

LSC Adoption Program Inquiry Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Marital Status: _____ Ages: (husband) _____ (wife) _____

If married or divorced, how long? _____

Gross annual household income: \$ _____

Have you ever been arrested or convicted of a crime? _____ If yes, explain: _____

Number of children in home: _____ Ages of children in home: _____

Adopted/biological/foster: _____

Are you a current or past foster parent? _____

When? _____ Which agency? _____

Are you MAPP Trained? _____ If yes, when? _____

Which agency? _____

Child Preferences – Age range: _____

Gender: _____ Race: _____

How did you hear about the LSC Adoption Program? _____

Date: _____ Date packet sent or given to applicant: _____

Please mail, fax, or email completed form to:

Kimberla Burrows

Adoption Program Manager

Lutheran Services Carolinas

P.O. Box 1271

Shelby, NC 28150

Fax: 1-866-373-6615

Email: KBurrows@lscarolinas.net



www.LSCarolinas.net