



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: _____

STATEMENT OF EQUAL OPPORTUNITY:

Delta Community Supports, Inc. is committed to its longstanding policy of recruiting, employing, and promoting individuals solely on the basis of individual qualification and without regard to sex, race, age, disability, color, religion or national origin. It is our intention to comply fully with all applicable federal, state and local laws and regulations governing employment practices.

I/We have carefully and honestly answered the questions above and herewith present the application for your consideration. **My/Our** signature is evidence of the fact I have agreed/both of us are in agreement of submitting this application.

Signature of Applicant One

Date

Signature of Applicant Two

Date