



270 Remington Blvd, Suite D • Bolingbrook, IL 60440
630.754.4500 • www.holtsunnyridge.org

DOMESTIC ADOPTION PROGRAM INTEREST FORM

Please complete this interest form to the best of your ability and be sure to include information for each applicant. The information you provide in your interest form will help Holt-Sunny Ridge Children’s Services to better know and assist you. Please note that this is **NOT** an application or acceptance into the Holt-Sunny Ridge Domestic Adoption Program. Should you be found eligible for the program and an opening is available, you will be provided a program application at that time. Your interest form will remain in active consideration with Holt-Sunny Ridge for a period of one year. Please return your interest form **and a current family photo** by mail to the attention of Nancy Crouch, Domestic Adoption and Birth Parent Services Director, or by email to **nancyc@holtsunnyridge.org**.

Today’s Date: _____

Application For: Domestic Adoption Program Interstate Adoption Home Study Services Only

How did you hear about Holt-Sunny Ridge? _____

| | | | | | |
|------------------------|--|------------|--------------------------------------|--------------------------|--------|
| Last Name, Applicant A | | First Name | | Middle Name | |
| Last Name, Applicant B | | First Name | | Middle Name | Maiden |
| Address | | | | | |
| City/State/Zip | | | Date & Place of Marriage/Civil Union | | |
| Home Telephone | | Cell Phone | | Preferred e-mail address | |

List children in your family, and next to each name, indicate with an “A” if the child is adopted, or a “B” if the child is biological. (Use back if necessary)

| | | |
|---------------|-----|-------------------------------|
| Name of child | Age | Who does the child live with? |
| Name of child | Age | Who does the child live with? |
| Name of child | Age | Who does the child live with? |

Family Financial Information

| | |
|------------------------------------|------------------------------------|
| Average annual income: Applicant A | Average annual income: Applicant B |
| Total Debt | Total Net Worth |

How do you plan to pay for adoption fees? _____

Have you ever filed for bankruptcy? If yes, please give date and circumstance: _____

Applicant A:

Date of Birth: _____
Race: _____
Occupation: _____
Religion: _____

Applicant B:

Date of Birth: _____
Race: _____
Occupation: _____
Religion: _____

Applicant A

Please list all prescription medications you are currently taking including the dosage and the reason they were prescribed:

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

For any "Yes" answers above, please give detailed information, including dates.

Applicant B

Please list all prescription medications you are currently taking including the dosage and the reason they were prescribed:

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

For any "Yes" answers above, please give detailed information, including dates.

Concerning Your Adoption

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

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

2. What age range child are you open to?

Min: _____ Max: _____

3. Are you interested in adopting twins/siblings?

Yes _____ No _____ Unsure _____

4. 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 _____

5. Are you open to a relationship with birth parents?

Yes _____ No _____ Unsure _____

Will you consider:

exchanging letters/pictures with birth parents?

Yes _____ No _____ Unsure _____

ongoing meetings with birth parents?

Yes _____ No _____ Unsure _____

sharing email with birth parents?

Yes _____ No _____ Unsure _____

sharing identifying information with birth parents?

Yes _____ No _____ Unsure _____