

**APPLICATION**

Please complete the form below to serve as your application to Lifeline Children's Services. In addition to your completed application, please include your completed doctrinal statement\*, Christian questionnaire\*, and application fee to be sent to the home office at:

**Lifeline Children's Services**  
**2104 Rocky Ridge Road | Birmingham, AL 35216 | (205) 967.0811**

Upon receiving the above mentioned items, a Lifeline staff member will contact you within 5 business days.

\*Applicants applying for a contract home study are not required to submit a completed doctrinal statement and Christian questionnaire.

**Please select what service you are applying for:**

- Domestic     International country : \_\_\_\_\_     Contract Home Study
- Post Placement Adoption Services Only     Other : \_\_\_\_\_

How did you hear about us?     Friend     Web Site     Google     Information Meeting     Other: \_\_\_\_\_

What led you to your decision to choose Lifeline as your adoption agency? \_\_\_\_\_

**A General Information**

**Prospective Adoptive Father**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_ apt. # \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

House     Apartment     Own     Rent    Number of bedrooms: \_\_\_\_\_    Do you reside within city limits?     No     Yes

Home Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_    Home Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_    Cell Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Prospective Adoptive Mother**

Maiden Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**B Personal Information**

**Prospective Adoptive Father**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Nationality/Decent: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Have you ever been arrested?     No     Yes

If YES, please provide date & charge:    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Charge: \_\_\_\_\_

Do you have a history of child abuse or child neglect?

No     Yes

**Prospective Adoptive Mother**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Nationality/Decent: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Have you ever been arrested?     No     Yes

If YES, please provide date & charge:    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Charge: \_\_\_\_\_

Do you have a history of child abuse or child neglect?

No     Yes

## C Employment

### Prospective Adoptive Father

Occupation/Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
Work Email (optional): \_\_\_\_\_

### Prospective Adoptive Mother

Occupation/Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
Work Email (optional): \_\_\_\_\_

## D Church

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

## E Marriage

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place: \_\_\_\_\_

### Prospective Adoptive Father

Have you had any previous marriages?  No  Yes

If so, how many? \_\_\_\_\_

How was the marriage terminated? \_\_\_\_\_

—

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place: \_\_\_\_\_

### Prospective Adoptive Mother

Have you had any previous marriages?  No  Yes

If so, how many? \_\_\_\_\_

How was the marriage terminated? \_\_\_\_\_

—

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place: \_\_\_\_\_

## F Education Please include names of schools

### Prospective Adoptive Father

High school: \_\_\_\_\_

College: \_\_\_\_\_

Degree earned: \_\_\_\_\_

Other: \_\_\_\_\_

Degree earned: \_\_\_\_\_

### Prospective Adoptive Mother

High school: \_\_\_\_\_

College: \_\_\_\_\_

Degree earned: \_\_\_\_\_

Other: \_\_\_\_\_

Degree earned: \_\_\_\_\_

## G Health

### Prospective Adoptive Father

List serious or chronic illnesses, past and present. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you taking any long-term, prescribed medication?  No  Yes

If so, please provide name of medication and diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Prospective Adoptive Mother

List serious or chronic illnesses, past and present. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you taking any long-term, prescribed medication?  No  Yes

If so, please provide name of medication and diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Prospective Adoptive Father**

Have you been treated for a nervous, mental, or emotional disorder?  No  Yes If so, please name: \_\_\_\_\_

Have you ever been treated for substance abuse?  No  Yes If so, when? \_\_\_\_\_

**Prospective Adoptive Mother**

Have you been treated for a nervous, mental, or emotional disorder?  No  Yes If so, please name: \_\_\_\_\_

Have you ever been treated for substance abuse?  No  Yes If so, when? \_\_\_\_\_

Do you have family health insurance coverage?  No  Yes If so, please list your provider: \_\_\_\_\_

**H Family**

Please list information about your children that reside in your home:

1. _____	_____/_____/_____ Date of Birth	_____ School Grade	_____ Specify Any Illnesses
2. _____	_____/_____/_____ Date of Birth	_____ School Grade	_____ Specify Any Illnesses
3. _____	_____/_____/_____ Date of Birth	_____ School Grade	_____ Specify Any Illnesses
4. _____	_____/_____/_____ Date of Birth	_____ School Grade	_____ Specify Any Illnesses

List others that reside in your home:

1. _____	_____ Age	_____ Relationship	_____ Specify Any Illnesses
2. _____	_____ Age	_____ Relationship	_____ Specify Any Illnesses

**I In State Applicants** for applicants residing inside a Lifeline Children's Services Licensed State

Please provide us with brief directions to your home from our home office in Birmingham, AL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**J Out-of-State Applicants** for applicants residing outside of a Lifeline Children's Services Licensed State

Please list the information requested below regarding your home study provider in your state of residence. If you have not yet selected a home study provider, we will assist you in locating one.

Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**K Contract Home Study Applicants** for applicants requesting contract home study services only

Please list the information requested below regarding your agency.

