



FOR OFFICE USE ONLY

Office: MO KY
 MN

DR _____ Fee _____

File # _____

APPROVE
 DENY

Please see instruction #5 below for information on which office to mail completed application to:

Corporate Office:
 Love Basket, Inc. 10306 Business 21 Hillsboro, MO 63050

Minnesota Office:
 Love Basket, Inc. 3902 Minnesota Ave. Duluth, MN 55802

Kentucky Office: Love Basket, Inc. Plainview Point One
 10507 Timberwood Circle, Suite 208, Louisville, KY 40223

Please Attach Photo of Family Members Here.

Application Packet I for Adoption Services

PLEASE REVIEW THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THE APPLICATION

- 1) Please type or print clearly. It is important that your answers be completed on this application; therefore, please **do not** recreate or reformat this form. Extra paper will be necessary in answering some of the questions. When using extra paper, be sure to number the answers you are completing in accordance with the numbers on the application form.
- 2) Regarding the section on RELIGIOUS INFORMATION: We seek prospective parents who have a personal Christian faith; how that faith is expressed varies with each person, since our Lord is individual in His approach! We do seek your honest responses to the questions.
- 3) Be sure to attach: photo, affixed in the space provided above; your last 2 years' IRS 1040 forms (first 2 pages only) and the accompanying W-2's; don't forget the \$95 application fee by check or money order.
- 4) You will hear from us within 2-4 weeks regarding the acceptance or denial of your Packet I. Should your Packet I be accepted (we hope it will!), you will be sent more information along with Packet II. Final approval of your application will be given after all the documents from Packet I and II are received and reviewed.
- 5) Adoptive families residing in Minnesota and Kentucky should return their completed applications to the Love Basket office in those states. All other applicants should return their completed applications to the Missouri office. **Please retain a completed copy of all submitted documents for your records.**

I. GENERAL:

Mr./Dr./Rev. _____ Ms./Mrs./Miss/Dr. _____
Last name First Middle Last name First Middle Maiden

Address City County State Zip

Home Phone (____) _____ FAX (____) _____ Pager _____
 Her Business Phone (____) _____ Her Cell Phone (____) _____ E-Mail _____
 His Business Phone (____) _____ His Cell Phone (____) _____ E-Mail _____

How did you hear about Love Basket? _____
 Why did you choose Love Basket? _____

HIS:
 Birth Date _____ Present Age _____
 Citizenship _____
 Racial Background _____
 Social Security Number _____
 Occupation _____
 Employer _____
 Annual Income \$ _____
 Present Marriage Date and Place: _____
 Dates of all previous marriages/divorces: _____

HERS:
 Birth Date _____ Present Age _____
 Citizenship _____
 Racial Background _____
 Social Security Number _____
 Occupation _____
 Employer _____
 Annual Income \$ _____
 Dates of all previous marriages/divorces: _____

II. LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD REGARDLESS OF AGE OR RELATIONSHIP:

Name	Sex	Date of Birth	Relationship to Man*	Relationship to Woman*	Months per year living with you	Racial Background

* (B)=Biological * (A)=Adopted * (S)=Stepchild * (D)=Deceased

III. HEALTH:

Name	Height/Weight	Medical Problems	Infertility*	General Health	Immunizations Up-to-Date?
Man:	/				
Woman:	/				
Child:	/				
Child:	/				
Child:	/				

*Are you currently receiving diagnosis/treatment for infertility? Yes No (If yes, please describe on separate sheet.)

IV. ADOPTION PREFERENCES:

Please indicate your preference to adopt a Domestic (U.S.-born) child. International child.

Note: At application stage you may select domestic and/or international. Please check all that apply:

Domestic child: Caucasian Biracial African-American Other

International child: Country Preference (If you want to consider more than one country, please number in order of preference, 1 being greatest)

____ India ____ Guatemala ____ Ukraine ____ Ethiopia ____ Zambia ____ Other: _____

For either international or domestic programs:

- How many children do you want to adopt at this time? 1 2 Other _____
- Will you consider emotional handicaps? Yes No If yes, Which ones? _____
- Will you consider physical handicaps? Yes No If yes, Which ones? _____
- Desired sex of child (international programs only): Male Female No Preference
- Desired age range of child (international programs only): 0-2 3-5 6-9 Other _____
- Will you accept twins? Yes No

How do you plan to pay for the adoption (savings, loans, etc.)? _____

V. CHURCH:

Pastor's Name Church Name/Address City State Zip Code Denomination Are you a Member?

HIS: _____

HERS: _____

VI. RELIGIOUS INFORMATION:

(Please answer individually on a separate sheet, signing and dating your answer sheet.)

Please describe your religious beliefs and what the death and resurrection of Jesus Christ means to you, personally.

Please Note: Applicants of Asian Indian background who request to adopt from India do not need to meet the Christian Faith requirement. We do ask, however, that you discuss your religious faith and its meaning in your life in this section.

