



Siena Adoption Services

4141 North Henderson Road, Plaza Suite 4
Arlington, VA 22203
(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:

How did you first hear about Siena Adoption Services?

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

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.

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: _____

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:

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.

Occupation and employer: _____

Address of employer: _____

How long at current employer: _____

Employment History for the past 10 years: _____

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 _____

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

If so, please explain the circumstances including dates _____

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 _____

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 _____

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.

SIGNATURE OF Applicant I

DATE

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

SIGNATURE OF Applicant I

DATE

SIGNATURE OF Applicant II

DATE

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