ Over 7	N/A	☐ Over 7	☐ Over 7	☐ Over 7
☐ M / ☐ F	N/A	☐ M / ☐ F	☐ M / ☐ F	☐ M / ☐ F
☐ No Preference		☐ No Preference	☐ No Preference	☐ Relative ☐ Siblings

10-1. Briefly describe the child/children you are seeking to adopt (age, ethnicity, other important characteristics).

Attach additional pages if needed.

10-2. What kinds of medical issues, emotional problems or developmental delays would you consider?

Attach additional pages if needed.

Be sure to include all information so we can process your Adoptive Family Profile without delay.

CONFIRMATION STATEMENT

Name of Applicant: _____

I state that the information presented in this document is true and correct.

Signature: _____ Date: _____

Name of Applicant: _____

I state that the information presented in this document is true and correct.

Signature: _____ Date: _____

I am completing this profile in order to release information on a waiting child

If the adoptive parent applicant is rejected or not been acted upon within six months of filing by the completion of an adoption study, he or she may request a State administrative hearing. The hearing must be requested within 60 days after the date of rejection or failure to act.

At such hearing, the applicant will have the right to counsel, or other representative, to produce witnesses and other evidence on his or her behalf. The applicant will be permitted to request the issuance of subpoenas, to cross examine witnesses, and to examine all the evidence presented against the applicant. If you wish a hearing, address your request to:

New York State Office of Children and Family Services, Special Hearings
52 Washington Street, Room 322 North
Rensselaer, New York 12144

Social Service Law 424-a requires the authorized agency receiving the application to check the New York State Registration of Child Abuse and Maltreatment to determine whether the applicant is the subject of an indicated report of child abuse and maltreatment. If the applicant does not reside in New York State, the applicant will be subject to a child abuse registry check in the state he or she resides.

Social Service Law 378-a requires the authorized agency to complete a criminal history record check for a prospective adoptive parent or any other person over the age of 18 who is currently residing in the home. If the applicant does not reside in New York State, the applicant may be subject to a criminal history record check in the state he or she resides.

Non-Discrimination in Services. Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service deliver locations. Structural modifications shall be considered only as a last resort among available methods.

Any client, adoptive parent or applicant who believes they have been discriminated against, may file a complaint of discrimination with the US Department of Health and Human Services or your state's Human Relations Commission.