



2210 Mt. Carmel Avenue
Glenside, PA 19038-4619
Phone: (215) 887-6300 Fax: (215) 887-6400

ADOPTION APPLICATION

Family Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

How did you hear about Delta Community Supports?

APPLICANT ONE INFORMATION

Name: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Religious Denomination: _____

Have you ever been married? Yes No

If yes, please list the date of your marriage and the city and state where you were married? _____

Present Employer: _____

Address: _____

Phone Number: _____

How long employed at present employer: _____

Work Schedule: _____

Current Annual Income: _____

Monthly Income after Taxes: _____

APPLICANT TWO INFORMATION

Name: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Religious Denomination: _____

Have you ever been married? Yes No

If yes, please list the date of your marriage and the city and state where you were married? _____

Present Employer: _____

Address: _____

Phone Number: _____

How long employed at present employer: _____

Work Schedule: _____

Current Annual Income: _____

Monthly Income after Taxes: _____

MARITAL STATUS

Single____ Married Couple____ Date of Marriage:_____

Separated____ Divorced____ Widowed____

Unmarried Couple____ Domestic Partnership: ____

HOUSING INFORMATION

County you reside in: _____

School District: _____

Do you currently own or rent your home? _____

What type of home do you reside in?

Single Dwelling

Row House

Apartment

Year Purchased or year moved into your current home: _____

Number of rooms in your home (excluding the bedrooms): _____

Number of bedrooms in your home: _____

Space Availability in your home currently: _____

With whom would the child share a room with? _____

If you currently have children, please indicate if they have their own room or share with someone: _____

TRANSPORTATION

Do you have a valid Driver's License? _____

Do you own a vehicle? _____

CHILD CARE

Do you have current child care: _____

If yes where: _____

If not, what is your child care plan:

TYPE OF CHILD

What type of child are you looking to adopt:

Gender: Male Female Either

Race/Ethnicity: American Indian/Alaskan Native Black/African American
 Asian White Native Hawaiian/Other Pacific Islander
 Hispanic

Number of children and Age range:

Age Range: Between _____ Years and _____ Years

Single Child

Siblings: Maximum Number of Siblings: _____

