



270 Remington Blvd, Suite D · Bolingbrook, IL 60440
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DOMESTIC ADOPTION PROGRAM INTEREST FORM

Please complete this interest form fully and to the best of your ability. The information provided helps us to better know and assist you as you explore adoption options. This interest form is not your official application nor does submission signify acceptance into the program. After submitting this form, you will receive an official program application should you be found eligible and if an opening is available.

Please return your interest form **and a current family photo** by mail to the attention of Nancy Crouch, or by email to katelynw@holtsunnyridge.org.

Today's Date:

I'm interested in: Domestic Adoption Interstate Adoption

_____ _____
Last Name, Applicant A First Name

_____ _____
Last Name, Applicant B First Name

Address

City/State/Zip

_____ _____ _____
Home Telephone Cell Phone Preferred email address

Applicant A

Date of Birth:

Race:

Occupation:

Applicant B

Date of Birth:

Race:

Occupation:

Are there other children in your family?
If so, what are their ages?

Family Financial Information

Household annual income: _____
Total debt: _____ Total net worth: _____

Have you ever filed for bankruptcy? Yes No
If yes, please give date and circumstance:

Do you plan to fundraise for your adoption? Yes No

Are either applicants currently taking any prescription medications? Yes No
If yes, please list the reason they were prescribed:

Applicant A

Have you ever been in counseling or received psychiatric care? Yes No
Have you ever been arrested and/or convicted of a crime? Yes No
Do you have a history of alcohol or substance abuse? Yes No

For any "Yes" answers, please explain and give dates below:

Applicant B

Have you ever been in counseling or received psychiatric care? Yes No
Have you ever been arrested and/or convicted of a crime? Yes No
Do you have a history of alcohol or substance abuse? Yes No

For any "Yes" answers, please explain and give dates below:

Concerning Your Adoption

1. What race of child are you open to adopting (check all that apply)?

- Caucasian
- African American
- Hispanic/Latino
- Asian
- Native American
- Other

2. Are you open to a child:

prenatally exposed to drugs? Yes No Unsure
prenatally exposed to alcohol? Yes No Unsure
with limited/no medical/social history available? Yes No Unsure

3. Are you open to a relationship with the birth parents, possibly including:

Pictures and updates? Yes No Unsure
Visits? Yes No Unsure