

Potential Identified Adoptive Resource Application

I. Applicant Information

I/We are applying to become an adoptive resource for a child(ren) in the custody of the Secretary of the Department for Children and Families and in out of home placement. I/We understand that adoption services provided through the State of Kansas are designed to meet the needs of children in foster care, and that submitting an application to adopt does not guarantee that a child will be placed in my/our home or that we will be chosen as the adoptive parents for a child in foster care.

Applicant 1:	Email:	Phone:
Applicant 2:	Email:	Phone:
Street Address:	City, State and Zip Code:	
Home Phone:	Fax:	
Language(s) Spoken in the Home:		
States Applicant has lived in during the past five years:		

II. Child(ren) to be Adopted

Name	Date of Birth	Relationship to Applicant(s)

Check if no specific child(ren) identified

III. Other Household Members (Include Parents Not Listed Above, Children and Other Household Members)

Name	Relationship to Each Applicant

Comments (Describe the Family Structure):

IV. Sponsoring Agency Affiliation

If you are already working with a child placing agency, please specify:

Name of Agency:		Name of Worker:	
Address:		Phone Number:	

Comments:

V. Signatures

Applicant 1 Signature		Date:
Applicant 2 Signature		Date:

The best method and time to reach us is: