



A Licensed, Private, 501(C)(3) Non-Profit Adoption Agency & Counseling Center
3350 State Highway 138 Bldg. 2, Suite 121. Wall, NJ 07719
p: 732.936.0770 | f: 732.936.0094 | famopt.org | info@famopt.org

APPLICATION

Referral Source: _____ **Date:** _____

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

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

Home Address:

(Street)

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

Telephone: _____
(Home)

(Applicant cell) (Co-Applicant cell)

(Applicant work) (Co-Applicant work)

Email Address: _____
(Applicant) (Co-Applicant)

Others in home, if applicable: _____

Other children, if applicable: _____

Occupation: _____
(Applicant) (Co-Applicant)

Employer: _____
(Applicant) (Co-Applicant)

Have you attended a Free Private Information Session?: _____

Date Attended: _____

Have you had a previous Home Study completed by another agency?: _____

Name of Agency: _____

Date of Home Study: _____

Have you adopted previously?: _____

Placing Agency: _____

Date of placement: _____

Are you currently pursuing infertility treatment or surrogacy?: _____

Seeking approval for:

Age(s) of child(ren): _____

Racial background(s): _____

Special needs: _____

I/We have reviewed Family Options' current fee schedule and policy. I/We understand and agree that the appropriate fee from the schedule in effect at the time a service is conducted 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