



Private Adoption Program Inquiry Form

Date: _____
Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____

<u>Applicant 1</u>	<u>Applicant 2</u>
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-Mail: _____	E-Mail: _____
DOB/Age: _____	DOB/ Age: _____

Marital Status: _____
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: _____
Have you worked with other adoption agencies? _____
When? _____ Which agency? _____
Have you completed pre-adoption training? _____ If so, what topics? _____

Child Preferences (gender, racial, cultural, etc.) _____

How did you hear about the LSC Private Adoption Program? _____

Please mail, fax, or email completed form to:
Lauren Perkins, MSW
Lutheran Services Carolinas
P.O. Box 20066
Charlotte, NC 28204
Fax:
Email: LPerkins@lscarolinas.net

<u>For Office Use Only:</u> Date Received: _____ Date Reviewed: _____ Status: _____ Date Letter sent: _____
