

Ohio Department of Job and Family Services  
**APPLICATION FOR ADOPTION OF A FOSTER CHILD**

Child's Name						
Has child resided in the foster caregiver's home for at least six months? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Date of Foster Care Placement						
Date of Most Recent Foster Study/Update/Recertification				Date of Application for Adoption		
Agency					Social Worker Assessor	
Applicant #1 Name First		Middle	Last	Maiden	Home Phone #	
					Work Phone #	
Applicant #2 Name First		Middle	Last	Maiden	Home Phone #	
					Work Phone #	
Address Street (Apt.#)			City	County	State	Zip Code
Emergency Contact Name					Telephone #	
Name of school district in which the home is located						
A child placed in the home would attend the following schools				Elementary		
Middle/Jr. High				High School		
<b>APPLICANT RESIDENTIAL, EMPLOYMENT AND MARITAL CHANGES SINCE COMPLETION OF THE MOST RECENT 1349 FOSTER HOMESTUDY OR 1385 ASSESSMENT FOR CHILD PLACEMENT UPDATE</b>						
<b>Residential History</b>		<b>Applicant #1</b>			<b>Applicant #2</b>	
Have you been an Ohio resident for the last five years?		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous address (city/state) Date moved to this address						
Have you been charged and/or convicted of any crimes? If yes, please list.		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Employment History</b>						
Current employer Job title Date of employment						
Previous employer Job title Date of employment						
<b>Marriage/Relationship Changes</b>						
Date current marriage/significant relationship began*						
Previous marriage/significant relationship to Date marriage/relationship began Date of separation Date of legal termination						

\*Pertains to information not listed or included in homestudy or most recent recertification. Provide supporting documentation as applicable.

**FAMILY COMPOSITION/HOUSEHOLD MEMBERS**

List additional persons added to your household (since date of last recertification/homestudy update)

Name	Relationship to Applicants	Age	Employment	Sleeping Arrangement

**HEALTH CHANGES**

List any changes - provide supporting documentation from licensed physician or health care professional.

**INFORMATION ON THE CHILD TO BE ADOPTED**

- Name of child(ren) you are interested in adopting \_\_\_\_\_
- Is the child(ren) a part of a sibling group?     Yes     No
- If yes, how many children are part of this sibling group \_\_\_\_\_
- Are you interested in exploring the adoption of the sibling group?     Yes     No
- How long has this child(ren) been living in your home? \_\_\_\_\_
- Were you involved in the child(ren)'s case plan?     Yes     No
- If yes, please discuss how you have been working to achieve the case plan goals.

Please describe the relationship between the child(ren) and other foster family members.

Please describe how the child(ren) feels about becoming a permanent member of your family.

Please describe your plan to address your child(ren)'s special needs and/or deal with long-term difficulties/challenges and issues your child(ren) may have.

In the event that you or your spouse are unable to care for your child(ren), what arrangements have you made for the care of the child(ren)?

Please describe your plans to address your child(ren)'s special needs in the absence of Foster Care Maintenance.

Please identify any training needs that you may have.

**REFERENCES**

You have already submitted three references for foster care. Please provide one additional non-relative reference for adoption for each applicant

Name ( <i>first and last</i> )	Relationship	Telephone Number
Address		
City	State	Zip Code

**STATEMENT OF UNDERSTANDING**

- I/we understand that this is an application only and that the agency will consider me/us for adoptive placement of the above-named child provided that the placement is in the best interest of the child. Additional documents may be required by the agency or by the probate court.
- I/we agree to complete the required Adoption Preservice Training as outlined in OAC rule 5101:2-48-09.
- I/we understand this application does not represent a final commitment by either party. Any adoptive placement of a child must be made in compliance with all the state and federal laws, and must be made with the child's best interest as the determining factor. Any placement of a child will be by my/our mutual agreement with the agency.
- I/we certify that the information contained in this application is accurate and complete to the best of my/our knowledge.
- I/we understand if the application is not completed, the agency will not be able to consider me/us as a potential adoptive placement.
- If there is any significant change affecting health, marital status, residence, family composition, employment, or criminal charges. I/we will notify the agency promptly.
- I/we give permission to the agency to contact any references or association for information regarding any work or involvement with the care and supervision of child which I/we may have done.
- I/we certify that I/we have been given information on the Title IV-E Adoption Assistance, State Adoption Maintenance, State Special Services Subsidy, Post Adoption Special Services Subsidy and Non-Recurring Adoption Expenses, including the eligibility and application requirements.
- Pursuant to Ohio Revised Code Section 3107.012, a court may not finalize an adoption without a criminal records check.
- A person seeking to provide foster care or to adopt a minor who knowingly makes a false statement that is included in the written report of a home study conducted pursuant Section 3107.02 or Section 5103.03 of the Revised Code is guilty of the offense of falsification under Section 2921.13 of the Revised Code. A homestudy with a knowingly false statement shall not be filed with the court and if filed may be struck from the court's records. I/we understand that providing materially false information will prevent the agency from considering my/our home for placement of a child and may be grounds for revocation of a family foster home certificate.

Applicant Name (please print)	Signature	Date
<b>Applicant #1</b>		
<b>Applicant #2</b>		

**Note: Completion of this form is required in order for this agency to carry out its obligations under Chapters 5101:2-5, 5101:2-7 and 5101:2-48 of the Ohio Administrative Code.**

Date JFS 01692 was received by the agency

Agency Representative's signature below indicates that the information provided on this application is correct and has been verified and the family is recommended to be approved to adopt the child in question

Agency Representative's Signature	Date
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