



SOLOMON FAMILY SOLUTIONS

## Solomon Family Solutions' Application for Child Placement Home Study

<b>Applicant:</b>			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Other Names or Aliases</i>			
<b>Primary Language:</b>	<b>Secondary Language:</b>	<b>Work/Cell Telephone Number:</b>	
<b>Email Address:</b>		<b>Social Security Number:</b>	
<i>Medications</i>			

<b>Co-Applicant:</b>			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Other Names or Aliases</i>			
<b>Primary Language:</b>	<b>Secondary Language:</b>	<b>Work/Cell Telephone Number:</b>	
<b>Email Address:</b>		<b>Social Security Number:</b>	
<i>Medications</i>			

<b>Home Address:</b>			
<i>Street Address (Apt #)</i>			<i>Home Phone Number</i>
<i>City/Town</i>	<i>State</i>	<i>Zip Code</i>	<i>Alternate/Emergency #</i>

<b>Do you have a pet(s)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>What type and breed?</b>	
<b>Where does the pet stay?</b>	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	<b>You must provide current immunization records.</b>	

<b>Do own a firearm(s)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>What type?</b>	
<b>Are they locked in a cabinet or safe?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>How many?</b>	



SOLOMON FAMILY SOLUTIONS

	Applicant	Co-applicant
Birthdate		
Gender	<input type="checkbox"/> Male   <input type="checkbox"/> Female	<input type="checkbox"/> Male   <input type="checkbox"/> Female
Race		
Hispanic Origin	<input type="checkbox"/> Yes   <input type="checkbox"/> No	<input type="checkbox"/> Yes   <input type="checkbox"/> No
Religious Affiliation		
Have you been a legal Tennessee Resident for the last six months?	<input type="checkbox"/> Yes   <input type="checkbox"/> No	<input type="checkbox"/> Yes   <input type="checkbox"/> No
Education Level		
Marital Status <i>(include date)</i>		
Previous Marriages <i>(previous spouses name, date, city, state)</i>		
Dates Terminated <i>(previous spouses name, specify reason: death, annulment, divorce)</i>		
Military Service <i>(dates)</i>		
While in military service, were you ever convicted by a General Court Martial?	<input type="checkbox"/> Yes   <input type="checkbox"/> No	<input type="checkbox"/> Yes   <input type="checkbox"/> No
Occupation		
Employer		
Annual Income		

Children			
<b>Child:</b>			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<b>Primary Language:</b>	<b>Secondary Language:</b>	<b>Birth Date:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male   <input type="checkbox"/> Female	<b>Relationship:</b>	
<b>Race:</b>	<b>Hispanic Origin:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Social Security Number:</b>	<b>In Home:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>School/Grade:</b>	<b>Occupation:</b>		
<i>Medications</i>			

<b>Child:</b>			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<b>Primary Language:</b>	<b>Secondary Language:</b>	<b>Birth Date:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male   <input type="checkbox"/> Female	<b>Relationship:</b>	
<b>Race:</b>	<b>Hispanic Origin:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Social Security Number:</b>	<b>In Home:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>School/Grade:</b>	<b>Occupation:</b>		
<i>Medications</i>			



SOLOMON FAMILY SOLUTIONS

<b>Child:</b>			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<b>Primary Language:</b>	<b>Secondary Language:</b>		<b>Birth Date:</b>
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Relationship:</b>
<b>Race:</b>	<b>Hispanic Origin:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Social Security Number:</b>	<b>In Home:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>School/ Grade:</b>	<b>Occupation:</b>		
<i>Medications</i>			

<b>Child:</b>			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<b>Primary Language:</b>	<b>Secondary Language:</b>		<b>Birth Date:</b>
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Relationship:</b>
<b>Race:</b>	<b>Hispanic Origin:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Social Security Number:</b>	<b>In Home:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>School/ Grade:</b>	<b>Occupation:</b>		
<i>Medications</i>			