Country Adopting from: \_\_\_\_\_ Agency Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**L State of Residence & Other Information** for all applicants

Length of residence in current state: \_\_\_\_\_ How long do you expect to reside in your current state? \_\_\_\_\_

Have you applied to any other agency or attorney to adopt a child?  No  Yes If so, please provide us with the name and address of the agency/attorney and status of your file: \_\_\_\_\_  
\_\_\_\_\_

Is this your first adoption?  No  Yes

**M References**

Minister or Elder

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Prospective Adoptive Father's Employer or Supervisor

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Prospective Adoptive Mother's Employer or Supervisor

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Prospective Adoptive Father's Relative

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Prospective Adoptive Mother's Relative

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Family Friend

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Family Friend

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Pediatrician

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Teacher

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**\* Listing an individual as a reference implies consent to release information on the applicant's adoptive application & process.**

## N Financial Statement

### Annual Gross Income

#### Prospective Adoptive Father

Earnings: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Income: \$ \_\_\_\_\_

Do you have any history of bankruptcies?  No  Yes

If yes, when? \_\_\_\_\_

#### Prospective Adoptive Mother

Earnings: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Income: \$ \_\_\_\_\_

Do you have any history of bankruptcies?  No  Yes

If yes, when? \_\_\_\_\_

### Automobile(s)

1. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Market Value (approx.): \$ \_\_\_\_\_

2. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Market Value (approx.): \$ \_\_\_\_\_

Number of Additional Automobiles (in addition to 2 listed above): \_\_\_\_\_

▶▶ Total Market Value of All Automobiles ▶▶ \$ \_\_\_\_\_

### Home

Purchase Price: \$ \_\_\_\_\_ Date of Purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_ Equity: \$ \_\_\_\_\_ Market Value (approx.): \$ \_\_\_\_\_

### Insurance

Please list all life insurance policies below:

1. Policy Provider: \_\_\_\_\_ Term or Whole Life (please circle one)

Death Benefit: \$ \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Cash value (if whole life): \$ \_\_\_\_\_

2. Policy Provider: \_\_\_\_\_ Term or Whole Life (please circle one)

Death Benefit: \$ \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Cash value (if whole life): \$ \_\_\_\_\_

▶▶ \*Total Cash Value on Whole Life Policies ▶▶ \$ \_\_\_\_\_ \*Do not list death benefit – only equity/cash value of policies

### Finances

Cash in Bank (avg. checking): \$ \_\_\_\_\_

Cash in Bank (avg. savings): \$ \_\_\_\_\_

Stocks (est. value): \$ \_\_\_\_\_

Bonds (est. value): \$ \_\_\_\_\_

Retirement Account (est. value): \$ \_\_\_\_\_

Long-term Savings Account (est. value): \$ \_\_\_\_\_

Other Assets: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

▶▶ Total Finances ▶▶ \$ \_\_\_\_\_

▶▶ \*Total Assets ▶▶ \$ \_\_\_\_\_

\*Total of all assets including total market value of all automobiles, market value of home, total cash value on whole life policies, and total finances.



**Monthly Expenses** please provide estimates if necessary, & do not list expenses which are drafted from pay checks

1. House Rent or Payment, Tax, & Insurance	\$
2. House Upkeep (repairs, lawn & garden, etc.)	\$
3. Groceries	\$
4. Dining Out	\$
5. Utilities	
Avg. Power	\$
Avg. Gas:	\$
Avg. Water:	\$
Avg. Phone:	\$
Avg. Cable:	\$
Avg. Internet:	\$
Avg. Cell Phone:	\$
Avg. Garbage:	\$
Total Utilities	\$
6. Average Clothing	\$
7. Average Medical (medications, co-pays, dental, etc.):	\$
8. Car Expenses	
Avg. Gas:	\$
Avg. Upkeep on Car:	\$
Loan/Lease Payment:	\$
Total Car Expenses	\$
9. Insurance	
Life:	\$
Health:	\$
Car:	\$
Other:	\$
Total Insurance	\$

10. Total Credit Cards and Other Monthly Payments	\$
(Total from indebtedness section on page 6)	
11. Child Care	\$
12. Child Support (if applicable)	\$
13. School Tuition (if applicable)	\$
14. Other Expenses:	\$

[List All Remaining Expenses Below](#)

	\$
	\$
	\$
	\$

▶▶ Total Monthly Expenses ▶▶ \$

Combined Monthly Take-Home Pay \$

Other Monthly Net Income (specify source) \$

▶▶ Total Monthly Income ▶▶ \$

▶▶ \*Monthly Excess ▶▶ \$

(total monthly income minus total monthly expenses)

\* Excess should be sufficient to cover needs of expected child(ren)

**0 Information Regarding Immediate Relatives** Please provide the information below to the best of your knowledge

**Prospective Adoptive Father**

Father  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If deceased, please give date and cause of death: \_\_\_\_\_  
\_\_\_\_\_

Mother  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If deceased, please give date and cause of death: \_\_\_\_\_  
\_\_\_\_\_

Brothers & Sisters, in chronological order of birth  
1. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If deceased, please give date and cause of death: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If deceased, please give date and cause of death: \_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If deceased, please give date and cause of death: \_\_\_\_\_  
\_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If deceased, please give date and cause of death: \_\_\_\_\_  
\_\_\_\_\_

**Prospective Adoptive Mother**

Father  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If deceased, please give date and cause of death: \_\_\_\_\_  
\_\_\_\_\_

Mother  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If deceased, please give date and cause of death: \_\_\_\_\_  
\_\_\_\_\_

Brothers & Sisters, in chronological order of birth  
1. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If deceased, please give date and cause of death: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If deceased, please give date and cause of death: \_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If deceased, please give date and cause of death: \_\_\_\_\_  
\_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If deceased, please give date and cause of death: \_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided herein is true and complete, to the best of my ability. I have prayerfully considered the decision to adopt a child(ren) and commit to proceed with all devotion. If married, both signatures required

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Prospective Adoptive Father's Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Prospective Adoptive Mother's Signature Date