



APPLICATION FOR ADOPTION SERVICES

(Oregon Residents)

PLAN LOVING ADOPTIONS NOW, Inc.
P.O. Box 667, 850 SE Booth Bend Rd
McMinnville, OR 97128
Phone: (503) 472-8452 FAX: (503) 472-0665
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E-mail: info@planlovingadoptions.org

**PLAN
USE
ONLY**

Application Fee: \$ _____
Date Paid/Rcvd: _____
Case ID#: _____

All questions must be answered unless specified as optional. Incomplete applications will be returned.

First and Last Name(s): _____
Mailing Address: _____
Physical Address: _____ County: _____
City: _____ State: _____ Country: _____ Zip: _____
Home Phone: (_____) _____ Fax: (_____) _____
Cell (Mr.): (_____) _____ Cell (Ms.): (_____) _____
Email (Mr.) _____ Email (Mrs.) _____
Date of present marriage: _____ Location (City, State, Country): _____

**Prospective
Adoptive
Father**

Social Security No. _____ Date of Birth: _____ Place: _____
Ethnic heritage (optional): _____ Religious affiliation (optional): _____
Educational Degree or Certificate obtained, (if applicable): _____
Military Service and/or other training: _____

Employers and income for the last five years, beginning with current employer. Use additional sheet if necessary.

Occupation: _____ Annual income: _____
Employer: _____ Start Date: _____ / _____ / _____

Have you lived out of the state of Oregon in the last five years? Yes No
Have you been previously married? Yes No Date(s) of annulment/divorce/death: _____

Have you ever been arrested, charged, or convicted of any crime, including any form of abuse? Yes No
If yes, on a separate sheet of paper, describe the incident(s) [be specific-using dates and locations] to help us understand why your arrest/conviction will not pose a risk to children.

**Prospective
Adoptive
Mother**

Social Security No. _____ Date of Birth: _____ Place: _____
Ethnic heritage (optional): _____ Religious affiliation (optional): _____
Educational Degree or Certificate obtained, (if applicable): _____
Military Service and/or other training: _____

Employers and income for the last five years, beginning with current employer. Use additional sheet if necessary.

Occupation: _____ Annual income: _____
Employer: _____ Start Date: _____ / _____ / _____

Have you lived out of the state of Oregon in the last five years? Yes No
Have you been previously married? Yes No Date(s) of annulment/divorce/death: _____

Have you ever been arrested, charged, or convicted of any crime, including any form of abuse? Yes No
If yes, on a separate sheet of paper, describe the incident(s) [be specific-using dates and locations] to help us understand why your arrest/conviction will not pose a risk to children.

**Program
Options**

Program(s) Desired: 1 = first choice, 2 = second choice, etc

DOMESTIC:

US African American Infant: _____
State Children Adoptions _____
Loving Options (OR, WA, ID families only) _____
Special Needs Infant Adoption: _____
Other: _____

INTERNATIONAL:

China: _____
China Special Needs: _____
Vietnam: _____
Liberia: _____
Other: _____

Please Circle Considerations:

Male Female Either Twins Siblings Correctable disability Non-correctable disability
of children: _____ Age range: _____ months / years

Household Members

Members of household {other than applicant[s] and including renters/boarders}. Use additional sheets of paper if necessary. If adopted please state country adopted from; including the USA.

Name: _____ Relationship: _____ Birthdate: _____ Adopted? _____ : _____
Name: _____ Relationship: _____ Birthdate: _____ Adopted? _____ : _____
Name: _____ Relationship: _____ Birthdate: _____ Adopted? _____ : _____
Name: _____ Relationship: _____ Birthdate: _____ Adopted? _____ : _____

Other adults (18+years) living in the home: Yes No Children not living at home? Yes No

Insurance

Do you have medical insurance? Yes No Will adopted child be covered at placement? Yes No
Company: _____ Policy # _____

PreAdopt Education

10 Hours of Pre-Adoption Education is required therefore education must be confirmed.

Have you completed any Pre-Adoption Education Training? Yes No

Hours: _____ Date(s) _____ Type or Source: _____

If certificate of completion is not available please give contact person name and contact information:

Adoption Homestudy Agency

Have you ever been denied an Adoption Study by an agency? Yes No If yes, please explain: _____

Have you applied for an Adoption Study (not including PLAN)? Yes No
Do you have a current, completed Adoption Study? Yes No Date completed: _____
If not completed, estimated date of completion: _____

IMPORTANT: Agency Name and Contact information: _____
Complete address & phone number: _____

Agency Contact Person: _____ Phone & Email: _____
Social Worker: _____ Phone & Email: _____

In order to review your application, the following must be submitted to PLAN with your application:

PLEASE NOTE: if you choose to utilize the services of UPS, DHL, FedEx, or USPS Express, please send to the physical address. All other mailings should be addressed to the PO Box.

- ◆ \$195 non- refundable fee
 - ◆ Two family photos (no duplicates or sunglasses please)
 - ◆ Photocopy of most recent Federal Tax Return (or equivalent proof of annual income)
 - ◆ Photocopy of birth certificate for each applicant.
 - ◆ Photocopy of Marriage Certificate
 - ◆ Photocopy(ies) of Divorce Decree(s)and/or Death certificate(s), if applicable
 - ◆ PreAdopt Education Certificate(s). Hours completed must be stated.
- If certificate is not available please supply contact name and contact information above.

If you have lived outside of the state of Oregon within the last five years or have previous criminal history please contact the PLAN office for additional instructions

I understand that giving false information on this application is sufficient reason for denial of this application. Applications cannot be processed without signatures and the above-noted items.

Signatures: _____ Date: _____
_____ Date: _____

Once your application has been reviewed and accepted you will receive specific information regarding the next step in your adoption process. If you have questions that are not answered by a visit to our website please contact the PLAN office.