<b>Child:</b>			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<b>Primary Language:</b>	<b>Secondary Language:</b>		<b>Birth Date:</b>
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Relationship:</b>
<b>Race:</b>	<b>Hispanic Origin:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Social Security Number:</b>	<b>In Home:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>School/ Grade:</b>	<b>Occupation:</b>		
<i>Medications</i>			



SOLOMON FAMILY SOLUTIONS

<b>Child:</b>			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<b>Primary Language:</b>	<b>Secondary Language:</b>	<b>Birth Date:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Relationship:</b>
<b>Race:</b>	<b>Hispanic Origin:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Social Security Number:</b>	<b>In Home:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>School/Grade:</b>	<b>Occupation:</b>		
<i>Medications</i>			

Others in the Home			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<b>Primary Language:</b>	<b>Secondary Language:</b>	<b>Birth Date:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Relationship:</b>
<b>Race:</b>	<b>Hispanic Origin:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Social Security Number:</b>	<b>In Home:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>School/Grade:</b>	<b>Occupation:</b>		
<i>Medications</i>			

	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<b>Primary Language:</b>	<b>Secondary Language:</b>	<b>Birth Date:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Relationship:</b>
<b>Race:</b>	<b>Hispanic Origin:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Social Security Number:</b>	<b>In Home:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>School/Grade:</b>	<b>Occupation:</b>		
<i>Medications</i>			



SOLOMON FAMILY SOLUTIONS

<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>	
<b>Primary Language:</b>		<b>Secondary Language:</b>		<b>Birth Date:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Relationship:</b>		
<b>Race:</b>		<b>Hispanic Origin:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Social Security Number:</b>		<b>In Home:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>School/Grade:</b>		<b>Occupation:</b>			
<i>Medications</i>					

<b>References</b>				
	<b>Name</b>	<b>Address</b>	<b>Telephone #</b>	<b>Relationship</b>
<b>Applicant Reference:</b> <i>(relative)</i>				
<b>Co-Applicant Reference:</b> <i>(relative)</i>				
<b>Reference</b> <i>(non-relative)</i>				
<b>Reference</b> <i>(non-relative)</i>				
<b>Reference</b> <i>(non-relative)</i>				

Have you previously applied to be a foster or adoptive parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, specify date and agency:		
How did you hear about Solomon Family Solutions?		



SOLOMON FAMILY SOLUTIONS

**Type of Child(ren) You Wish to Adopt**

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female			<input type="checkbox"/> No Preference
Age Range:	<input type="checkbox"/> 0-1 year	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 5-10 years	<input type="checkbox"/> 10 years +
Sibling Group:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many children would you consider adopting at this time?		

*\*If at any point in the home study process, you wish to change the description of the child(ren) you hope to parent, you may do so by simply contacting Solomon Family Solutions at [info@solomonfamilysolutions.com](mailto:info@solomonfamilysolutions.com).*

**Legal**

Are you currently charged with, or have you ever been convicted of, placed on probation or received a suspended sentence in Tennessee or any other state for:

	<b>Applicant</b>		<b>Co-Applicant</b>	
Any crime involving children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any crime of violence against another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Possession, sale, manufacturing or transportation of drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:				
Any other information You wish to disclose:				

This application for adoption home study is a statement of intentions and may be withdrawn by the applicant at any time.

- We consent to the release of our names for the mailing list of adoptive parent associations, trainings and newsletters.
- We **do not** consent to the release of our names for the mailing list of adoptive parent associations, trainings and newsletters.

My signature authorizes Solomon Family Solutions to contact the references I have listed on the application and authorizes my references to respond to Solomon Family Solutions' inquiries.

I certify that the information I am providing in my application for an adoption home study is correct and complete to the best of my knowledge. I acknowledge that should investigation show falsification or misrepresentation, I will not be considered for the home study and may disqualify me from future consideration of becoming an adoptive parent. I understand that the information I have provided on my application and the status of my approval may be shared with other placement agencies.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date