



A licensed, private 501(c)(3) non-profit adoption agency & counseling center

1602 Lawrence Ave., Ste. 109 • Ocean Township, NJ 07712
p: 732.936.0770 • f: 732.936.0094 • www.famopt.org • info@famopt.org

APPLICATION

Referred by: _____ Date: _____

Applicant: _____
(Last Name) (First) (Middle) (Age)

Co-Applicant: _____
(Last Name) (First) (Middle) (Age)

Home Address: _____
(Street)

(City) (State) (Zip) (County)

Date of Marriage (if applicable): _____

Telephone: _____
(Home)

(Applicant cell)

(Co-applicant cell)

(Applicant work)

(Co-Applicant work)

Email Address: _____
(Applicant)

(Co-Applicant)

Citizenship: _____
(Applicant)

(Co-Applicant)

Others in home, if applicable: _____

Other children, if applicable: _____

Occupation: _____
(Applicant)

(Co-Applicant)

Employer: _____
(Applicant) (Co-Applicant)

(City) (State) (City) (State)

Have you attended a Free Private Information Session? _____

Date you attended _____

Have you attended other Adoption Workshops? _____

Name of Workshop _____

Date you attended _____

Have you had a previous home study completed by another agency?

Name of Agency _____

Date of Home Study _____

Have you adopted previously? _____

How and where: _____

Date & place adoption finalized: _____

Seeking approval for:

Age(s) of child(ren) _____

Racial background(s) _____

Special needs _____

We have reviewed Family Options current fee schedule and policy. We understand and agree that the appropriate fee from the schedule in effect at the time a service is performed will be applied.

Please provide a photo of you as a couple/family when submitting this application.

Signature of Applicant: _____ **Date:** _____

Signature of Co-Applicant: _____ **Date:** _____