



**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  
 **Kentucky Office:** Love Basket, Inc. Plainview Point One  
 10507 Timberwood Circle, Suite 208, Louisville, KY 40223  
 Please Attach Photo of Your Family 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, 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 Kentucky should return their completed applications to the Love Basket office listed above. 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:

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
*Last name First Middle Last name First Middle Maiden*

\_\_\_\_\_  
*Address City County State Zip*

Home Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
 Her Business Phone (\_\_\_\_) \_\_\_\_\_ Her Cell Phone (\_\_\_\_) \_\_\_\_\_ Her E-Mail \_\_\_\_\_  
 His Business Phone (\_\_\_\_) \_\_\_\_\_ His Cell Phone (\_\_\_\_) \_\_\_\_\_ His E-Mail \_\_\_\_\_

How did you hear about Love Basket? \_\_\_\_\_  
 Why did you choose Love Basket? \_\_\_\_\_

### HUSBAND:

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: \_\_\_\_\_

### WIFE:

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

## II. LIST ALL ADDITIONAL 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  African-American  Asian  Hispanic  Other

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

\_\_\_\_\_ India \_\_\_\_\_ Haiti \_\_\_\_\_ Ukraine \_\_\_\_\_ Ethiopia \_\_\_\_\_ Russia \_\_\_\_\_ 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 gender 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:

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.

(Each spouse, please answer the following individually on a separate sheet, signing and dating your response.)

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

1. Has any legal proceeding of a criminal or any nature ever been lodged against the applicant(s) or is any proceeding anticipated or pending?  
Husband:  Yes  No    Wife:  Yes  No    (If yes, please explain on a separate sheet.)
2. Have applicants ever been the victim of OR accused of any form of abuse (physical, sexual, emotional, verbal, etc.)?  
Husband:  Yes  No    Wife:  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
Husband's Employer	_____	_____	_____	_____	_____	_____
Wife's Employer	_____	_____	_____	_____	_____	_____
Pastoral	_____	_____	_____	_____	_____	_____
Personal (relative)	_____	_____	_____	_____	_____	_____
Personal (non-relative)	_____	_____	_____	_____	_____	_____
Personal (non-relative)	_____	_____	_____	_____	_____	_____
Personal (non-relative)	_____	_____	_____	_____	_____	_____

## IX. ADOPTIVE SERVICES:

1. If you have made your own International or U.S. Independent Adoption Contacts, please explain on separate sheet.
2. 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? \_\_\_\_\_
3. 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 \_\_\_\_\_
4. 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 \_\_\_\_\_
5. 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 \_\_\_\_\_ E-mail \_\_\_\_\_  
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 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 have read all instructional materials in this form and have completed it to the best of our ability. We also state that we have read and understand the requirements and procedures discussed by Love Basket in the "Program Guide for Prospective Adoptive Parents." We hereby certify by our signatures below that the foregoing application information, including all attachments, and our statements therein are correct and true. We understand that falsified statements on this or subsequent application or home study materials, or attachments thereto, shall be grounds for termination of services. We hereby authorize and consent to Love Basket, Inc., contacting others, reviewing information regarding us and our background. These records will include, but not be limited to, health, social, educational, employment, marital and religious information. We further understand that a 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 Husband                      Date Signed                      Signature of Wife                      Date Signed

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ My commission expires: \_\_\_\_\_, 20\_\_\_\_\_.  
*Notary Public*