VII. BACKGROUND:

- Has any legal proceeding of a criminal or any nature ever been lodged against the applicant(s) or is any proceeding anticipated or pending?
Man: Yes No Woman: Yes No (If yes, please explain on a separate sheet.)
- Have applicants ever been the victim of OR accused of any form of abuse (physical, sexual, emotional, verbal, etc.)?
Man: Yes No Woman: Yes No (If yes, please explain on a separate sheet.)

VIII. REFERENCES:

Personal references must have known the applicant(s) for a minimum of at least ***three (3) years***. If you plan to adopt internationally, we recommend the non-relative references you select live in your state of residence.

Reference	Name	Address	City	State	Zip Code	Phone
Man's Employer	_____	_____	_____	_____	_____	_____
Woman's Employer	_____	_____	_____	_____	_____	_____
Pastoral	_____	_____	_____	_____	_____	_____
Personal (relative)	_____	_____	_____	_____	_____	_____
Personal (non-relative)	_____	_____	_____	_____	_____	_____
Personal (non-relative)	_____	_____	_____	_____	_____	_____
Personal (non-relative)	_____	_____	_____	_____	_____	_____

IX. ADOPTIVE SERVICES:

- If you have made your own International or U.S. Independent Adoption Contacts, please explain on separate sheet.
- Are you applying for Home Study and Post Placement services only? Yes No
What agency or resource are you working with for child placement services? _____
- Do you currently have applications in process with other agencies? Yes No If yes, please identify.
Use separate sheet for additional agencies if necessary.
Agency Name _____ Street Address _____
City _____ State _____ Zip Code _____ Phone _____
Status of Application _____
- Have you ever been denied adoptive or foster care privileges by ANY public or private agency? Yes No If yes, please identify:
Agency Name _____ Street Address _____
City _____ State _____ Zip Code _____ Phone _____
- Have you had an adoptive Home Study completed within the past year? Yes No
Are you in the process now? Yes No
Does your agency provide post-placement services? Yes No
Please identify the agency that will be or is doing your home study/post-placement services:
Agency Name _____ Street Address _____
City _____ State _____ Zip Code _____ Phone _____ Email _____
Have you received a child referral or placement since your home study was completed?
 Yes No Date and details: _____
Have all your adopted children had their adoption finalized? Yes No
If not, when do you anticipate this finalization will occur? _____

Please enclose a copy of the **first two pages** (both sides) of your last two year's IRS 1040 forms and your W-2's (or 1099's).

Don't forget your photo and the application fee of \$95, which is non-refundable.

We (I) have read all instructional materials in this form and have completed it to the best of our (my) ability. We (I) also state that we (I) have read and understand the requirements and procedures discussed by Love Basket in the "Program Guide for Prospective Adoptive Parents." We (I) hereby certify by our (my) signature(s) below that the foregoing application information, including all attachments, and our (my) statements therein are correct and true. We (I) understand that falsified statements on this or subsequent application or home study materials, or attachments thereto, shall be grounds for termination of services. We (I) hereby authorize and consent to Love Basket, Inc., contacting others, reviewing information regarding us (me) and our (my) background. These records will include, but not be limited to, health, social, educational, employment, marital and religious information. We (I) further understand that a photostatic copy of this authorization can be made as necessary.

We understand that acceptance of our application and approval of our family assessment is the decision of Love Basket, Inc. We agree to inform Love Basket, Inc., of any changes which occur in our family or situation during the adoption process.

_____	_____	_____	_____
Signature of Man Applicant	Date Signed	Signature of Woman Applicant	Date Signed

Sworn and subscribed before me this _____ day of _____, 20_____.

Notary Public My commission expires: _____, 20_____.

(Revised 7/07)



Packet I Addendum: Religious Information

Your Personal Faith: As a Christian ministry, Love Basket, Inc. desires to place children with couples who have an active Christian faith. We acknowledge the difficulty in discerning a particular person's Christian faith. In an effort to help us understand your religious beliefs and practices, we ask that you complete the questions below.

(Instructions: Please make sure your answers are typed and include the numbers below to help us read your answers correctly, and complete your responses on a separate sheet of paper. Please be sure to include your signature and the date at the end of your responses.)

Love Basket seeks families with a firm commitment to live according to God's Word and teach their child(ren) the truth about who Jesus Christ is as their Lord and Savior.

1. In your own words, when and how did you become a Christian? Did you have an initial encounter or experience in meeting Jesus Christ as Lord? If yes, please explain.
2. If you were to die today and stand before the Lord, and He were to ask you why you should be admitted into heaven, what would you say?

(Please note: the questions and the responses requested on this page do not apply to applicants of Asian Indian background who have applied to adopt a child from India. We ask these applicants to discuss their religious faith (if other than Christian) and its effect on their lives on a separate sheet of paper, signing and dating at the end of their response).

