



## **Siena Adoption Services**

**2776 S. Arlington Mill Dr. Suite #524**

**Arlington, VA 22206**

**(703) 477-0411**

**sienaadoptionservices@gmail.com**

### **APPLICATION FORM**

(Please include a picture of your family)

**The adoption home study process includes personal meetings with Siena Adoption Services. At least one of these meetings will take place in your home. During these meetings you will learn more about the adoption process.**

DATE OF APPLICATION: \_\_\_\_\_

### **BACKGROUND INFORMATION**

FAMILY NAME: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

County of residence: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
(Please attach Marriage Certificate)

Previous Marriages:

Name of former spouse, How terminated and date terminated:

\_\_\_\_\_

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How did you first hear about Siena Adoption Services?

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Are you currently working with another adoption agency, if so please state name of the adoption agency.

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Have you ever had a home study approved or denied by another adoption agency? \_\_\_\_\_  
If denied please explain: \_\_\_\_\_

Please list children and adults living in your home. Please provide their full name, date of birth, relation to you, if they have been adopted, and any health or special needs.

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**IDENTIFYING INFORMATION FOR Applicant I**

Full name: \_\_\_\_\_  
                    FIRST                    MIDDLE                    LAST

Other names (Nicknames, aliases): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

(Provide a copy of your Driver's License)

If you have lived outside of Virginia in the last five years, please provide the complete addresses of your former residences during those five years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation and employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

How long at current employer: \_\_\_\_\_

Employment History for the past 10 years: \_\_\_\_\_

\_\_\_\_\_

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Education: \_\_\_\_\_

Degree and Year: \_\_\_\_\_

Institution: \_\_\_\_\_

Religion and place of worship: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_

Criminal History: \_\_\_\_\_

Have you ever been convicted of a crime: \_\_\_\_\_

Have you ever been sent to jail or prison: \_\_\_\_\_

Have you ever been the subject of a child abuse or neglect investigation, please explain:

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### **IDENTIFYING INFORMATION FOR Applicant II**

Full name: \_\_\_\_\_  
(FIRST, MIDDLE, LAST)

Other names (Nicknames, Maiden name, aliases): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Provide a copy of your Driver's License

If you have lived outside Virginia in the last five years, please provide the complete addresses of your former residences during those five years.

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Occupation and employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

How long at current employer: \_\_\_\_\_

Employment History for the past 10 years: \_\_\_\_\_

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Education: \_\_\_\_\_

Degree and year: \_\_\_\_\_

Institution: \_\_\_\_\_

Religion and place of worship: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_

Criminal History: \_\_\_\_\_

Have you ever been convicted of a crime: \_\_\_\_\_

Have you ever been sent to jail or prison: \_\_\_\_\_

Have you ever been the subject of a child abuse or neglect investigation, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **FAMILY OF ORIGIN**

**Applicant 1:** \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Are they married or divorced, alive, healthy, where do they live and what do they do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Siblings: (Where do they live, are they married, have children, what do they do?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Are they married or divorced, alive, healthy, where do they live and what do they do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Siblings: (Where do they live, are they married, have children, what do they do?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** Names of three individuals, one of whom is not related, who know both of you well.

How do you know or are related to reference: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

How do you know or are related to reference: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

How do you know or are related to reference: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Health Information**

**Applicant 1:** \_\_\_\_\_

**Contact information for physician who will complete the medical exam for the home study.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you currently being treated by a physician? \_\_\_\_\_

Describe any chronic conditions \_\_\_\_\_

\_\_\_\_\_

Describe all hospitalizations in the past 5 years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever sought treatment from a mental health professional? \_\_\_\_\_



If so, please explain the circumstances including dates \_\_\_\_\_

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Have you ever participated in a drug and alcohol treatment program? \_\_\_\_\_

If so, please explain the circumstances including dates \_\_\_\_\_

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**Applicant 2:** \_\_\_\_\_

**Contact information for physician who will complete the medical exam for the home study.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you currently being treated by a physician? \_\_\_\_\_

Describe any chronic conditions \_\_\_\_\_

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Describe all hospitalizations in the past 5 years \_\_\_\_\_

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Have you ever sought treatment from a mental health professional? \_\_\_\_\_

If so, please explain the circumstances including dates \_\_\_\_\_

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Have you ever participated in a drug and alcohol treatment program? \_\_\_\_\_

If so, please explain the circumstances including dates \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Life & Vehicle Insurance Information**

**Applicant 1:** \_\_\_\_\_

Life Insurance: \_\_\_\_\_

Amount & Kind: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

**Applicant 2:** \_\_\_\_\_

Life Insurance: \_\_\_\_\_

Amount & Kind: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Vehicle Insurance

Provider: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please provide a copy of your Vehicle Insurance

## **RELEASE OF INFORMATION**

By our signatures below we attest that the answers to these questions are true and correct to the best of our knowledge. Also, we are acknowledging our ongoing duty to disclose any new events or information pertinent to these questions and to update our home study.

Also, by our signatures we give consent for Siena Adoption Services to contact the references listed above and any or all references that might assist in the adoptive study process. By this release we also give our consent for Siena Adoption Services to contact any and all social service agencies, the Virginia Department of Social Services, sheriff, police, federal law enforcement agencies, county child protection agencies, all courts (county, state and federal), and any other contacts necessary to complete the adoption study and the background checks required by the state.

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**SIGNATURE OF Applicant I**

**DATE**

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**SIGNATURE OF Applicant II**

**DATE**

**ALL THE INFORMATION PROVIDED IN RESPONSE TO THE QUESTIONS OF THIS APPLICATION ARE TRUE AND ACCURATE AND WE ACKNOWLEDGE OUR ONGOING DUTY TO DISCLOSE NEW EVENTS OR INFORMATION PERTINENT TO THESE QUESTIONS AND TO UPDATE OUR HOME STUDY**

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**SIGNATURE OF Applicant I**

**DATE**

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**SIGNATURE OF Applicant II**

**DATE**

**PLEASE ENCLOSE THE \$100 NONREFUNDABLE APPLICATION FEE WITH THIS APPLICATION**